

# Oakhill Secure Training Centre

## Inspection report for Secure Training Centre

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<b>Inspection date</b>	03/06/2008
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<b>Type of inspection</b>	Monitoring – announced
<b>Type of registration</b>	Secure Training Centre

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## About this inspection

Accordance with Statutory Rules for STC inspections made under Section 47 of the Criminal Justice and Public Order Act 1994, and in line with section 37(1) of the Crime and Disorder Act 1998 which states that: It shall be the principal aim of the youth justice system to prevent offending by children and young persons.

The purpose of inspection is to provide assurance to the Secretary of State that STCs provide an environment that promotes the safety and welfare of young people and that will help prevent children and young people offending in the future, and in particular that:

- The safeguarding of children and young people is effective
- Programmes exist to tackle offending behaviour and meet the citizenship and resettlement needs of children and young people
- The performance of the STC provider meets the quality of service expected in the inspections standards
- There is a purposeful regime in which children and young people are encouraged to take part
- There is effective security and control within the STC
- High standards of social care, health care, education and training are provided for children and young people
- The individual needs of children and young people are fully assessed and there are plans for meeting them as far as possible.

### The key inspection judgements and what they mean

*Outstanding:* this aspect of the provision is of exceptionally high quality

*Good:* this aspect of the provision is strong

*Satisfactory:* this aspect of the provision is sound

*Inadequate:* this aspect of the provision is not good enough

*Not judged:* this aspect of the provision was not judged

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## Service Information

### Brief description of the service

1. Oakhill Secure Training Centre (STC) is managed by Group 4 Securicor (G4S), which is a private company, responsible for other services, including adult prisons. Oakhill STC contacts with the Youth Justice Board to provide accommodation for children and young people serving sentences or remanded to a secure setting.
2. Oakhill is situated in Milton Keynes and is therefore in easy reach of the greater London area. It is a purpose built secure establishment and is designed to accommodate up to 80 young people.
3. The Youth Justice Board has decided, at the request of G4S, for the time being this STC will have the available places held at 40 until further notice.
4. On the first day of the inspection 40 young people were in residence at the centre, this reduced to 39 during the inspection.

### Summary

The overall quality rating is inadequate.

5. This is an announced monitoring inspection to review the centre's progress in addressing the recommendations from the full inspection in October 2007. Four inspectors from the secure estates team conducted the inspection over two days and two HMI education inspectors reviewed progress in the education provision during a one day visit.
6. Shortly before the inspection Ofsted were informed of imminent changes to the senior management team at the centre, including the replacement of the Director and the change of contractor for the education provision. G4S have acquired Global Solutions Limited whose subsidiary companies include Rebound children's services who have responsibility for Medway and Rainsbrook STCs. From 9 June 2008 Rebound children's services will take responsibility for Oakhill STC and their experienced Director from Rainsbrook along with members of his management team will take over responsibility for the centre from that date. Rebound have appointed their educational subcontractor Manchester College to be the education provider from 1 August 2008.
7. There have been several changes at Oakhill since April 2007. In a report at that time Ofsted inspectors said that since the centre opened, a number of recommendations had been continually repeated during each inspection, and that this could not continue.

8. There was a change of director in July 2007, the fourth change in less than three years. During the last inspection in October 2007 the new director was in the process of appointing a number of experienced and skilled managers to assist him in making the changes needed to provide a safe, secure and effective establishment, and service to young people.
9. The senior management team has invested considerable effort in making improvements and in addressing the agreed objectives and targets. The objectives formed a ten point plan, which it was always envisaged would be part of an incremental process of change. The task has been a difficult one, but insufficient progress has been made. A number of shortfalls in service, highlighted during the last inspection, remain.
10. There are some pockets of 'good' to 'excellent' practice, but this has not been replicated consistently across the centre, resulting in young people receiving an 'unequal' delivery of service.
11. Managers have striven to ensure staff understand the importance of setting boundaries for young people and providing clear routines. This has improved but not all staff consistently establish clear routines and appropriate expectations. The centre presents as much calmer than during previous inspections. The management of the movement of young people around the centre to the learning centre and dining room has significantly improved.
12. The centre is working with a reduced capacity, with only a maximum of 40 young people being resident, instead of the 80 it is expected to work with. The Youth Justice Board has been supportive of the centre and when asked, responded in lowering the agreed capacity to give managers an opportunity to change the culture at Oakhill and provide a stable living environment for the young people.
13. Generally the interactions between staff and young people are positive and constructive. There are still some staff who 'stand back' and are not as confident or competent in engaging with young people. Managers have taken steps to address this by coaching and modelling. A number of staff clearly value the efforts made to help them analyse their role and develop skills to more confidently manage young people's challenges and demands. Care staff have not been given the appropriate formal training they need and this has slowed down improvement in behaviour management.
14. The development of a 'Children's Charter' with a very clear objective that 'Every child matters at Oakhill' is an excellent initiative. The framework for the charter was developed with young people by staff from Barnardos, at the request of the senior management team. Posters stating the children's charter are displayed around the centre and the introduction of ECM plans for each living unit has recently commenced. The process so far has assisted in helping young people understand the ECM objectives and what this means for them as individuals and as a group.

