

Inspections of secure training centres

Inspection of Oakhill STC

Report published: Monday 6 August

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

Inspection dates: 5 to 15 June 2018

Lead inspector: Sheena Doyle

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The survey of young people:

- survey summary and methodology
- Oakhill secure training centre survey findings
- comparator between this survey and all STCs.

Overall effectiveness	Requires Improvement
<p>The overall functioning of Oakhill secure training centre requires improvement. At the last inspection, the centre was judged inadequate. Progress has been made in a range of areas, and the directors who have run the centre since then have worked effectively on many of the shortfalls identified at the last inspection. Improvements have occurred in all areas apart from the behaviour of children. The volume of incidents that include violence has not reduced and remains high.</p> <p>The current refurbishment programme is significantly improving the environment in the centre, which previously was poor.</p> <p>When clear allegations of abuse or harm are made, they are now referred to local statutory services promptly. This is a significant improvement. Robust records are kept. However, when there are concerns about potential harm, some duty directors take too long to gather information before making referrals to statutory agencies. Similarly, not all duty directors understand what best practice is when conducting internal investigations.</p> <p>The number of children who request transfers because of bullying has reduced, which is positive. Systems have been put in place to address bullying and inappropriate sexualised behaviour. These are not as effective as they should be because of weak recording practice and ineffective management oversight. Weekly safeguarding meetings should be able to monitor progress in these areas, but key information is missing, such as the logs for bullying and sexualised behaviour, limiting the effectiveness of this oversight.</p> <p>Some long-standing shortfalls, such as the lack of an electronic patient record system and the extension of the CCTV coverage across the centre, are both at advanced stages of implementation. If these plans come to fruition, they will improve children's safety and healthcare. It is positive that the senior leaders have prioritised these areas for progression given the intractable difficulties that have beset them previously.</p> <p>The workforce has been stabilised and is at full complement. Investments in staff development now have the potential to improve practice. Increased workforce stability also creates more opportunities for staff to form meaningful relationships with children.</p> <p>Restraints are a routine feature of life at Oakhill and efforts to reduce the use of these have not been effective. Most children who need individual handling plans because of health reasons have them, but they are not readily available to those staff who may be involved in a restraint. A minority of children who should have a plan do not. There is insufficient liaison between residential staff and healthcare staff, who have detailed assessments of children's breathing difficulties.</p> <p>It is positive that the number of children who are at risk of self-harm has reduced. Robust plans are put in place for those who are at risk. However, plans are</p>	

implemented variably, and not all staff are clear which type of behaviour should trigger a review of the effectiveness of the plans.

There is inconsistency in how staff manage children's behaviour across the centre, including in education sessions, where some teachers do not manage behaviour well. The incentive scheme has been simplified and is understood by staff and children, but its impact is undermined by the inconsistent application of sanctions and rewards. The same behaviour attracts different responses from different staff.

Not enough effort is made to ensure that children comply with routines and minimum expectations. This includes allowing them to cover their bedroom door viewing panels on the inside, not tidying their bedrooms to the expected standard, and not participating in other routine activities to keep the centre clean and tidy.

Vocational pathways for children have improved; they are popular and well taught. The promised expansion has been hampered by difficulties in staff recruitment, retention and vetting. However, plans to expand the pathways are at an advanced stage. Some core lessons are taught well and engage the children. Others are uninspiring and do not stretch children sufficiently. Feedback on work completed is not always detailed enough. The availability of ICT has improved but requires extending further so that children can develop competence in this key area. Opportunities for work experience outside the centre are too limited.

The understanding and management of the risks that the children can pose, to themselves and to others, have improved. Risk assessments, interventions, and plans are thorough and appropriately kept under review. The effectiveness of plans and interventions is hampered by weak representation of allocated unit staff and/or managers in devising, reviewing and contributing to these plans and interventions. Children should benefit from individual sessions with their caseworker from the resettlement team as well as individual active citizenship sessions with unit staff, but the impact of these sessions is not monitored, so their effectiveness is not known.

The profile of the population in the centre has changed, with many children now serving long sentences. Some may stay in the centre for years. Current programmes and interventions do not take account of these children's needs to avoid them having to repeat programmes for no positive purpose.

The number of complaints from children is high. All are recorded and followed up, but the records do not always show that the investigations are commensurate with the complaint. Children's views on the outcome are not systematically recorded, although they report having the outcome explained to them in person. Consultation meetings with children have been relaunched. These are not yet effective and sometimes too many managers attend them.

Too many children are admitted late to the centre and this hampers their induction. The visual and written information provided to children has not been fully updated and contains inaccurate information.

Recommendations:

Immediately:

Ensure that:

- All duty directors are sufficiently knowledgeable and can make safeguarding referrals to statutory services that meet acceptable standards.
- All internal safeguarding investigations start promptly and progress as swiftly as possible.
- Arrangements to monitor and tackle bullying and sexualised behaviours are effective.
- Safety plans for children at risk of self-harm take account of all concerning behaviours and verbalisations.
- Internal oversight of safeguarding arrangements is effective.
- The Youth Custody Service (YCS) takes all steps to reduce the number of children who are admitted late to the centre.
- Children's safety is increased by the extension of closed-circuit television (CCTV) coverage in communal areas.
- Children's behaviour is incentivised positively, and poor behaviour is consistently discouraged and challenged.
- All restraints take full account of children's individual medical needs and advice on how to maximise their safety.
- Staff can check on children in their bedrooms without compromising the children's dignity or unnecessarily disturbing them and without the hindrance of internal panel coverings.
- Children who would benefit from, and are suitable for, external work experience and other external activities to support their achievement and resettlement goals have these opportunities.
- Vocational pathways have sufficient physical resources and staff able to teach them so that children do not have gaps in their education.
- The behaviour of children in the education centre supports learning.
- All staff who work closely with children understand risk and what this means for those in their care.
- Children's plans and interventions are understood by all staff who work closely with them, so that the plans are fully informed and effective.

- Individual sessions with case managers and the active citizenship programme achieve their intended outcomes.
- Those serving long sentences in the centre have their needs met.

Within three months:

- Good standards of cleanliness are maintained throughout the centre, and children play their full part in keeping the centre clean.
- Children have good opportunities to develop practical ICT skills.
- Lessons take account of children's different starting points so that all needs are met, including those needs of the most able children, and that lessons are full and interesting.
- Feedback to children about the quality of their school work helps them to improve.
- Inappropriate verbalisations and written work in education, such as veiled threats and gang glorification, are challenged and inform centre-wide assessments of children's progress and intervention needs.
- All complaints are thoroughly investigated, and the evidence supports the outcome. Records show children's views about the outcomes.

Within six months:

- The information available to children when they are admitted is accurate and suitable.
- Children's views about the centre are taken seriously and responded to. They experience the benefits of a shared commitment to improving the good order of the centre.

Service information

Oakhill Secure Training Centre (STC) is one of three purpose-built secure training centres and is situated near Milton Keynes. It is currently managed by G4S Care and Justice Services Limited. The STC offers secure accommodation for up to 80 male children aged between 12 and 18 years who have been sentenced or remanded to custody. Healthcare is provided by G4S under a service level agreement, with appropriate access to community-based services. Education is provided onsite by G4S. At the time of the survey, during the first week of the inspection, 56 children aged 14 to 17 years were resident.

Inspection findings

The safety of young people	Requires Improvement
<ol style="list-style-type: none"> 1. The safety of children is not yet good, although the practice, governance, and oversight from senior managers is improving. Progress has been made in some key areas, such as tackling bullying, but more progress is required. A repeated weakness is the inconsistencies in the practice of the senior management team, and poor dissemination of information to more junior staff. 2. The interim head of safeguarding is suitably skilled and experienced. New safeguarding processes means that allegations of abuse or harm are referred to external agencies in a timely manner. There remains too much variability in how senior managers initially process, record and refer potential concerns. Gathering of initial information sufficient to make a referral sometimes drifts too far towards undertaking fact-finding enquiries without agreement from external safeguarding agencies. The senior management team lacks sufficient knowledge and understanding of statutory safeguarding legislation and guidance. 3. Safeguarding records are comprehensive and are maintained well. They include chronologies of all actions taken, and by whom. The records show the support provided to children and that they are kept informed of the progress of safeguarding enquiries. This is a significant improvement since the last inspection. 4. Partnership working between senior managers, the designated officer for the local authority, and specialist police teams has improved and is effective. Internal investigations into staff conduct are mostly carried out promptly. However, one request for an internal investigation was received over five weeks ago and has not progressed. There is no evidence that this has compromised any child's safety, but delays in investigations could do so. 5. The new youth engagement team provides a robust initial response to possible or actual instances of bullying and maintains oversight and good records of all notified instances. Transfer requests that cite bullying have reduced; they are now incorporated into the central record and followed up appropriately. Children and staff can now refer bullying concerns easily. However, managers are not helping more junior staff understand the value and purpose of completing bullying logs. As a result, some logs are left blank or partially completed, and, consequently, their usefulness is undermined. 6. Suicide and self-harm (SASH) risk assessments are completed for each child on admission and have improved since the last inspection. Assessments take careful account of the child's background, family circumstances, offending behaviour, childhood traumas, current risks and presenting behaviours. Prompt review of all initial risk assessments by multi-disciplinary staff and managers ensures that risk management and reduction plans are comprehensive. 7. The need for SASH plans has reduced significantly since the last inspection and this can be attributed to the thoroughness of initial risk assessments and analysis. While the initial response to risk is robust, subsequent reviews and plans to reduce risk are 	

variable. For example, staff are more likely to review children's plans after a physical event, such as the child punching a wall, than after verbalisations, such as a child saying that they feel like self-harming. Reviews do not take enough account of emerging patterns or trends in behaviour. Senior managers do not close SASH plans in a timely manner, so some children remain subject to safety measures, such as increased observation checks, when this is unnecessary.

8. It is an improvement since the last inspection that sexually inappropriate behaviour is recognised as an issue of concern across the centre. Guidance notes on incident concern forms help staff identify such behaviour. Internal analysis of the logs is expected to inform suitable interventions to reduce and/or prevent these behaviours. However, the logs are often poorly completed and have many gaps, and, as a result, their effectiveness is compromised. Consequently, children's sexualised behaviours are not as well understood as they need to be.
9. It is positive that senior managers have recognised the need to regularly review arrangements in the centre designed to maximise children's safety. The weekly safeguarding meeting is attended by a suitable range of managers and specialists, but its effectiveness is undermined because key information, such as on sexualised behaviour and bullying logs, is not available for scrutiny.
10. Robust security arrangements make a significant contribution to improving children's safety and welfare. Searches of children and their environment is proportionate to risk, an improvement since the last inspection. Dignity and/or full searches are intelligence-led and require senior manager authorisation and are no longer standard practice on admission. Records of searches are thorough: they record children's comments, provide the justification for each search, and record who has authorised it.
11. Staff search records have improved. Designated search staff complete searches well and the quality is regularly checked by security managers. Managers consider whether there are any patterns and trends in staff bringing prohibited items into the centre. It is positive that prohibited items are rarely found.
12. The security intelligence reporting system (SIRs) is now more secure. Intelligence forms are scanned and logged electronically to prevent any future tampering. The quality of SIRs is closely monitored, and any patterns and trends are identified promptly. Swift action is taken, when necessary, to protect children from harm.
13. Governance of the shower viewing panels has improved. The panels are always covered, and only senior managers can authorise their use. They have been used on 20 occasions since the last inspection with appropriate authorisation and oversight. The centre's policy has been adjusted appropriately and now emphasises the importance of considering children's privacy and dignity. It also notes the potential for misuse of these panels.
14. Partnership working arrangements between the centre and local emergency services are good. These arrangements ensure that everyone on site is protected in the event of an emergency. A varied range of desktop exercises are completed, and these test the effectiveness of the contingency plans. Plans are in place to complete live exercises in the coming months.

15. The use of handcuffs when children need to leave the centre, for example for medical appointments, remains standard practice. However, it is positive that security staff always undertake individual risk assessments to consider if, or when, handcuffs can be removed. There is good oversight of records of handcuff use and each instance shows the rationale for their use. This ensures that children are not subject to unnecessary handcuffing.
16. Close liaison between centre managers and counter-terrorism agencies, including 'Prevent' programme specialists, is effective. Centre managers identify, monitor and reduce the risk of children being subject to, or involved in, radicalisation or extremism. This is assisted by all staff having received good-quality training. Individual security plans for those children at high risk ensure that all staff are alert to the known risks, and are clear about what to do if they have any concerns.
17. Those areas of the centre in which children always report feeling less safe, such as where there is no CCTV coverage, are expected to be improved shortly. Plans are in place to install additional cameras in the next few months. As an interim measure, there are noticeable reminders posted in vulnerable areas to remind staff to switch on their body-worn cameras.
18. Children are not consistently transferred between the centre and other destinations in a timely manner. For example, the centre's records show that 23 of 66 admissions took place after 9pm, and two of these were after midnight. Information subsequently supplied by the YCS contradicts this, noting that only 12 of these were after 9pm. This discrepancy needs reconciling so that the YCS have an accurate picture of the performance of the transport contract they have commissioned.

Promoting positive behaviour	Inadequate
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19. As at the previous two inspections, leaders and managers have failed to ensure that all staff manage behaviour consistently and effectively. Consequently, poor behaviour, violence and restraint remain everyday features of life for those living and working at Oakhill. The deficiencies in behaviour management impact negatively on all children's outcomes.
20. In the survey conducted during this inspection, only 53% of children reported that the incentive scheme was fair. Inspectors found that staff in residential and education settings apply rewards and sanctions inconsistently. Inspectors also saw many examples of staff failing to challenge low-level poor behaviour, including swearing and dressing inappropriately, as well as more serious incidents, including discriminatory language, violence and inappropriate sexualised behaviour. This inconsistency fundamentally undermines work to improve behaviour at the centre.
21. Many children continue to keep the observation panels in their bedroom doors covered; this makes it difficult for staff to ensure that they are safe and well in their rooms. There is insufficient challenge of this to re-establish staff control over everyday decisions at Oakhill.
22. A potentially motivational incentives policy has been introduced since the previous inspection, which is simpler than the previous incentive scheme. Children continue

to earn points for positive behaviour on residential units and in education, and the weekly average should denote which incentive level each child is on. Behaviour management is expected to be supported by weekly reviews between personal officers and children to assess individual progress. Neither of these mechanisms are effective. Poor behaviour goes unchallenged in the classroom and on residential units, and, too often, teachers and residential staff give children maximum points despite incidents of serious poor behaviour. The daily and weekly reviews are sometimes poorly completed, and weekly meetings to review individual progress do not always take place.

23. Some incentives for children on the higher level of the scheme, for example an extra opportunity to make purchases from the tuck shop, are not delivered. There are differences in bedroom furnishings that are not in line with the incentives scheme.
24. The new incentives policy includes interventions intended to prevent children from spending long periods on the lowest level of the scheme. All children on the lowest level should be placed on a 'behaviour reflection and action plan' (BRAP). This is intended to help them understand which behaviours are unacceptable, and to identify positive parts of their day. The policy expects a daily review of each child's individual targets, linked to their sentence plan, for the next day. This is implemented badly. During the inspection, there were 13 children on the lowest level of the incentives scheme, but only four had a BRAP, with another two plans created during the inspection. Two children had been on the lowest level for three weeks without a BRAP. The majority of BRAPs are of poor quality. For example, many did not include the views of the young person, daily reflection and target setting sessions had not occurred, and weekly reviews had not been held. In one BRAP, entries had stopped because the booklet was full, and no-one had printed off additional pages. This undermines those staff who strive to carry out these tasks effectively and it devalues the plans in the eyes of the children who are subject to them.
25. Enhanced case reviews should be held for children spending more than 14 days on the lowest level of the incentives scheme. The policy states that each review should consider the impact on the child of spending more time on the lowest level and consider the merits of alternative approaches. While a senior manager attends the weekly earned incentive scheme reviews, there is no evidence that other approaches are either considered or recorded.
26. Staff are expected to complete monitoring logs in response to poor or sexual behaviour. As noted previously, these logs are not effective because of the gaps in their completion. However, fuller logs are not always effective. The fuller logs reviewed contained evidence of concerning behaviour, often over significant periods of time, but no evidence that suitable action was taken to tackle the behaviour.
27. Staff can remove privileges from children for single incidents of poor behaviour. The length of time for this sanction varies and can last up to a maximum of 72 hours. There is too much variance in the sanctions given by different members of staff for the same type of behaviour. The use of mediation and reparation following poor behaviour is often successful, but this approach requires further development to maximise its effectiveness.

28. The lack of a consistent approach to behaviour management at all levels, coupled with the serious offences that many children have been convicted of, contributes to the high levels of violence and use of force across the centre, despite a modest reduction since the previous inspection, when occupancy was much higher.
29. There were 303 assaults on staff and children, and 18 fights, during the six months before this inspection. This compares to 330 assaults and 14 fights over the same length of time before the previous inspection. Staff and children have required medical treatment on site, or in an external medical facility, on 81 occasions following acts of violence.
30. In our survey, more than half of the children (58%) reported having been restrained over the previous six months. The number of restraints, while slightly lower than the previous inspection, remains extremely high. On average, there were 86 uses of force a month over the previous six months.
31. CCTV and body-worn camera footage viewed during the inspection show that most force was initiated appropriately to protect children from harm. However, some footage shows staff lacking confidence in deploying restraint techniques. This leads to prolonged restraints and the use of escalated techniques, including inverting children's wrists and holding their heads. On a few occasions after a restraint, staff removed items from children's bedrooms, contravening the centre's policies.
32. As at the previous inspection, poor practice on residential units and in education often leads to avoidable incidents of violence and restraint. Some incidents could have been entirely avoided if staff had implemented rules and routines effectively.
33. Pain-inducing techniques have been used on 11 occasions since the start of 2018. This is an increase. On many occasions, these techniques failed to achieve their desired outcome of speeding up the child's compliance, and the restraints were concluded using other means.
34. Oversight of force has improved and there is no backlog in paperwork or quality assurance by the minimising and managing physical restraint (MMPR) coordinators. However, only a small proportion of incidents are viewed at weekly use of force meetings. These incidents are reviewed well and identified actions are carried out by managers. It is positive that unacceptable practice during restraint was identified as such, with appropriate disciplinary action taken.
35. Some children who require a MMPR handling plan do not have one. Others have handling plans but these are not readily accessible to those staff who may be involved in restraining them. MMPR handling plans are intended to help staff understand the nature of the child's medical condition, so that a restraint does not exacerbate the condition. However, one child with asthma does not have a plan, and many of the plans are not available to staff working directly with children on the residential units.
36. The use of single separation has reduced by around two thirds since the previous inspection and there is some evidence to show that youth engagement workers and other staff have worked well to avoid single separation over the period immediately prior to the inspection. Some staff are still unsure about what constitutes single separation.