15. The director in post during this inspection was aware at the point of taking up his post that there was a substantial amount of work needed at Oakhill to ensure the centre provided a good enough quality of care for young people and to address the issues that brought them in to a secure setting. He predicted that to make the necessary changes would require at least an 18 month process. The centre is approximately halfway through this timeframe.
16. Progress has been made and this is reflected in this report. However, there remain a number of significant areas that require improvement if the centre is to achieve the desired standard. Although the capacity to improve remains promising, the changes which are evident would nonetheless require time for consolidation.

## **What has been improved since the last inspection**

17. The health care service provided to young people is good at Oakhill and this has been improved further through an improvement in the sharing of information by nursing staff with care staff. Efforts have been made to improve the menu planning for young people, in consultation with them, but progress made in this respect is insufficient. The routine provision of food that reflects the young people's culture and the management of mealtimes when held in the house blocks have yet to be tackled effectively.
18. There has been an improvement in the centre's approach to 'Staying safe' since the last inspection. There were 19 recommendations made following the last inspection related to this outcome. Of these, 12 have been met. Work has started, but has not been completed on the six recommendations which were repeated, and the new recommendation related to child protection procedures. Of those repeated recommendations three were made by inspectors from Her Majesty's Prison Inspectorate, who were involved with the last inspection.
19. A review was undertaken of the management of challenging behaviour and a new behaviour management procedure was introduced. Progress has been made in this area, but there continues to be an unimaginative use of sanctions and insufficient emphasis upon rewards.
20. Action has been taken to improve fire procedures, privacy issues with bathrooms, and improvements have been made to the closed circuit television (CCTV) system. Although the quality of the CCTV footage has improved, the system does not provide sufficient storage facilities and replacement is being considered. The personal alarm and communication system is in the process of being replaced.
21. The deployment of staff across the centre is now appropriate, as is the use of the first response team when an incident occurs with young people requiring additional staffing support.

22. There has been some progress in relation to the raising of young people's awareness of equality and diversity, but the information they receive in their induction packs has not yet been revised to appropriately reflect the centre's policies.
23. Progress has been made in relation to improving the education provision at the centre. Education inspectors judge the education service to have made good progress overall, although not everything planned is in place or embedded. They identify a learning centre that is still 'on a journey', and now requires a period of stability to ensure continuous improvement.
24. The young people's case files are now well structured and all relevant information is in place. Case files are now held securely in all areas of the centre. The assessment of young people's needs has improved, but interventions are inconsistent. There are pockets of good individual work, but young people are not receiving a consistently high standard of individual interventions. Offence related programmes are not yet effectively delivered.
25. Good progress has been made in relation to young people and their carers' participation in reviews. Also good procedures are now in place to challenge local authorities who are not providing relevant documentation and planning.
26. A nominated person has been identified to take the lead on resettlement, but training has not yet been provided to the YOS staff or to care staff, although this has been built into the centre's training strategy. Although discharge plans are included in plans for young people, helping young people prepare for moving on and an understanding of their rights has not yet been addressed.
27. Excellent progress has been made in relation to revising the processes for the recruitment and vetting of staff. Staff training and development has continued to improve with a wider range of training available, including management training. However, training for those staff working most directly with young people has not been provided as planned, due to the requirement for minimum staffing levels. There are some excellent training packages available to be delivered to staff across the centre once the issue of freeing staff up to attend these sessions is resolved.
28. Staff across the centre are now receiving formal supervision more frequently than has been the case in the history of this STC, but this is still not being done consistently or sufficiently well across all house blocks.
29. A positive development is the appointment of an external experienced professional to carry out twice monthly visits to the centre, reviewing all aspects of service delivery and the impact upon young people.
30. Service level agreements with all contracted out providers are now being reviewed and revised as appropriate.

## The effectiveness of the service

### Helping children to be healthy

The provision is satisfactory.

31. Young people have the opportunity to air their views regarding the catering arrangements. The centre has considered how best to work with young people to develop trust in the catering arrangements. A young person's forum has recently been implemented, which is well managed and young people are invited to represent the views of the young people in their unit.
32. Young people are positive about being a representative on the group and feel valued. They are nominated by their peers and attendance at the forum is not dependent upon incentive levels. Young people can be confident they will be listened to. A recent example of this is the consultation process in relation to menu planning. Young people gave their opinions on the type of cultural days they would like to see, such as the Caribbean day held during the inspection.
33. Lunch time is a well managed social experience for some young people at the centre, while for other young people the experience over the lunch time is hurried and does not provide a social, homely environment. Staff in some house units make efforts to set the table and sit down with young people, serving the food from the kitchen. Other staff teams do not manage this process well and young people are expected to take food out of a box delivered from the central kitchen, which is simply placed on the table.
34. Through its own quality auditing process, the centre identified that there is still work to do to develop the menu to include more meals that reflect the varied cultural and religious backgrounds of the young people in the centre. The effectiveness of any changes will be dependent on the consultation process with young people.
35. To ensure an appropriate balanced diet is available to the young people, the centre commissioned a nutritionist to review practice across the centre. The nutritionist was concerned about the use of food as rewards and the amount of fried food provided. A recommendation was made to reduce the amount of fried food and to look at how best to reduce sugar and salt intake. Changes to the menu planning have not yet taken place. Young people are not being provided with a particularly well balanced diet.
36. Young people now have access to chilled drinking water from filtered jugs which are available in each of the units, the school and the dining room. Young people enjoy water served in this way and make good use of its availability.
37. The young people manage their own medication when possible. There is an effective robust process for transferring responsibility of some medications,



when appropriate, to young people through the 'in-possession' medication policy. This procedure includes an ongoing quality checking process to ensure the safety of all young people.