The care of young people	Requires Improvement
<p>37. Since the last inspection, parts of the centre have been refurbished to a good standard. The focus is on improving the living units that urgently require this. The refurbishment is slowly providing the children with better living spaces and bedrooms. Walls in communal areas remain bare. Not all parts of the living units are being refurbished. For example, the showers and toilets, including those in the refurbished areas, are worn and heavily stained, making them unpleasant to use, and their poor state is accentuated by the improvements around them. There are no plans to improve these. Windows and door panels are badly scratched.</p> <p>38. Most units that have not been refurbished have slightly improved since the last inspection. They are cleaner and tidier, though remain below a satisfactory standard. Daily care and maintenance of the units needs improving. Despite some areas such as unit kitchens being deep cleaned, this standard is not being maintained everywhere: some kitchen equipment is not clean now, and food remnants were seen on the ceiling of a living area. One bedroom had racist graffiti on a wall.</p> <p>39. On admission, children are given information about the centre and what to expect. The written information is an improvement on previous versions but is still being developed. The DVD that children are shown contains out-of-date information and does not provide an accurate picture of life in the centre.</p> <p>40. Children generally know who their allocated personal officer is. Relationships and interactions between staff and children are too variable, and this affects the quality of the care provided. As already noted, too much poor behaviour and bad language goes unchallenged. However, inspectors also saw some good interactions between staff and children, and some thoughtful and sensitive care.</p> <p>41. Living areas are small for the number of children and staff who may be in them at any one time. The centre was uncomfortably warm at the time of inspection, and this was worse in the smaller areas such as children's bedrooms. The air circulation system does not cool the internal environment adequately. Outside areas are not used frequently enough to provide children with enough opportunities for fresh air and exercise. The combination of forced close and extended proximity to others, and little opportunity to expend physical energy, does not promote good mental or physical health. It is likely that this contributes to tension and violence between individuals.</p> <p>42. The commonplace and embedded behaviour of children covering their bedroom door viewing panels on the inside is not being challenged, with many of the coverings clearly being semi-permanent. This means that staff cannot carry out welfare checks on children without either opening the doors or shouting to the children through them. This shortfall was identified at the last inspection.</p> <p>43. While children's individual needs are assessed well on admission, this does not lead to a plan that sets out what their daily care needs are. The electronic touch screen system that should provide staff on the living units with access to relevant information about children was not working on most of the units. This means that</p>	

unit staff do not have information about individual children's care needs. Staff told inspectors that their understanding of children's needs relies on information gleaned at handover meetings and knowledge developed through their direct interactions with the children.

44. Team around the child (TAC) meetings share information about children well and there are good multi-disciplinary discussions about how to address emerging needs and risks. It is not clear how key information and outcomes are shared with unit staff and managers who provide most of the daily care for them, as these staff are not usually at TAC meetings except as escorts.
45. Contact arrangements are generally good. In our survey, 83% of children said that it is easy to keep in touch with family or carers. Children are helped to stay in touch with relatives and others through visits, phone and video calls. The engagement visit scheme is used well to facilitate family visits. Those who do not have visitors are offered a volunteer visitor. However, one child's phone has had a fault for several weeks, and, as result, he has been unable to contact his family. Unit staff confirmed that the child could not contact his family. However senior managers subsequently advised inspectors that alternative arrangements were put in place to ensure he could contact his family.
46. In our survey, 97% of children said they know how to make a complaint. The complaints system is well used, with 205 complaints made since January 2018. Records note that 61% of children are fully satisfied with the outcome of their complaint. However, 20% of complaint records do not include children's views about the outcome. Despite this, most children who spoke with inspectors were happy with the system, felt that their concerns are addressed, and said that a staff member talked to them about the outcome. Children are given information about how to appeal if they remain dissatisfied.
47. Complaint investigation records vary in quality and some lack important details, for example failing to set out how the complaint has been investigated to either substantiate or refute it. Some lack clear conclusions and outcomes. Letters to children about the outcome of their complaints use some words that are not commensurate with their literacy and comprehension levels.
48. Children have good access to advocacy, which provides support, particularly with making complaints and securing accommodation on release.
49. Children's diversity needs are assessed well on admission and each child is seen quickly by an appropriate faith leader. Arrangements for faith observance are good. Children can follow their religious beliefs and are provided with support throughout their stay. At the time of inspection, some children were being supported during Ramadan and preparations were underway to celebrate Eid. Translation services and interpreters are used when required.
50. The three diversity meetings held since January 2018 do not demonstrate any impact. The lead responsible manager has changed, and responsibility currently lies with a busy contract worker. Minutes are sparse, and the meetings are poorly attended. There is no indication that these meetings have any impact on the care of children. Children are not invited to attend.

51. Formal consultation meetings with children (Xchange) have been reinstated since January 2018. This forum is intended to provide an opportunity for children to share their views about the centre and influence its operation. Every unit is expected to be represented at Xchange meetings, but this does not happen. Some meetings are attended by too many managers, at times outnumbering the children, which is inappropriate.

The achievement of young people	Requires Improvement
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52. The quality of teaching and learning requires further improvement. A significant minority of teachers do not plan teaching and learning well enough to meet the needs of the children in their classes. Teachers do not always use children's starting points well enough to ensure that learning is appropriate, interesting and meaningful for all. Teaching is focused on children of middle ability. As a result, the most able children complete activities very quickly, with some becoming bored and disruptive because teachers do not provide them with extension activities that are suitably challenging. In contrast, children who are less able struggle to complete activities because they find them too difficult. In these lessons, behaviour deteriorates quickly, and too little learning takes place.
53. Where teaching is better, teachers plan a range of activities with varying degrees of difficulty. This ensures that all children can achieve the lesson objectives and successfully complete their work. Children are enthusiastic and build strong relationships with teachers and vocational tutors, which helps them to remain on task and complete their work to a high standard. For example, in English, children worked very effectively to deconstruct a poem and develop their own interpretations of it. Children of all abilities worked collaboratively, focusing closely on the quality of their work and openly discussing the impact the poem had on them. In the best sessions, teachers and vocational tutors work closely with the residential care staff and use good behaviour management techniques.
54. Attendance at lessons has improved since the last inspection. Residential staff work alongside education staff to encourage children to attend classes; this has improved overall attendance. The number of children who refuse to attend lessons has reduced. However, the proportion of children signed off from lessons because of healthcare issues, or who have risk assessments and remain on residential units, is too high.
55. The curriculum is suitably broad and includes an appropriate range of academic and vocational subjects. Children particularly enjoy practical subjects and the vocational pathways. In response to this, vocational pathways have been extended, and if current plans come to fruition, will double from four to eight. Although physical resources and vocational tutors are in place to support this expansion, the next rotation of vocational pathways does not commence until July 2018. Plans are at an advanced stage to introduce carpentry.
56. Children make progress and achieve qualifications, for example in preparation for working life, drugs awareness, sex and relationship education, and functional skills in English and mathematics. However, some children, particularly the most able, do

not make the progress of which they are capable, so they do not reach their full potential.

57. Many children work towards GCSE qualifications. However, the proportion achieving level 4 and above is extremely low. Children who have previously achieved very poor results in their GCSE examinations are encouraged to re-sit them even when there is little chance of a better outcome. Those over the age of 16 who want an apprenticeship in the future would benefit from functional skills qualifications in English and mathematics at levels 1 and 2 as these would contribute to the apprenticeship. The proportion of children taking functional skills qualifications has reduced since the last inspection.
58. Progress is monitored well. Children are set clear targets on entry to the centre, and these are reviewed on a weekly basis. Children leave the centre with improved literacy and numeracy skills. Targets for the most able are not challenging enough.
59. The quality of children's work and the feedback they receive from staff to help them improve their work varies significantly. A minority of teachers, such as English, geography and science teachers, provide detailed feedback that helps children to understand and correct their mistakes. Other feedback is too cursory. A few teachers fail to identify, or address with children, potentially risky behaviours, for example when children provide written and verbal answers to questions that include inciting violence and reference to the use of drugs.
60. Effective joint work between the careers advice provider and the education welfare officer means that children receive good-quality careers guidance. Children are well informed about the options available to them on leaving the centre. However, more than one third of children are not in education, employment or training (NEET) on leaving the centre, which is a higher proportion than on entry to the centre.
61. Children with special educational needs and/or disabilities and those on education, health and care plans are supported well by specialist staff, including the learning assistants. These children make good progress, often better than that of their peers, because of the highly effective one-to-one support they receive.
62. Opportunities for children to participate in education outside of the centre have reduced significantly since March 2018. Although education outside of the centre was high in January and February 2018, circumstances required this to be suspended from the beginning of March, pending a review. However, three and a half months have passed and only two children have participated in three activities outside of the centre since then.
63. Access to enrichment activities has improved since the last inspection. Additional staff mean that children can choose from approximately 20 extra-curricular activities each week. This helps children develop a range of skills.
64. Information and communication technology (ICT) remains weak. Although interactive boards have recently been re-installed in classrooms, teachers regularly experience technical issues with them. When used effectively, these enliven lessons and enthuse and interest the children. However, they are under-used. Teachers use paper-based resources even when it would be appropriate to use the interactive boards to support learning and assessment. While their use is not appropriate in every lesson, they were only used in two of the 17 lessons observed.

65. Children do not have enough access to ICT, which means that they are not adequately developing these skills. Laptops and tablets are used only on a one-to-one basis, which limits learning opportunities. Most ICT is taught using books and handouts, rather than accessing through different IT platforms, so children have too little time to develop their skills on computers. This is compounded by the rule that children can only access the computer room under the supervision of the ICT teacher who was absent during the week of the inspection. No other education staff provide cover lessons for the ICT teacher so children cannot access the computer room whenever this teacher is absent.
66. Behaviour management in education is not robust enough. Children are generally well behaved in lessons, where teachers set clear boundaries and expectations. In one or two lessons, behaviour was exemplary. However, a significant minority of staff have weak behaviour management skills, which results in poor behaviour among the young people, including swearing, being disruptive and/or aggressive.
67. The head of education and senior teachers conduct learning walks in lessons to supplement half-yearly observations. However, learning walks are too infrequent and have little impact on the quality of teaching and learning. Teachers' professional development opportunities are too limited. Peer observations should help weaker staff see how good teachers run lessons to improve their own teaching practice, but this is not happening.

The resettlement of young people	Requires Improvement
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68. The centre has responded positively to the areas for improvement identified at the last inspection and progress is being made to strengthen the resettlement support offered to children. There are weaknesses in the resettlement needs analysis, but these have been identified and remedial work is underway. The resettlement strategy is relatively new and sets out how key strands such as accommodation, education, employment or training, and family contact, will be taken forward by named managers. Managers are aware that the strategy will need to be refreshed when the revised needs analysis is completed.
69. There is more attention to the management of risk than at the time of the previous inspection, although further improvement is still needed. Caseworkers in the resettlement team have completed training in risk identification, assessment and management. This training has not yet been provided to other staff who would benefit from it. Comprehensive information about children is gathered from the point of admission onwards, and caseworkers use this to inform their assessment of the risks that children pose to themselves and to others while in custody and after release. These assessments are regularly reviewed, but not all staff who work with the children are aware of these assessments or understand how their observations of children inform and influence assessments, plans and interventions.
70. Management of the resettlement team has been strengthened, creating capacity for quality assurance and strategic planning. Resettlement team meetings take place more regularly than before but are not yet driving improvements. Casework is

quality assured, but oversight of meetings and supervision for caseworkers is not in place.

71. Children have good contact with their caseworkers, who maintain useful links with children's parents/carers, youth offending team workers and social workers to progress practical aspects of release planning. Significant events are shared promptly with external partners and families. Securing suitable accommodation is a problem for some children. However, the centre's accommodation escalation policy has been used to good effect and has ensured that since the last inspection no child has been released without suitable accommodation, although a few children have had to wait until their final days at the centre to know their release address. This has an adverse impact on other areas of release planning, such as setting up suitable education, training or employment opportunities.
72. Review meetings take place regularly, with good multi-departmental attendance. Children are encouraged and supported to participate in a meaningful way. Meetings explore relevant topics such as remand/sentence planning, and resettlement needs. Attendance from families and community-based staff is good. Centre staff present detailed information about the child's progress and next steps. The input from staff who work on the units is more variable as officers who attend do so in the capacity of escort, and do not necessarily know the child well enough to contribute to the review. The absence of residential staff who know the child well at these reviews means that reviews do not consider any similarities between daily behaviour at the centre and offence-related behaviour, and therefore steps are not taken to challenge this.
73. Attention is paid to the transition needs of those serving longer sentences, but more needs to be done. Over half of those sentenced have sentences longer than two years, a small number have indeterminate sentences, and several will become adults while in custody and move to an adult prison to complete their sentence. Processes, such as multi-agency lifer risk assessment panels (MALRAP), are completed when necessary. Staff discuss children's future with them, and involve families and professionals appropriately, so they are prepared in good time for moves. Additional support is put in place, such as having a member of staff who has a good relationship with the young person acting as transfer escort and pre-transfer discussions with staff at the prison the young person is moving to.
74. These arrangements show understanding of the needs of those serving longer sentences, but this is not set out in policies and strategies. Some children are now staying at the centre for years. This means that, for example, education services and interventions should take their needs into account, particularly so they do not repeat activities because there is no alternative.
75. Support from the centre's staff for the many children who are looked after by their local authority is appropriate and helps them receive the services they are statutorily entitled to. Looked after reviews take place, with suitable attendance from centre staff.
76. Early release and home detention curfew (HDC) applications are processed efficiently. Six of the 25 early release applications submitted to the YCS in 2018 were successful, two are waiting for a decision, and the remainder were refused.

One of the three HDC applications made was approved. Children are made aware of their right to appeal and five have appealed decisions to refuse early release.

77. Little use has been made of mobility (escorted periods outside the centre) to support resettlement since the escape of a boy during a mobility exercise at the beginning of March this year. This resulted in a suspension of mobilities, other than for medical appointments, while an internal review took place. The review identified significant concerns around risk identification and risk management in the mobility process, which have since been addressed, but very few children have benefited from mobilities to support their resettlement. A lack of rigour in the decision-making trail to grant mobilities was addressed during the inspection.
78. The management of multi-agency public protection arrangement (MAPPA) processes has improved since the last inspection. Caseworkers identify children who are MAPPA-eligible on arrival and MAPPA levels are confirmed in a timely way. This supports meaningful release planning to take place. Caseworkers attend MAPPA meetings and submit reports to MAPPA boards. Staff have been trained in gang involvement and county lines. Children participate well in a 12-week programme designed for children involved in gang activity. Plans are in place to extend these programmes to include other aspects of exploitation.
79. The range of interventions available to address offending behaviour is expanding, with the input of a relatively new forensic psychology team. Children whose offences involve sexually harmful behaviour are assessed and provided with suitable interventions. This is an improvement since the last inspection. More interventions are shortly to be introduced. Children have the benefit of good-quality, effective interventions from the substance misuse team. This includes an innovative group work project during which boys from different units worked together well.
80. Children's offending behaviour is discussed in individual sessions with their caseworkers and is based on their individual needs analyses. It is encouraging that, in the reviews observed, the children could describe what they had learned from the sessions that they had completed. However, there are no measures in place to establish the impact that these sessions have on the children's attitudes towards offending. The recently introduced active citizenship programme, which the children are expected to complete with unit staff at weekends, is not yet embedded. Standards of completion are variable, and it is not clear that the residential staff who deliver the sessions are all sufficiently trained or are confident to deliver these sessions.
81. Monitoring of reoffending is pursued through community-based youth offending teams. When possible, caseworkers attend community reviews for children who have been released. This enables them to establish the sustainability of accommodation and employment, education and training placements. However, little use is made of the data gathered to inform arrangements in the centre.

The health of young people	Good
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82. Children have access to a range of age-appropriate services which are delivered by a core team of health staff, including regular bank staff. They deliver flexible and

highly responsive services, including during out of office hours. Children benefit from good access to services such as substance misuse services, immunisations, the optician, and dental and sexual health services. Health staff have a good understanding of children's needs and engage with them well. Only 39% of children in the survey said that healthcare services were good. However, this low grade seems to be because healthcare staff refused to sign children off from education or prescribe non-essential medicines when the children asked for them.

83. The management and governance of healthcare services are robust, and the service knows itself well. The health needs assessment completed in October 2017 highlighted areas for improvement which have been addressed. Governance is supported by regular internal and external audits with respect to: health and safety, the movement of children to external health appointments, admission times, sexual health, medicine management, and infection control. Quarterly reports summarise performance comprehensively and highlight key issues such as waiting times, failures to attend appointments and workforce issues. These are reviewed to determine areas for improvement.
84. Clinical and forensic psychology and psychiatry have improved significantly since the last inspection. Services are tailored to the population and waiting lists are absent or short.
85. The initial Comprehensive Health Assessment Tool (CHAT) is routinely carried out with every child on their arrival, resulting in prompt healthcare plans being put in place where necessary. The further sections of the CHAT which cover substance misuse, mental health, learning disability, and neuro-disability are subsequently completed in a timely manner. These are shared across all health staff so that there is synchronicity between different health interventions and plans for individual children. Contact is made with families and other agencies to obtain further information about the needs of the children. Refusal from children to complete assessments is appropriately noted.
86. The quality of healthcare plans has improved since the last inspection. These are now tailored sufficiently for each child. Record keeping has also improved. The absence of an electronic patient recording system continues to have a negative impact on information-sharing arrangements, such as receiving information from community-based health services, and some handwriting is hard to read. Inspectors were advised of a scoping exercise carried out in May 2018 as a precursor to the implementation of an electronic patient recording system. This has been promised for many years without delivery.
87. The dentist and GP offer a responsive flexible service which is symbolic of the good working relationship between the primary care partners. Children's needs are assessed promptly. When a child is admitted to the centre, they are immediately referred to substance misuse services and the dentist for an initial assessment. All are seen by the GP within 24 hours of admission. The dentist and healthcare staff have suitable arrangements in place for the rare occasion when a child may have a seizure after dental treatment, to compensate for the national shortage of anti-seizure medicine.
88. Primary care nurses have sufficient supervision and continuing professional development opportunities. There is good governance, which ensures the national

standards for children and children in secure settings are met. Other governance arrangements, such as for clinical managers and medicines management groups, are also effective.