38. The medical staff provide an integral part of the care young people receive at the centre, they are child focused and contribute to the young person's ability to develop their skills in preparation for independent living. The 'in-possession medication' system is commendable practice and was agreed through consultation with relevant professionals such as the local Primary Care Trust and the local pharmacist and with residential staff and young people.
39. Health staff are able to influence the points system awarded to young people as this is linked to the behavioural management system, offering consistency of approach and response to young people centre wide.
40. To ensure health needs are met, residential staff are informed of medical issues relevant to individual young people when necessary. Confidentiality is considered in relation to medical conditions and young people's opinion on sharing their health information is taken into account by the medical staff in developing health care plans. Basic health care plans are then held in each unit with the information which assists residential staff in caring for young people.

## Protecting children from harm or neglect and helping them stay safe

The provision is satisfactory.

41. The centre has appropriate fire procedures in place and revised emergency procedures have been agreed, but not fully implemented. Work has been done to ensure that managers are appropriately trained and are aware of contingency plans, and have had practice drills to ensure they can cope with emergencies.
42. Although new fire prevention procedures are in place, reflecting identified best practice, and training for staff is underway, not all staff are yet aware or fully trained to follow these. Training is ongoing, but until it is completed, there remains a risk to young people and staff in the event of a fire, particularly at night.
43. The privacy of young people in their bedrooms has been improved and enhanced by the fitting of 'privacy curtains' to young people's bedroom door hatches. These are risk assessed for each individual young person to ensure they are safe to use.
44. There is clear evidence of procedures introduced by management to improve recording and detail in incident reports. Revised incident report forms include space for a chronology of events to be recorded, and staff have been instructed in their use. However, recording of incidents is still inconsistent and occasionally inaccurate. Managers are aware of this, and it is receiving attention. Senior managers are reviewing all incident reports to ensure they are properly completed.
45. When appropriately completed, the enhanced incident report form allows young people to be confident that the recording of incidents involving them is accurate and transparent, such that managers are properly informed and able to ensure their safety.
46. There have been clear signs of progress in developing facilities to accommodate young people individually or in small groups since the last inspection. Good modification to the centre's four 'independence suites' is taking place, and offers extra facilities for young people preparing to cope in the community or those who need intensive care. The independence suites have been used effectively to accommodate young people with very different needs with some success in the recent past. There have been two occasions when the independence units have been used recently. On one occasion, it was used to assist a young person to gain independence skills. On the other, to help manage a young person with extremely challenging behaviour. Written guidance on the use of the suites does not as yet cover the full range of their use.

47. Each residential unit now has its own staff team. Residential service managers (RSM) are now situated with their teams on the units for which they are responsible. This has had a positive effect, and encouraged RSMs to take 'ownership' of the units. Staff deployment rotas are in place to meet the staffing needs of the units from within the team's own resources. A new senior duty operational manager (DOM) has been appointed who has an oversight of staffing needs across the centre and responsibility to ensure these are met appropriately. Staffing arrangements and deployment procedures are appropriate to ensure minimum staffing levels are maintained across the centre. This ensures that there are enough staff who are known to the young people to meet their needs appropriately.
48. The arrangements to manage the 'first response' to any serious incident requiring staff support have been reviewed. Procedures now in place are sufficient to ensure that the first response to a call for assistance is appropriate and proportional, and should not result in a heightening of tension which might place young people and staff at risk.
49. The behaviour management policy within the centre has been extensively revised, and has resulted in revised procedures to improve practice. The newly introduced procedures provide young people with an explicit and transparent way to achieve greater benefits within the centre, including health and education. They also allow for more rigorous control of the use of '24 hour bronze basic' as a sanction. The 24 hour bronze basic requires young people to receive only benefits allowed on this lowest incentive scale for the 24 hour period. This may now only be used for serious incidents, and with prior management approval. This is a significant improvement since the last inspection. However, there remains a relatively high use of '24 hour bronze basic' as a sanction for unacceptable behaviour.
50. The new rewards and sanctions procedures have been successfully introduced as part of wider behaviour management policy, and young people were happy with them. Teaching and health staff are now able to contribute directly through participation in the scheme to the development of young people within the centre.
51. The new behaviour management policy is in its very early stages. The purpose of the policy is to reduce serious incidents and the need to use 'Physical Control in Care' (PCC), the approved form of restraint. There has been a reduction in the number of incidents of PCC used at the centre as a whole, but this is consistent with a reduction in the number of young people placed at the centre. The use of PCC per resident young person has not reduced. There is a recent decline in the use of 'phase 3 restraint', the most serious use of restraint, which suggests an improvement in dealing with episodes of challenging behaviour. Although the use of PCC remains relatively high, compared with other secure training centres, serious incidents are being managed with a reduced use of force.

52. Young people are being issued with written warning letters in line with the reward and sanction policy. This enables them to discuss their behaviour with managers and appeal if appropriate, and has improved consultation and participation of young people in their own care.
53. Young people are spoken to about the management of their behaviour and any sanctions imposed. Warning forms are placed on their records if they face a sanction that involves a reduction to a lower incentive band on the behaviour management system. The practice aims to enable young people to gain greater insight into their behaviour. The new policies offer young people a clear and transparent opportunity to participate and achieve within the centre, but were only introduced shortly before the inspection, and their success in application is not yet apparent. It is too soon after the introduction of these policies for their impact to be assessed.
54. The centre has introduced a revised anti-bullying policy which includes potential referral to the local authority safeguarding team if bullying is persistent and the centre is unable to prevent it. This could provide an extra layer of protection to the young people and a greater multidisciplinary involvement across the centre than was previously the case, if implemented successfully. Young people and staff do not identify bullying as a significant problem currently, although there has to date been no obvious decline in reported cases.
55. The centre has robust safeguarding policies to protect young people. All complaints or issues that potentially involve child protection issues are referred to the local authority children's services. Inspection of child protection records at the centre show that most referrals requiring further investigation are returned to the centre to be investigated internally, even when they involve allegations of abusive or inappropriate behaviour from members of staff towards young people. The director contracts with an independent social worker to carry out any investigations required, and then advises the local safeguarding team of the outcome. Whilst the investigations present as fair, thorough and appropriately managed, the contractual arrangement between the centre and the investigator potentially compromises them both, and leaves the investigating social worker's independence open to question.
56. The centre is introducing new improved radios for staff use. Some of these are already in place, and the remainder are awaited. The new radios in use were tested during the inspection. The new radios include some additional facilities to improve the safety and security of members of staff carrying them, for example, a 'man down' feature that would sound an alarm if the radio was placed in a horizontal position for more than a few moments. The demonstration of the new radios showed that they were a clear improvement on the previous system.
57. The closed circuit television (CCTV) system has been modified to improve the continuity of the images recorded. Whilst this has improved the images, it has reduced the amount of time the film is able to be kept. This improved quality of the film is sufficient to enable it to be used more safely as evidence for

immediate safeguarding investigations if reviewed within a few days. However, the reduced time the records are retained in the system following the adjustment has resulted in shorter 'shelf life' which is insufficient for child protection purposes if an investigation is initiated more than a few days after the incident. This modification of the CCTV system to utilise its full potential is a partial improvement, but not yet fully appropriate to ensure young people remain entirely safe from potential abuse.

58. The searching policy has been reviewed, and a new procedure for managing searching of young people introduced. This clarifies the circumstances under which forced searching may take place, and does not allow for forcible strip searching. This promotes the dignity of young people and staff at the centre.

## Helping children achieve well and enjoy what they do

### Education

The provision is satisfactory.

59. During the last inspection of the education provision in October 2007 the overall effectiveness, capacity to improve and leadership and management were found to be inadequate. In this monitoring visit, judgments are made in relation to progress affecting improvement since the previous inspection. During the monitoring visit inspectors observed six lessons, reviewed documentation and had meetings with the senior managers of the centre, the education provider, the head of learning and skills, teaching and support staff, residential care staff and with young people.
60. Overall good progress has been made in improving the overall effectiveness of the education provision within the centre. The self-evaluation form is an honest and broadly accurate reflection of the work that has been achieved, setting out a clear direction for further and sustained improvement. The head of learning and skills took up post in January 2008 and has very quickly established herself as a strong, highly capable and credible manager. Education staff feel very well supported and have been central to building a more confident and effective learning centre, where outcomes for young people are at its heart. There remain however a number of significant challenges ahead which will require close monitoring. The next few weeks will be challenging, given the continuing refurbishment of the learning centre which has been very well managed to date and which will require careful planning to ensure transition of young people back in to the newly refurbished accommodation is effective. The transition to new contractors of education also brings uncertainty and it will be important for senior managers to ensure that outcomes for young people remain the chief priority and that the good progress already made is not undermined or handled insensitively.

A number of actions were outstanding from a previous inspection earlier in 2007. These are listed below in **bold** and are followed by evidence to show how the service has progressed against them.

#### **'Take effective and sustained action to address the recommendations of the last inspection'.**

61. There is now a robust centre-wide behaviour management policy in place and this has been effectively implemented across education. The policy is clear and gives good guidance to staff. Residential care and education staff jointly share responsibility for managing young people's behaviour. Rewards and sanctions are clearly understood and consistently implemented. Young people's behaviour was well managed during lessons observed, they are motivated and initiatives such as 'tutor group of the week' and 'student of the week' are well received.

62. Lower than normal trainee numbers do contribute to the good behaviour observed. Owing to refurbishment young people are currently dispersed across the whole site for education so there is less movement and better learner/staff ratios. This has clearly helped the implementation of the policy. However, during the monitoring visit the movement of young people around education was successfully managed.

**'Agree a strategic plan for education and provide stable, strong and effective leadership and management which focus on raising standards and improving outcomes for all young people'.**

63. This has been partially met and good progress has been made. The management structure has been enhanced with the recent appointment of curriculum managers to support the Head of Learning and Skills in order to further improve performance and the quality of teaching and learning. Significant work has been undertaken to address recommendations from the last inspection. Leadership has been strong and highly focused on the improvement agenda. Staff morale is high and there is a strong sense of team commitment and determination to further improve outcomes for young people. Senior managers and staff are not complacent and recognise that there is still much work to be done with regard to embedding new approaches and developing a long term strategic plan to build upon newly laid foundations.