89. Medicine management continues to be good. Regular audits and visits from the pharmacist mean that the service is regulated well, and shortfalls are addressed quickly.
90. Infection prevention and control arrangements are up to date and comply with national guidance. Good standards are maintained by: healthcare audits for hand hygiene; weekly site health and safety tours; and various other health and hygiene checks. Treatment rooms, including the dental suite, are well maintained. Records of checks and audits are detailed and accurate.
91. Substance misuse interventions are good, and children benefit from psychosocial specialist and targeted interventions in both individual and group sessions. The referral pathway is comprehensive. There is a demonstrable positive impact on those children who participate. Substance misuse workers receive supervision, which is an improvement since the last inspection.
92. Children are provided with suitably confidential means to complain about health services, although they mostly route their concerns through the centre's complaints arrangements. Complaints are passed to health staff promptly and these are responded to quickly and appropriately.
93. Health promotion is adequate. Activities follow the NHS health promotion calendar, but there are no notices about forthcoming events on the living units. Health fairs are held twice yearly. Children can participate in health-related activities offered by external agencies as well as by centre staff.
94. There is poor liaison across the centre regarding the management of children with breathing difficulties. Healthcare staff create and maintain 'shortness of breath individual care plans' for all relevant children, but this information is not known to other centre staff who may be involved in restraining children.
95. Nurses report feeling pressurised by other staff in the centre regarding children not attending education. They say that, when called to assess children, staff and children present information that virtually amounts to a pre-diagnosis and treatment plan, which they are then expected to agree with. Healthcare staff describe situations of escalating tension if they maintain their position on the need to independently assess the child, and this may have an impact on subsequent events. We are not able to verify the authenticity of this view or its impact, but too many children's non-school attendance is legitimised by healthcare.
96. Only 11% of the children say that the food is good or very good, which is similar to the number at the last inspection, and complaints about portion size are rife. Inspectors judge the food available to be sufficient and suitably varied. The quality of the food is adequate. However, it would benefit from more creativity, the creation of meals from raw ingredients, and attention to taste.

The effectiveness of leaders and managers	Requires Improvement
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97. Key aspects of performance have improved across the centre since the last inspection, albeit from a very low base. Although the permanent director has only been in post for a few months, the interim leadership before this drove forward many improvements and made significant inroads into areas of deficiency.
98. Strong progress has been made in the areas of staff retention, recruitment, attrition and sickness. As a result, the workforce is more stable, and this leads to other benefits. In particular, investments made in staff development are retained, the overall experience level of the staffing group is slowly but steadily improving, and there is more continuity of care for the children, increasing the opportunities for positive relationships to develop.
99. Safeguarding arrangements have improved. Referrals to external safeguarding services are timely, although the quality remains variable. Good records of referrals are maintained, and all internal actions are based on advice from external statutory services. This provides assurance of impartiality and expertise.
100. Security arrangements have improved and are now robust, led by competent managers. The review of the escape of a child who was on a volunteering project in the community has led to sufficient improvements to reduce the likelihood of a re-occurrence.
101. Progress has been made in raising the qualification profile of the staff group via enrolments on the foundation degree in youth justice and on apprenticeships. This is positive. However, there is a need to have other, quicker routes to raise the knowledge and competency levels of the workforce. This is so that all staff are confident and can execute the full range of their duties to a good standard.
102. Robust efforts are made to ensure that the workforce is safe and suitable to work with children. All alleged misdemeanours by staff are fully enquired into, with appropriate use of capability and disciplinary procedures.
103. The growth of both forensic and clinical psychological services means that children can now access psychology-led interventions appropriate to their needs, in sharp contrast to the absence of such services at the last inspection.
104. The built environment has improved since the last inspection, with a rolling refurbishment programme incrementally improving the very worn living units. Refurbished areas are generally being maintained, although some gang-related graffiti was seen which had not been picked up in a recent unit audit. This is in sharp contrast to the high volume of graffiti seen across the centre at the last inspection. Units are kept cleaner, but this needs to improve further. More, but not all, children are completing their chores to a suitable standard.
105. Some staff have been trained in risk management and can demonstrate that they are aware of the wide range of risks that may pertain to an individual child. Risk assessments are of a good standard, and these are updated as necessary.

106. The director and his senior management team have implemented many systems and structures intended to support better practice. While the systems are suitable for their intended aims, their effectiveness is limited. For example, 'team around the child' and safeguarding meetings are well attended by managers and specialists, but their effectiveness is limited because of gaps in information presented to the meetings. There is considerable staff and managerial non-compliance with instructions to complete tasks and comply with directions. Written exhortations to comply are not effective and this pattern can be traced back over years. More junior staff often do not always make a written record of specific incidents, such as bullying and verbalisations indicative of self-harming ideation; they do not see the positive purpose these records could serve if properly completed.
107. The most problematic behaviours exhibited by children, such as bullying, self-harm, and sexually inappropriate behaviour, are noticed and immediate action is taken. The action is often to open a 'log' or a bespoke plan to monitor and/or address each type of behaviour. This leads to some children having a plethora of plans and the interactions and overlaps between these is not considered. Moreover, it is not clear that multiple plans can effectively achieve their respective stated aims. Logs and plans, including bullying and self-harm, are often only partially completed and this limits their value.
108. A wide range of centre staff share relevant information about children in their planning and review meetings. Sensitive efforts to involve the child were made and good account of their views were taken in those meetings observed. However, unit staff and first line managers who have the most direct contact with the child do not routinely attend these meetings and are not always made aware of the content and outcomes. There are no clear and effective communication pathways to ensure that all staff are aware of the key current information about a child. The electronic equipment on the units to access children's records does not always work.
109. The volume of single separations has significantly reduced and is indicative of better behaviour management.
110. Relationships between staff and children have improved since the last inspection, but from a very low base. Inspectors saw positive and respectful interactions between staff and children, but also observed the opposite. Senior managers are aware that there is inconsistency in how staff respond to, and manage, children's behaviour.
111. The revised incentives scheme is simpler and clearer than its predecessor and should work. However, it is implemented variably so its impact is limited. Children describe identical behaviour attracting very different responses depending on which staff are involved.
112. The volume of restraints and assaults continues to be high. Insufficient progress has been made to reduce violent incidents.
113. Plans deemed as essential to safeguard children, such as MMPR handling plans, are not all available on the units. Healthcare maintain 'shortness of breath individual care plans', but this information is not known to the staff who may be involved in restraining them.

114. The vast majority of staff training takes place on the initial training course, but the extent to which new staff retain this knowledge is not checked at the end of the course or when they start work in the centre. When asked, new staff can vividly recall their MMPR training, but other learning is more vaguely recalled. This contributes to staff not fully understanding their role in helping to reduce issues such as bullying and self-harm.
115. Opportunities for staff to develop expertise in child development and preventing offending are limited. Practice development currently derives from personal experience and what other staff are modelling as expected behaviour. This is likely to continue the cycle of inconsistent practice if it is not addressed.
116. There is an over-reliance on quantitative analysis to check the progress being made across the centre. Several strategic plans are regularly reviewed to check the progress of key indicators. There is a heavy emphasis on quantitative data. However, quantitative data can mask the reality of children's experiences. For example, monthly information on the attendance rate in the education centre shows attendance typically exceeding 95%. However, this figure excludes a wide variety of children. It excludes, for example, those deemed unsuitable to attend the education centre and who are therefore expected to complete schoolwork on their living units instead. Data scrutiny does not take account of the inferior education experience these children receive. In a similar vein, there is no interrogation of the many children who are deemed too unwell to attend school each day, a figure which is too high based on the relative good health of the population. The planned audit role may address this going forward, but care will still be needed to ensure that proxy measures are not the sole test of the quality of care afforded to children in the centre.

About this inspection

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

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

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

The inspection was unannounced. The inspection team comprised seven inspectors: two from HMIP, four from Ofsted and one from the CQC. The inspection was informed by a survey of children's views undertaken in June 2018 by researchers from HMIP. At the time of the survey, the population at Oakhill STC was 56 children. Questionnaires were distributed to 54 children as two children were at court and unavailable. Of the questionnaires distributed, 41 were completed and 13 children refused to complete them. This gives a response rate of 76%. In addition, eight children were randomly selected for individual interviews with a researcher, and these findings were considered alongside all other evidence.

All inspectors drew keys and accessed all parts of the centre. The inspection team considered key aspects of children's experience of living in the centre and the effectiveness of the support available to them. Inspectors observed practice and spoke with children. Inspectors spoke with their parents and carers, frontline staff, managers, the Youth Custody Service monitor, the designated officer in the local authority and other key stakeholders, including the advocacy service provider and the independent chair of the local safeguarding children board. In addition, inspectors analysed performance data, reports and other management information available within the centre.