**'Continue to build the partnership, mutual respect and collaboration between education and residential services'.**

64. This has been well met and good progress has been made at both strategic and operational level. Relationships at strategic management level continue to be good and at operational level significantly improved. Support from central senior management has been of good quality and the Head of Learning and Skills contributes well to centre wide strategic planning and development. Collaborative working between residential staff and education staff has improved significantly with the introduction of good communication processes including daily handover meetings and the regular involvement of education staff in care planning meetings. Good practice guidance and training has been provided to clarify roles and expectations of both teaching staff and residential staff with regard to education and this has worked extremely effectively and been well received by all.
65. The role of residential staff in the classroom is clearly defined and those observed during the inspection supported young people and teaching staff effectively. Link education tutors visit young people on their units daily to discuss their performance. The introduction of the behaviour management programme is a very good example of how well education and residential staff have worked together to ensure consistency of approach with and for the benefit of young people. As a result the environment within the Learning Centre

has improved significantly and there is a strong sense of a whole team approach.

**'Provide support and training to teachers to ensure that all lessons are of a consistently high standard'.**

66. This recommendation has been partially met and good progress has been made. Morale is high and teachers feel well supported. The supervision and appraisal processes are well supported by observation of teaching and learning and individual coaching and team teaching as required. Attention to this aspect specifically has done a great deal to improve relationships and increase levels of confidence and competence amongst the team. Focus for professional development has rightly been on ensuring that behaviour management is consistently applied and that teachers feel confident to assert their authority and ensure all young people can work in a safe environment that is conducive to learning. In all lessons observed young people were engaged positively in activities and behaviour was good. Further professional development with regard to assessment of learning, teaching styles and improving the quality of standards of teaching and learning to consistently above satisfactory is now required.

**'Provide a relevant, stimulating and high quality curriculum which meets the needs of all young people, has clear progression routes and offers an appropriate range of vocational programmes'.**

67. This recommendation has been partially met and satisfactory progress has been made. The timetable has been revised and young people are responding well to the broader and more practically based curriculum. The temporary refurbishment timetable has however slowed progress in curriculum development but has given time for the new curriculum managers to review current provision and identify where the strengths and areas for development lie within the centre. A review of vocational opportunities has been undertaken and this work will helpfully feed in to the new timetable post refurbishment. Vocational learning has increased marginally and accreditation is currently offered from entry level to level 2 where applicable in Horticulture, Manicure, Music, public services, painting and decorating, food technology, sports and fitness. New programmes are planned for implementation when refurbishment is complete. A General Certificate in Secondary Education group has been established and currently two trainees are taking exams. Some focused work has been undertaken to enhance progression pathways for young people in preparation for leaving. External visits are arranged when appropriate for young people to attend interviews and colleges, for example. The centre acknowledges that there is still work to be done to extend the range of learning opportunities offered.



**'Involve young people actively in setting targets for learning and in reviewing their progress on a regular basis'.**

68. Good progress has been made although some systems are not yet fully embedded. A new weekly tutorial system has been established and young people have a better understanding and ownership of their personal learning goals and their achievements. Feedback about their engagement is also shared with them every day by the link tutors. The new points system has served to be a strong motivator for young people and this has certainly contributed to improved performance and behaviour within lessons. All young people have electronic Individual Learning Plans (ILPS) which are regularly monitored and updated by teaching and support staff in consultation with young people. The quality of information entered on to ILPs however is of an inconsistent standard and training is on-going. In addition young people are regularly involved in planning and in decision making across education and this has improved relationships and their positive engagement with education staff. Accreditation rates have been sustained since the last inspection at approximately 7.5 units per student per month. Additional learning needs are also reviewed regularly by teaching staff with young people and information is shared on a weekly basis across education staff to ensure that teaching programmes continue to match needs.

**'Ensure that all management information systems are fit for purpose and that data on progress and achievement are used to inform service development'.**

69. This has been partially met and though not yet fully integrated into a whole centre data base, satisfactory progress has been made in ensuring data are recorded regularly and systematically to inform planning and development. There is regular monitoring of attendance, absence, school refusals and accreditation. Data collected over the last few months show that, for example there have been sustained reductions in school refusals; reductions in hours lost as a percentage of the cohort from 5% in December 2007 to approximately 0.5 % in May 2008 and in reductions in returns to the residential units from education. There has also been a steady increase in numbers of young people receiving 25 hours since January. A thorough and systematic process for the analysis of data has not been achieved and this is an area for further development.

**'Develop accommodation including library in to more appropriate learning environment'.**

70. This has been partially met and good progress has been made. The library has been refreshed with a £2,400 investment in new books. The refurbishment of the learning centre continues. A new ICT suite has been developed within the Learning Centre.

## Helping children achieve well and enjoy what they do

### Welfare

The provision is satisfactory.

71. A formal written equal opportunities policy in relation to the centre is available. This is not written in a user friendly format and individual copies are not given to each young person.
72. In an attempt to introduce the subject of equal opportunities to the young people, managers at the centre have adapted an equal opportunities poster. This poster was seen displayed around the centre, including in the house units. Young people are now aware of the centre's commitment to promoting equality and diversity.
73. Information is made available to young people on admission relating to the centres day to day running, rules and expectations of behaviour. This is provided in the form of written information and a DVD. The information has not been updated for some time and contains inaccuracies in relation to areas such as which incentive level a young person would commence at the centre. The recent changes to the behaviour management policy have not been reflected in young people's induction packs. This means that young people are not fully aware of the expectations in relation to behaviour management when they are admitted. One of the house units at the centre has produced a set of sheets which give more pertinent information. This was compiled with the assistance of a young person.
74. A positive development is the production of an in house magazine for the centre, 'OH1', which enables young people to contribute and contains stories about achievements.
75. Activities are coordinated by a member of staff employed specifically to undertake this task. Whilst activities and enrichment sessions held on weekends are planned and cater for a large number of the young people, the sessions held during the week are less structured and fewer in number. Young people enjoy organised activities and prefer to know what is on offer to them.
76. A database has been set up which records young people's attendance at activities, however this has not been kept up to date and the information held is incomplete. It is not possible therefore for staff to identify any young people who may deliberately be isolating themselves from contact with other young people in group activities nor for information to be available in relation to a young person's contribution to any reviews of care which are undertaken.

## Helping children make a positive contribution

The provision is inadequate.

77. Initial assessments are undertaken on young people within one hour of admission to the centre. These are of good quality and identify needs on an individual basis. Care and management plans are also completed shortly after admission. These are not consistently completed fully or updated. The result is that the individual care needs of young people are not always clearly highlighted for all staff working with them to be aware. Training has recently been undertaken by residential managers on the completion of these plans. Files held by the Youth Offending Service (YOS) team at the centre contain details of the assessment and care and management plan. Members of the YOS team have undertaken training in relation to the completion of assessments of need.
78. Individual files have copies of reviews and planning meetings available, which have been held within the required timescales. Those files seen which related to young people who had newly arrived at the centre contained evidence that meeting dates have been planned. The YOS team manager audits four files per month and a record is held of those which have been audited and any action required.
79. Records held of direct work which has been undertaken with young people to address their needs is variable in quality and content. Although there is some evidence of detailed individual work this is inconsistent and therefore does not sufficiently demonstrate how young people's needs have been met, particularly in relation to targets in their plan agreed as part of the review process.
80. Procedures are in place which allow for all relevant parties to be informed of any date which has been set for a review or planning meeting. This ensures that arrangements can be made to enable the presence of a young person at any meeting involving them. Parents are informed of any meeting involving their child and routinely provided with a contribution form which they are able to complete and use as an aide memoir at the meeting. If they are unable to attend the meeting they can submit the form to ensure their views can be considered at the meeting.
81. Reviews held are chaired by individual caseworkers. Managers have identified that there is a need to provide training to ensure that caseworkers can carry out the task of chairing reviews with confidence and competence. Caseworkers are reminded that it is crucial that the views of all present are taken into account. Senior managers undertake an audit of review meeting minutes and carry out direct observations of the reviews. The absence of training for those caseworkers who undertake chairing of reviews may mean that a young person's views are not presented in a consistently competent manner.

82. Where a young person is admitted to the centre who is a 'looked after child', staff expect all looked after children documentation to be made available to them. If the documentation is not supplied at admission a request is made to the relevant team of the placing authority asking for this to be available within 24 hours. Should the information still not be provided, a formal request is made to the director of children's services for the relevant authority by the manager of the YOS team. Where full access to information is gained by use of this system, this enables an all encompassing picture of care needs for an individual young person to be identified.
83. A senior member of staff in the YOS team has been identified to be responsible for the provision of offending behaviour programmes and intervention work. New intervention packs are now completed. The pack contains new assessment and evaluation forms, enabling more individual and specific identification of work to be carried out. The evaluation forms, when analysed, will allow for monitoring of the packages to be carried out.
84. Offending behaviour and intervention packages which are carried out currently with young people are disjointed and inconsistent. Some offence related work is undertaken by key workers and other work is done by members of the YOS team. Group sessions are provided by staff in the learning centre during weekdays. There are some human resource issues in relation to the make up of the YOS team. Some of the staff are not contracted to work evenings and weekends. The delivery of offending behaviour programmes is unlikely to improve significantly until this matter is resolved. Young people's individual sentence plan targets cannot be adequately addressed unless an effective offence related programme is in place.
85. Care staff allocated as key workers to young people are carrying out some good individual work and there is much more work being done than was previously the case. However, they are not yet receiving the direction needed from case managers to ensure the focus of their interventions with young people is closely linked to the agreed targets.
86. The present level of intervention work which is undertaken with young people does not enable any meaningful outcomes to be achieved and young people do not see completion of this work as a routine part of their day.

## Helping children achieve economic wellbeing

The provision is inadequate.

87. A draft resettlement policy is available and covers the transition element of resettlement. The draft resettlement policy does not address the resettlement of young people with regards to assessing and planning for independence and life skills training. Arrangements to improve resettlement outcomes for young people by providing them with the skills needed for adult life in the community are not yet in place. The draft policy does not include details of how the staff will assess individual needs and deliver the skills a young person requires to prepare them for independence or adult life.
88. Young people's needs are not adequately assessed and they do not receive the training and support they need to learn the domestic, practical and social skills to assist them to cope in the community when they leave the STC. Although assessment training has been provided for staff, the centre has made little impact on the development of practice knowledge in relation to life skills needed by young people. Resettlement in its fullest form, including what skill gaps a young person has and how these needs will be addressed, are not included in young people's case files.
89. The independent flat facilities have been used on one occasion as a 'pilot' scheme to assist a young person to live independently upon discharge. The learning from this exercise is yet to be drawn together and evaluation to inform staff and procedural development.
90. Staff knowledge regarding the rights of the child to have a pathway plan is lacking and therefore the rights of the child may not be promoted. There is ineffective communication between care and education staff to identify what is, and is not known by the young person to ensure gaps in knowledge will be identified and addressed.
91. A person has been nominated to carry lead responsibility for the management of developments in relation to 'resettlement'. A resettlement manager has been identified to take this work forward and oversee the staff working directly with young people.