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

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



Oakhill STC

Summary of questionnaires and interviews

05 June 2018

1.1 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.

1.2 Survey Methodology

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

Selecting the sample

Questionnaires were offered to all young people who were present in the centre at the time of the survey. All young people at the time of the survey were aged between 14 and 17 years.

Completion of the questionnaire was voluntary, and refusals were noted.

Interviews were routinely offered to all young people.

Methodology

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

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

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

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

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

Response rates

At the time of the survey on 5 June 2018 the population at Oakhill STC was 56. Using the method described above, questionnaires were distributed to 54 young people¹.

We received a total of 41 completed questionnaires, a response rate of 76%. Thirteen young people refused to complete a questionnaire.

Unit	Number of completed survey returns
Oak 1	2
Oak 2	5

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

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

Comparisons

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

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from Oakhill in 2018 compared with responses from young people surveyed in all other secure training centres. This comparator is based on all responses from young people surveys carried out in two secure training centres since April 2017.
- The current survey responses from Oakhill in 2018 compared with the responses of young people surveyed at Oakhill in 2017.
- A comparison within the 2018 survey between the responses of white young people and those from a black and minority ethnic group.
- A comparison within the 2018 survey between the responses of young people who reported that they had been in local authority care and those who did not.

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.

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

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

Secure Training Centre Survey

Section I: Questions about you

Q1.1	Are you?	Male 41 (100%)				Female 0 (0%)		
Q1.2	How old are you?	12 0 (0%)	13 0 (0%)	14 6 (15%)	15 13 (33%)	16 10 (26%)	17 10 (26%)	18 0 (0%)
Q1.3	What is your ethnic origin?							
	White - British (English/Welsh/Scottish/Northern Irish)	19 (48%)						
	White - Irish	1 (3%)						
	White - Other	6 (15%)						
	Black or Black British - Caribbean	4 (10%)						
	Black or Black British - African	3 (8%)						
	Black or Black British - other	0 (0%)						
	Asian or Asian British - Indian	0 (0%)						
	Asian or Asian British - Pakistani	2 (5%)						
	Asian or Asian British - Bangladeshi	0 (0%)						
	Asian or Asian British - Chinese	0 (0%)						
	Asian or Asian British - other	0 (0%)						
	Mixed heritage - White and Black Caribbean	3 (8%)						
	Mixed heritage - White and Black African	1 (3%)						
	Mixed heritage - White and Asian	0 (0%)						
	Mixed heritage - other	1 (3%)						
	Arab	0 (0%)						
	Other ethnic group	0 (0%)						
Q1.4	What is your religion?							
	None	15 (42%)						
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	17 (47%)						
	Buddhist	0 (0%)						
	Hindu	0 (0%)						
	Jewish	0 (0%)						
	Muslim	4 (11%)						
	Sikh	0 (0%)						
	Other	0 (0%)						
Q1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes 3 (8%)				No 34 (92%)		
Q1.6	Are you a British citizen?	Yes 39 (95%)				No 2 (5%)		
		Yes				No		

Q1.7	Do you have a disability? Do you need help with any long term physical, mental or learning needs?	7 (19%)	30 (81%)
Q1.8	Have you ever been in local authority care (looked after)?	Yes 14 (36%)	No 25 (64%)

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 35 (88%)	No 5 (13%)
Q2.2	When you arrived at the centre were you searched?	Yes 34 (85%)	No 2 (5%) Don't remember/ Not applicable 4 (10%)
Q2.3	Did staff explain to you why you were being searched?	Yes 24 (60%)	No 5 (13%) Don't remember/ Not applicable 11 (28%)
Q2.4	When you were searched, did staff treat you with respect?	Yes 27 (68%)	No 3 (8%) Don't remember/ Not Applicable 10 (25%)
Q2.5	Did you see a doctor or nurse before you went to bed on your first night here?	Yes 35 (88%)	No 5 (13%)
Q2.6	On your first night here, did anybody talk to you about how you were feeling?	Yes 29 (74%)	No 10 (26%)
Q2.7	Did you feel safe on your first night here?	Yes 32 (86%)	No 5 (14%)

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?	26 (68%)	7 (18%)	5 (13%)
Q3.2	If you had a problem, who would you turn to? <i>(Please tick all that apply)</i>			
	No-one.....			5 (14%)
	Teacher/ Education staff.....			3 (9%)
	Key worker.....			13 (37%)
	Case worker.....			15 (43%)
	Staff on your unit.....			18 (51%)
	Another young person here.....			4 (11%)
	Family.....			17 (49%)
	Advocate.....			5 (14%)
	Other.....			3 (9%)
Q3.3	Do you have a key worker on your unit?	Yes 30 (83%)	No 6 (17%)	
Q3.4	Does your key worker help you?	I don't have a key worker 6 (18%)	Yes 25 (74%)	No 3 (9%)
Q3.5	Do most staff treat you with respect?	Yes 31 (86%)	No 5 (14%)	
Q3.6	Can you follow your religion if you want to?	Yes 27 (75%)	No 1 (3%)	I don't want to/ I have no religion 8 (22%)
Q3.7	What is the food like here?			
	Very good.....			0 (0%)
	Good.....			4 (11%)
	Neither.....			7 (20%)
	Bad.....			9 (26%)
	Very bad.....			15 (43%)
Q3.8	Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	Yes 30 (83%)	No 6 (17%)	

Q3.9	How often do you have visits from family, carers and friends?	
	<i>I don't get visits</i>	4 (11%)
	<i>Less than once a week</i>	9 (24%)
	<i>About once a week</i>	23 (62%)
	<i>More than once a week</i>	1 (3%)

Section 4: Behaviour

		I don't know what the scheme is 1 (3%)	Yes	No
Q4.1	Does the incentives and sanctions scheme (gold, silver and platinum levels) encourage you to behave well?		17 (49%)	17 (49%)
		I don't know what the scheme is 1 (3%)	Yes	No
Q4.2	Do you think the incentives and sanctions scheme (gold, silver and platinum levels) is fair?		19 (53%)	16 (44%)
		Yes		No
Q4.3	If you get in trouble, do staff explain what you have done wrong?	27 (79%)		7 (21%)
		Yes		No
Q4.4	Do most staff let you know when your behaviour is good?	19 (53%)		17 (47%)
		Yes		No
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)	20 (56%)		16 (44%)
		Yes		No
Q4.6	Have you been physically restrained since you have been here? (you may have heard it called MMR)	21 (58%)		15 (42%)
		Not been restrained 15 (41%)	Yes	No
Q4.7	Were you given a chance to talk to somebody about the restraint afterwards?		16 (43%)	6 (16%)

Section 5: Health Services

Q5.1	If you feel ill are you able to see a doctor or nurse?	Yes 29 (83%)	No 6 (17%)	I don't know 0 (0%)
Q5.2	What are the health services like here?	Good 14 (39%)	Bad 18 (50%)	I don't know 4 (11%)
Q5.3	Do you have any health needs which are not being met?	Yes 14 (39%)	No 22 (61%)	

Section 6: Complaints

Q6.1	Do you know how to make a complaint?	Yes 36 (97%)	No 1 (3%)	
Q6.2	Are complaints dealt with fairly?	I have not made one 6 (17%)	Yes 17 (49%)	No 12 (34%)
Q6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	Yes 4 (11%)	No 33 (89%)	

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 19 (51%)	No 13 (35%)	I don't know 5 (14%)
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 22 (59%)	No 15 (41%)	
Q7.3	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying/ hairdressing)?	Yes 29 (78%)	No 8 (22%)	

Q7.4	Do you think your education/ training here will help you once you leave the centre?	Yes 21 (60%)	No 14 (40%)
Q7.5	Have you learned any 'life skills' here (e.g. cooking/cleaning)?	Yes 33 (89%)	No 4 (11%)
Q7.6	Are you encouraged to take part in activities outside education/ training hours (i.e. hobbies, sports or gym)?	Yes 32 (89%)	No 4 (11%)
Q7.8	Do you know where you are going to be living when you leave the centre?	Yes 22 (73%)	No 8 (27%)
Q7.9	Have you done anything here to make you less likely to offend in the future?	Not sentenced 7 (20%)	Yes 16 (46%) No 12 (34%)

Section 8: Questions about safety

Q8.1	Have you ever felt unsafe here?	Yes 10 (27%)	No 27 (73%)
Q8.2	Do you feel unsafe at the moment?	Yes 2 (5%)	No 35 (95%)
Q8.3	In which areas have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe	27 (73%)	
	Everywhere.....	6 (16%)	
	Admissions room.....	0 (0%)	
	In single separation	1 (3%)	
	At the gym.....	0 (0%)	
	Outside areas/ grounds.....	1 (3%)	
	Corridors.....	1 (3%)	
	Dining room	0 (0%)	
	At education/ training.....	2 (5%)	
	At religious services	0 (0%)	
	At health services.....	1 (3%)	
	In the visits area	1 (3%)	
	On your unit.....	1 (3%)	
	In your room	1 (3%)	
	Other	1 (3%)	