## Management

The provision is inadequate.

92. There have been some changes to the senior management team since the last inspection and this has resulted in a restructuring of roles and responsibilities. The director continues to enhance the skills of his senior management team by making some strategic appointments and recruiting experienced professionals in both residential and secure care settings.
93. The senior management team has continued the process of improvement, which is an incremental task, tackling major themes such as the recruitment of staff, direction and support for staff, consistency of approach with young people and ensuring a good quality of education. Efforts to establish a process of development, underpinned by child centred values and principles, are positively influencing interactions between young people and staff across the centre. Progress has been made, but there remains a significant amount of work to establish the routines the centre needs if it is to function satisfactorily.
94. To ensure consistency of care for young people, residential service managers have been allocated to manage individual house blocks. Five team leader posts have been created to provide an additional tier of managers in the house block, to support the residential service manager and provide direction and support to staff, and ensure young people's needs are consistently met. This role has been welcomed by staff and is seen by them as a positive development. The focus for the team leaders is to ensure that supervisors are working more consistently and understand their role and responsibilities in the management of their team members. Although at an early stage, the role of the team leaders is beginning to have a positive impact on consistency of practice.
95. The staff shift patterns have recently been revised to provide allocated teams of staff to each of the house blocks. This is a positive development, and is having an impact on staff morale and engenders a sense of 'team' responsibility for the running of the house blocks and care of young people. Staff are still required on occasion to work across house blocks, but generally this is now managed in a more considered and positive way, with duty operations managers and residential service managers deciding the most appropriate allocation of staff members.
96. Staff views were not consistent about the support and direction they receive from managers. Those staff who are positive were aware of the developments and improvements in routines, and increased support provided and of managers. They said that the managers were actively attempting to include them in planning and delivery of service to young people. Other staff were less positive, and said that there has been too much change. They were unsure what was expected of them.

97. The senior management team has a good understanding of the issues for staff, building a process of incremental change and also providing periods of consolidation. Managers provide good opportunities for young people to raise concerns and restate the commitment to improving the quality of service they receive.
98. However, although staff state that there has been some improvement in staff supervision, the level of supervision has not yet reached the procedural expectation of monthly formal sessions for all staff, particularly care staff. Although some house block managers have achieved almost 100% supervision for care staff since the last inspection, this is not the case throughout, and the provision of formal staff supervision remains inconsistent.
99. The team of night staff have received very limited formal supervision. A team leader for night staff was appointed shortly before the inspection, and he hopes to rectify this situation. He is working with the night team supervisors to ensure they have the time to supervise their team members, but this development is recent and still at an early stage. The night care team said they felt less supported, and less confident in the aspirations of senior managers to ensure they receive guidance and support in their role. Young people in a distressed and unsettled state often turn to night staff for support during what can be a very difficult time for them.
100. Staff who are responsible for supervising members of their team have not yet received training in supervision methods. Clearly, even when these supervisors are able to offer formal supervision to their staff, the quality of supervision cannot be guaranteed. Young people benefit from those staff who are more competent and confident in their role. Clear direction and guidance contributes to a more consistent approach with young people.
101. The training and development of staff has continued to be addressed at the centre, and there has been a substantially improved range of training provided to staff both on the initial training course and to those already working at the centre, including middle managers. However, the main target group, care staff working directly with young people, have not received the range of training identified through a detailed training needs analysis. The training needs analysis undertaken several months ago by a group of external training consultants was a thorough process that identified a range of weaknesses in competencies and understanding of the role of secure care officers. The new staff shift pattern has been devised to provide a training day for all care staff every three weeks. These days have rarely been used for team training, as staff have been used on these days to cover duties across the centre.
102. The training provided for some staff from the different departments across the centre and for managers has been good. The training has had some initial impact on their professional development. For example, several residential service managers and supervisors described an improved awareness of the skills involved in managing staff. They also described a clearer understanding of the

need for a more child focussed approach at the centre. Despite this, young people's needs are still not being satisfactorily addressed by some staff who are struggling in their role.

103. There has been good improvement in the recruitment, selection and vetting of staff and this has improved significantly. Staff appointed to work at the centre now go through a much more rigorous process of selection. Those staff recruited more recently feel they deserve to be at the centre, and feel it is recognised that they have something to offer the young people. There has been a satisfactory improvement in the competencies and professional abilities of recently appointed staff. Managers involved in the recruitment process are now appropriately trained, including training in the assessment centre procedures.
104. The arrangements to support staff and provide guidance are beginning to have an impact on staff morale and therefore on the rate of resignation of staff which is beginning to slow down, although this is a very recent trend and it is too early to judge the long term impact.
105. Some progress has been made in establishing processes for staff to be kept informed about issues at the centre, including updating each other on the needs of young people and the challenges they present. Shift handover meetings now take place several times a day and copies of meetings taking place around the centre are now available to staff on the house units. Although there has been some reasonable improvement in the quality of communication, there are still examples when the quality of the information sharing has been insufficient to ensure consistency of planning for young people. This has been particularly the case with staff arriving for the night shifts. Night duty staff reported that they felt they were ill informed of developments within the centre.
106. The director has appointed an external assessor to carry out regular monitoring visits to the centre. He is an experienced social care professional who is familiar with the work of the STCs. The appointment of an external assessor to review practice is a positive development. Although at an early stage, the visits and subsequent reports are of value to the centre. These independent visits, taking place twice a month, provide an additional scrutiny of records and other practices, including an additional safeguarding process to ensure that young people's welfare is promoted. The external assessor also ensures young people have an opportunity to speak with him and raise any concerns.
107. Considerable progress has been made in the collection and analysis of quality performance information. A very good performance management 'manual' has recently been produced that reflects the Every Child Matters outcomes. Each outcome area lists a clear performance objective, with compliance failure, progress rating, evidence, action points, and audit. This document has brought together the objectives of each of the main providers, G4S, CfBT and the PCT.
108. The setting of performance targets for managers and the collating, then sharing of information with staff across the centre has created a much more transparent