- Q8.4** Have you experienced any of the following from **young people** here? (Please tick all that apply)
- | | |
|--|-----------------|
| Insulting remarks about you | 6 (18%) |
| Physical abuse (being hit, kicked or assaulted)..... | 10 (30%) |
| Sexual abuse..... | 2 (6%) |
| Feeling threatened or intimidated..... | 5 (15%) |
| Shout outs/ yelling through windows about you | 8 (24%) |
| Having your property taken | 4 (12%) |
| Other | 2 (6%) |
| Not experienced any of these things | 19 (58%) |
- Q8.5** If yes, what was it about? (Please tick all that apply)
- | | |
|--|---------|
| Your race or ethnic origin | 3 (9%) |
| Your religion/religious beliefs | 1 (3%) |
| Your nationality..... | 2 (6%) |
| Being from a different part of the country to others | 1 (3%) |
| Being from a traveller community..... | 1 (3%) |
| Your sexual orientation | 0 (0%) |
| Your age | 2 (6%) |
| Having a disability | 0 (0%) |
| You being new here..... | 3 (9%) |
| Your offence/ crime..... | 0 (0%) |
| Gang related issues/ people you know or mix with | 4 (12%) |
| About your family or friends | 1 (3%) |
| Drugs..... | 1 (3%) |
| Medication you receive | 0 (0%) |
| Your gender..... | 0 (0%) |
| Other | 3 (9%) |
- Q8.7** Have you experienced any of the following from **staff** here? (Please tick all that apply)
- | | |
|--|-----------------|
| Insulting remarks about you | 6 (19%) |
| Physical abuse (being hit, kicked or assaulted)..... | 3 (10%) |
| Sexual abuse..... | 1 (3%) |
| Feeling threatened or intimidated..... | 3 (10%) |
| Having your property taken | 4 (13%) |
| Other | 3 (10%) |
| Not experienced any of these things | 21 (68%) |
- Q8.8** If yes, what was it about? (Please tick all that apply)
- | | |
|--|--------|
| Your race or ethnic origin | 1 (3%) |
| Your religion/religious beliefs | 1 (3%) |
| Your nationality..... | 2 (6%) |
| Being from a different part of the country to others | 1 (3%) |
| Being from a traveller community..... | 0 (0%) |
| Your sexual orientation | 0 (0%) |
| Your age | 1 (3%) |
| Having a disability | 0 (0%) |
| You being new here..... | 1 (3%) |
| Your offence/ crime..... | 2 (6%) |
| Gang related issues/ people you know or mix with | 2 (6%) |
| About your family or friends | 1 (3%) |

Drugs 1 (3%)
Medication you receive 0 (0%)
Your gender..... 0 (0%)
Because you made a complaint..... 0 (0%)
Other 1 (3%)

	Yes	No
Q8.10 If you were being bullied or 'picked on', would you tell a member of staff?	21 (64%)	12 (36%)



Survey responses from children and young people: Oakhill STC (June) 2018

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance. NB: This document shows a comparison between the responses from all young people surveyed in this establishment with all young people surveyed for the comparator.

Key to tables

	Any percentage highlighted in green is significantly better	Oakhill (June) 2018	STC comparator	Oakhill (June) 2018	Oakhill (September) 2017
	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		41	82	41	49
SECTION 1: ABOUT YOU					
1.2	Are you aged under 16?	49 %	39 %	49 %	40%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	35 %	47 %	35 %	33%
1.4	Are you Muslim?	11 %	16 %	11 %	7%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	10 %	8%	12%
1.6	Are you a British citizen?	95 %	95 %	95 %	91%
1.7	Do you have a disability?	19 %	31 %	19 %	17%
1.8	Have you ever been in local authority care?	36 %	49 %	36 %	37%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS					
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	88 %	83 %	88 %	85%
2.2	When you arrived at the centre were you searched?	85 %	86 %	85 %	82%

2.3	Did staff explain why you were being searched?	60 %	62 %	60 %	65%
2.4	When you were searched, did staff treat you with respect?	68 %	80 %	68 %	69%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	88 %	87 %	88 %	81%
2.6	Did anybody talk to you about how you were feeling?	74 %	71 %	74 %	70%
2.7	Did you feel safe?	87 %	81 %	87 %	83%
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?	68 %	67 %	68 %	67%
If you had a problem, who you would turn to?					
3.2a	No-one	14 %	19 %	14 %	29%
3.2b	Teacher/Education staff	9%	16 %	9%	2%
3.2c	Key worker	37 %	20 %	37 %	17%
3.2d	Case worker	43 %	43 %	43 %	24%
3.2e	Staff on the unit	51 %	32 %	51 %	31%
3.2f	Another young person here	11 %	15 %	11 %	10%
3.2g	Family	49 %	40 %	49 %	36%
3.2h	Advocate	14 %	8%	14 %	0%
3.3	Do you have a key worker on your unit?	83 %	61 %	83 %	79%
For those who said they had a key worker:					
3.4	Does your key worker help you?	89 %	88 %	89 %	82%
3.5	Do most staff treat you with respect?	86 %	87 %	86 %	88%
3.6	Can you follow your religion if you want to?	75 %	76 %	75 %	53%
3.7	Is the food here good/ very good?	11 %	33 %	11 %	13%
3.8	Is it easy to keep in touch with family or carer outside the centre?	83 %	88 %	83 %	79%

3.9	Do you have visits from family, carers or friends at least once a week?	65 %	58 %	65 %	47%
SECTION 4: BEHAVIOUR					
4.1	Does the incentives and sanctions scheme encourage you to behave well?	49 %	70 %	49 %	57%
4.2	Do you think the incentives and sanctions scheme is fair?	53 %	55 %	53 %	65%
4.3	If you get in trouble, do staff explain what you have done wrong?	79 %	85 %	79 %	73%
4.4	Do most staff let you know when your behaviour is good?	53 %	66 %	53 %	58%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	56 %	67 %	56 %	58%
4.6	Have you been physically restrained since you have been here?	58 %	55 %	58 %	58%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	73 %	76 %	73 %	58%
SECTION 5: HEALTH SERVICES					
5.1	If you feel ill, are you able to see a doctor or nurse?	83 %	82 %	83 %	91%
5.2	Do you think that the health services are good here?	39 %	62 %	39 %	51%
5.3	Do you have any health needs which are not being met?	39 %	22 %	39 %	18%
SECTION 6: COMPLAINTS					
6.1	Do you know how to make a complaint?	97 %	92 %	97 %	100 %
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	59 %	47 %	59 %	58%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	11 %	20 %	11 %	24%
SECTION 7: EDUCATION AND ACTIVITIES					
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	51 %	40 %	51 %	35%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	60 %	65 %	60 %	54%

7.3	Have you been able to learn skills for jobs that you might like to do in the future?	78 %	65 %	78 %	40%
7.4	Do you think your education here will help you once you leave?	60 %	72 %	60 %	49%
7.5	Have you been able to learn any 'life skills' here?	89 %	70 %	89 %	70%
7.6	Are you encouraged to take part in activities outside education/ training hours?	89 %	83 %	89 %	81%
7.8	Do you know where you will be living when you leave the centre?	73 %	69 %	73 %	81%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	57 %	59 %	57 %	48%
SECTION 8: SAFETY					
8.1	Have you ever felt unsafe here?	27 %	34 %	27 %	33%
8.2	Do you feel unsafe at the moment?	5%	15 %	5%	13%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	18 %	35 %	18 %	19%
8.4b	Physical abuse?	30 %	32 %	30 %	11%
8.4c	Sexual abuse?	6%	7%	6%	3%
8.4d	Feeling threatened or intimidated?	15 %	21 %	15 %	11%
8.4e	Shout outs/yelling through windows?	24 %	32 %	24 %	25%
8.4f	Having your canteen/property taken?	12 %	14 %	12 %	8%
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	9%	10 %	9%	8%
8.5b	Your religion or religious beliefs?	3%	6%	3%	0%
8.5c	Your nationality?	6%	6%	6%	3%
8.5d	Your being from a different part of the country than others?	3%	10 %	3%	6%
8.5e	Your being from a Traveller community?	3%	4%	3%	3%

8.5f	Your sexual orientation?	0%	0%	0%	3%
8.5g	Your age?	6%	6%	6%	3%
8.5h	You having a disability?	0%	4%	0%	3%
8.5i	You being new here?	9%	18%	9%	11%
8.5j	Your offence or crime?	0%	11%	0%	3%
8.5k	Gang related issues or people you know or mix with?	12%	8%	12%	3%
8.5l	About your family or friends?	3%	15%	3%	6%
8.5m	Drugs?	3%	7%	3%	3%
8.5n	Medications you receive?	0%	1%	0%	0%
8.5	Your gender?	0%	3%	0%	3%
Have you experienced any of the following from staff here?					
8.7a	Insulting remarks?	19%	24%	19%	11%
8.7b	Physical abuse?	10%	8%	10%	6%
8.7c	Sexual abuse?	3%	3%	3%	3%
8.7d	Feeling threatened or intimidated?	10%	18%	10%	11%
8.7e	Having your canteen/property taken?	13%	12%	13%	8%
For those who have indicated any of the above, what did it relate to?					
8.8a	Your race or ethnic origin?	3%	0%	3%	0%
8.8b	Your religion or religious beliefs?	3%	2%	3%	0%
8.8c	Your nationality?	7%	0%	7%	0%
8.8d	Your being from a different part of the country than others?	3%	3%	3%	0%
8.8e	Your being from a Traveller community?	0%	0%	0%	0%
8.8f	Your sexual orientation?	0%	0%	0%	0%
8.8g	Your age?	3%	2%	3%	0%

8.8h	You having a disability?	0%	0%	0%	0%
8.8i	You being new here?	3%	0%	3%	6%
8.8j	Your offence or crime?	7%	2%	7%	8%
8.8k	Gang related issues or people you know or mix with?	7%	3%	7%	8%
8.8l	About your family or friends?	3%	2%	3%	8%
8.8m	Drugs?	3%	0%	3%	0%
8.8n	Medications you receive?	0%	0%	0%	6%
8.8o	Your gender?	0%	0%	0%	0%
8.8p	Because you made a complaint?	0%	5%	0%	3%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	64%	60%	64%	60%



Diversity comparator ethnicity Oakhill STC 2018

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

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic young people	White young people
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in young people's background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		14	26
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	62%	40%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)		
1.4	Are you Muslim?	27%	4%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	14%
1.6	Are you a British citizen?	100%	92%
1.7	Do you have a disability?	8%	26%
1.8	Have you ever been in local authority care?	21%	46%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS			
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	85%	89%
2.2	When you arrived at the centre were you searched?	93%	80%
2.3	Did staff explain why you were being searched?	57%	64%
2.4	When you were searched, did staff treat you with respect?	79%	64%

On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	86%	88%
2.6	Did anybody talk to you about how you were feeling?	71%	79%
2.7	Did you feel safe?	83%	88%
SECTION 3: DAILY LIFE			
3.1	In your first few days here were you told everything you needed to know about life at the centre?	54%	79%
If you had a problem, who you would turn to?			
3.2a	No-one	17%	9%
3.2b	Teacher/Education staff	0%	14%
3.2c	Key worker	17%	50%
3.2d	Case worker	42%	46%
3.2e	Staff on the unit	25%	68%
3.2f	Another young person here	0%	18%
3.2g	Family	50%	50%
3.2h	Advocate	8%	18%
3.3	Do you have a key worker on your unit?	69%	96%
3.5	Do most staff treat you with respect?	92%	86%
3.6	Can you follow your religion if you want to?	92%	64%
3.7	Is the food here good/ very good?	0%	19%
3.8	Is it easy to keep in touch with family or carer outside the centre?	75%	91%
3.9	Do you have visits from family, carers or friends at least once a week?	69%	61%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	50%	50%
4.2	Do you think the incentives and sanctions scheme is fair?	46%	59%
4.3	If you get in trouble, do staff explain what you have done wrong?	75%	81%

4.4	Do most staff let you know when your behaviour is good?	42%	61%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	69%	50%
4.6	Have you been physically restrained since you have been here?	69%	55%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	85%	86%
5.2	Do you think that the health services are good here?	46%	36%
5.3	Do you have any health needs which are not being met?	46%	32%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	92%	100%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	15%	9%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	31%	65%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	39%	74%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	69%	87%
7.4	Do you think your education here will help you once you leave?	67%	59%
7.5	Have you been able to learn any 'life skills' here?	85%	91%
7.6	Are you encouraged to take part in activities outside education/ training hours?	83%	91%
7.8	Do you know where you will be living when you leave the centre?	75%	72%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	23%	30%
8.2	Do you feel unsafe at the moment?	8%	4%
Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	15%	21%
8.4b	Physical abuse?	23%	37%

8.4c	Sexual abuse?	0%	11%
8.4d	Feeling threatened or intimidated?	15%	16%
8.4e	Shout outs/yelling through windows?	23%	26%
8.4f	Having your canteen/property taken?	8%	16%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	15%	5%
8.5b	Your religion or religious beliefs?	8%	0%
8.5c	Your nationality?	8%	5%
8.5d	Your being from a different part of the country than others?	8%	0%
8.5e	Your being from a Traveller community?	0%	5%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	0%	11%
8.5h	You having a disability?	0%	0%
8.5i	You being new here?	8%	11%
8.5j	Your offence or crime?	0%	0%
8.5k	Gang related issues or people you know or mix with?	23%	5%
8.5l	About your family or friends?	8%	0%
8.5m	Drugs?	0%	5%
8.5n	Medications you receive?	0%	0%
8.5o	Your gender?	0%	0%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	23%	18%
8.7b	Physical abuse?	8%	12%
8.7c	Sexual abuse?	0%	6%
8.7d	Feeling threatened or intimidated?	8%	12%

8.7e	Having your canteen/property taken?	8%	18%
For those who have indicated any of the above, what did it relate to?			
8.8a	Your race or ethnic origin?	0%	6%
8.8b	Your religion or religious beliefs?	0%	6%
8.8c	Your nationality?	8%	6%
8.8d	Your being from a different part of the country than others?	8%	0%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	6%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	0%	6%
8.8j	Your offence or crime?	15%	0%
8.8k	Gang related issues or people you know or mix with?	15%	0%
8.8l	About your family or friends?	8%	0%
8.8m	Drugs?	0%	6%
8.8n	Medications you receive?	0%	0%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	0%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	46%	71%



Diversity comparator local authority care Oakhill STC 2018

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

Key to tables

	Any percentage highlighted in green is significantly better	Young people who have been in local authority care	Young people who have not been in local authority care
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in young people's background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		14	25
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	21%	61%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	21%	46%
1.4	Are you Muslim?	8%	14%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	15%	4%
1.6	Are you a British citizen?	93%	96%
1.7	Do you have a disability?	36%	9%
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?	93%	83%
2.2	When you arrived at the centre were you searched?	79%	88%
2.3	Did staff explain why you were being searched?	64%	56%

2.4	When you were searched, did staff treat you with respect?	64%	68%
On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	79%	92%
2.6	Did anybody talk to you about how you were feeling?	86%	67%
2.7	Did you feel safe?	92%	83%
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%	63%
If you had a problem, who you would turn to?			
3.2a	No-one	17%	14%
3.2b	Teacher/Education staff	8%	9%
3.2c	Key worker	58%	27%
3.2d	Case worker	67%	32%
3.2e	Staff on the unit	58%	46%
3.2f	Another young person here	17%	5%
3.2g	Family	50%	50%
3.2h	Advocate	25%	9%
3.3	Do you have a key worker on your unit?	83%	83%
3.5	Do most staff treat you with respect?	83%	87%
3.6	Can you follow your religion if you want to?	67%	78%
3.7	Is the food here good/ very good?	8%	14%
3.8	Is it easy to keep in touch with family or carer outside the centre?	91%	79%
3.9	Do you have visits from family, carers or friends at least once a week?	42%	75%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	67%	36%
4.2	Do you think the incentives and sanctions scheme is fair?	64%	46%

4.3	If you get in trouble, do staff explain what you have done wrong?	73%	82%
4.4	Do most staff let you know when your behaviour is good?	75%	39%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	46%	63%
4.6	Have you been physically restrained since you have been here?	67%	57%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	91%	78%
5.2	Do you think that the health services are good here?	42%	35%
5.3	Do you have any health needs which are not being met?	25%	48%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	100%	96%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	8%	13%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	50%	54%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	75%	50%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	92%	71%
7.4	Do you think your education here will help you once you leave?	67%	55%
7.5	Have you been able to learn any 'life skills' here?	100%	83%
7.6	Are you encouraged to take part in activities outside education/ training hours?	82%	92%
7.8	Do you know where you will be living when you leave the centre?	36%	95%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	33%	21%
8.2	Do you feel unsafe at the moment?	0%	8%
Have you experienced any of the following from young people here?			

8.4a	Insulting remarks?	40%	9%
8.4b	Physical abuse?	50%	23%
8.4c	Sexual abuse?	10%	5%
8.4d	Feeling threatened or intimidated?	40%	5%
8.4e	Shout outs/yelling through windows?	30%	23%
8.4f	Having your canteen/property taken?	20%	9%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	10%	9%
8.5b	Your religion or religious beliefs?	0%	5%
8.5c	Your nationality?	10%	5%
8.5d	Your being from a different part of the country than others?	0%	5%
8.5e	Your being from a Traveller community?	10%	0%
8.5f	Your sexual orientation?	0%	0%
8.5g	Your age?	20%	0%
8.5h	You having a disability?	0%	0%
8.5i	You being new here?	20%	5%
8.5j	Your offence or crime?	0%	0%
8.5k	Gang related issues or people you know or mix with?	10%	14%
8.5l	About your family or friends?	0%	5%
8.5m	Drugs?	0%	5%
8.5n	Medications you receive?	0%	0%
8.5o	Your gender?	0%	0%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	11%	24%
8.7b	Physical abuse?	11%	10%
8.7c	Sexual abuse?	0%	5%
8.7d	Feeling threatened or intimidated?	0%	14%

8.7e	Having your canteen/property taken?	11%	14%
For those who have indicated any of the above, what did it relate to?			
8.8a	Your race or ethnic origin?	0%	5%
8.8b	Your religion or religious beliefs?	0%	5%
8.8c	Your nationality?	0%	10%
8.8d	Your being from a different part of the country than others?	0%	5%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	5%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	0%	5%
8.8j	Your offence or crime?	0%	10%
8.8k	Gang related issues or people you know or mix with?	0%	10%
8.8l	About your family or friends?	0%	5%
8.8m	Drugs?	0%	5%
8.8n	Medications you receive?	0%	0%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	0%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	80%	55%

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