and reflective organisation, responding more appropriately to the needs of the young people. Still to be addressed is the integration of learning centre management information with that of the wider centre.

109. The centre has a nominated lead coordinator for equality and diversity issues. As part of this role she chairs a monthly human rights and equality action team meeting. This group has identified terms of reference and is made up of senior staff from across the disciplines at the centre. The nominated lead for equality and diversity is also carrying out work on how the views of young people can be heard in a wider context.
110. An external consultant undertook an audit of all areas of the centre and following this an action plan was constructed. There are sixteen actions identified on the plan and of these two are recorded as having been met. One action identified was to 'consider ways in which under represented groups can develop and progress in the organisation'. Some staff members at the centre feel that they have to work harder to be recognised and achieve promotions due to their ethnicity. Whilst the centre has identified areas of weakness in relation to equality and diversity issues, there are some staff who feel their ethnicity is not valued.
111. The centre has identified areas of weakness in relation to equality and diversity issues. However, the training on understanding equality and diversity is not scheduled until January 2009. Given the issues raised by some staff and the recommendations made by the external consultant, the delay in providing this training does not assist in raising the profile of equality and diversity with all staff groups across the centre.
112. Although there have been significant improvements introduced in the last few months, their impact is yet to be felt across all practice at the centre, and there remain worrying pockets of inconsistency.

## Recommendations

The following recommendations are made to the Director of the secure training centre unless otherwise stated.

- review the mealtimes held on the living units, particularly in respect of the presentation of meals (Being healthy - Standard 1)
- develop the menu to include more meals reflecting the varied cultural backgrounds of the young people and ensure a healthy lifestyle is promoted (Being healthy - Standards 1 and 17 of Positive contribution)
- ensure night staff are familiar with and have opportunities to test the fire procedures (Staying safe - Standard 4)
- clarify arrangements for the use of the 'independent living' areas to include monitoring arrangements to ensure that the resource is not used inappropriately (Staying safe - Standard 11)
- ensure that sanctions are monitored and evaluated regularly for excessive or inappropriate use and to identify patterns or trends. This should include ethnic monitoring. There should be standardisation meeting or regular sampling exercises to ensure consistency and fairness in the application of sanctions. (HMIP)
- ensure that the alternatives to the imposition of a sanction, such as a verbal warning and/or mediation or restorative justice, are always considered. (HMIP)
- ensure that staff are trained in the principles and the administration of medication and restorative justice. (HMIP)
- review the effectiveness of the centre's CCTV systems for the purposes of child protection (Staying safe - Standard 15)
- review the current arrangements with the local authority safeguarding team, to ensure the practice of internal investigations of allegations against staff are appropriate and do not compromise any of the parties involved (Staying safe - Standard 15)
- ensure the written information available to young people is correct and consistent with other policies (Enjoying and achieving - Standard 2)
- record young people's participation in enrichment and leisure activities to ensure equality of opportunities (Enjoying and achieving - Standard 4)
- develop a clear strategic plan for education and provide stable, strong and effective leadership and management which focus on raising standards and improving outcomes for young people (Enjoying and achieving - Standards 3 (Management 19)
- provide support and training to teachers to ensure that all lessons are of consistently high standard (Enjoying and achieving - Standard 4 )Management 19/20)
- provide a relevant, stimulating and high quality curriculum which meets the needs of all young people, has clear progression routes and offers an appropriate range of vocational programmes (Enjoying and achieving - Standard 4)
- ensure that all management education systems are fit for purpose and that data on progress and achievement in the learning centre are used to inform service development (Enjoying and achieving - Standard 3)

- ensure that all young people have their identified individual needs consistently met (Positive contribution - Standard 10)
- improve practice in relation to dealing with young people's offending behaviours and attitudes (Positive contribution - Standard 3)
- ensure that all staff with responsibility for chairing review meetings are appropriately trained (Positive contribution - Standard 7)
- ensure that there is a clear and explicit policy and operational standard to address the resettlement of young people from the centre (Economic wellbeing - Standards 1/2/5)
- ensure that all young people have appropriate transition or discharge plans and are trained in appropriate life skills to cope independently in the community (Economic wellbeing - Standards 1/2)
- improve the knowledge and understanding of all staff groups of the issues related to resettlement (Economic wellbeing - Standards 2/4)
- provide staff with regular opportunities to meet as a team and ensure good levels of communication (Management - Standard 12)
- provide residential care staff with regular opportunities for training and professional development (Management - Standard 11)
- provide all staff with regular formal supervision (Management - Standard 16)
- ensure a raised awareness within the centre of equality and diversity matters and give priority to this in the training programme (Management - Standards 11/14)