

## Oakhill Secure Training Centre

Chalgrove Field  
Oakhill  
Milton Keynes  
MK5 6AJ

### Annual Inspection

Inspected under the secure training centres inspection framework

### Information about this secure training centre

Oakhill secure training centre is operated by G4S Care and Justice Services. The centre provides accommodation for up to 80 male children aged 12 to 17 years who are serving a custodial sentence or who are remanded to custody by the courts.

Education is provided on-site in dedicated facilities by G4S. Healthcare services are also provided by G4S.

**Inspection dates:** 8 to 12 April 2019

#### Overall experiences and progress of children and young people, including judgements on:

Children's education and learning

**Requires improvement to be good**

Requires improvement to be good

Children's health

Good

Children's resettlement

Requires improvement to be good

#### Taking into account:

How well children and young people are helped and protected

Requires improvement to be good

The effectiveness of leaders and managers

Requires improvement to be good

**Date of last inspection:** 5 June 2018

**Overall judgement at last inspection:** Requires improvement to be good

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
2–10 October 2017	Annual	Inadequate
16–20 January 2017	Annual	Requires improvement to be good
3–13 November 2015	Annual	Good

## Inspection judgements

### Overall experiences and progress of children and young people: requires improvement to be good

1. Children are welcomed into Oakhill with care and consideration. Staff make good use of all available background information in order to understand children's needs. Peer mentors provide additional and effective support to help children settle quickly. Children receive helpful information through a DVD and a recently updated children's guide that presents information in an accessible, child-friendly format. Despite the best efforts of centre staff, too many children continue to arrive at the centre late in the evening. This practice does not help them to settle in their first few hours.
2. Staff develop positive relationships with children. They demonstrate genuine care and interest about wanting the best for them. Most children can identify a number of trusted staff who they can confide in. They report that staff care for them well.
3. Children are allocated a dedicated case worker from the resettlement team. Case workers provide individualised structured interventions and support to young people to help them develop pro-social skills and address anti-social behaviours. Resettlement work commences early and encompasses a range of intervention programmes that address the forces underpinning offending behaviours. Holistic approaches to exploring substance misuse, gangs and serious youth violence are examples of programmes that help children to develop and maintain more social and adaptive behaviours ahead of their release.
4. The work of the resettlement team and secure care officers (SCOs) on children's residential units is not well aligned. SCOs do not have ready access to the full range of information, assessments and intervention plans they routinely need to help inform their day-to-day interactions with children. Important objectives in children's plans are, therefore, rarely understood or implemented.
5. Children's subsequent progress is also impeded because the system of allocating dedicated SCOs as keyworkers for individual children is flawed. Several children were unable to identify their keyworker. In two instances, children were allocated keyworkers who were not available for work. This undermines opportunities for children to develop meaningful, continuous relationships with dedicated staff members who work with them every day on their residential units. It also means that there is not a consistent residential staff member to develop intervention work goals, attend meetings and act as a main point of contact for the wider team around the child.
6. Consequently, SCOs do not always record important information required concerning the progress of children's individual plans. Recording systems on residential units are disorganised and, during the inspection, staff struggled on

several occasions to describe what information needed to be recorded and where children's records were located.

7. Despite some recent redecoration and other improvements to the general presentation of children's residential units, the communal areas still lack a homely atmosphere and softer decorative features, such as artwork or pictures on the walls. There are several noticeboards and information posters, which, although informative for children, maintain an institutional living environment.
8. Several children told inspectors that they have benefited in significant ways from their support and experience of care at Oakhill. One child described how he had 'learned to share' and gained confidence. Another child felt he had made great progress in education and was more responsible, and was hopeful of avoiding further offending on release.
9. Continuing high rates of violence in the centre impact negatively on the progress and experiences of many children. Many children experience single separation and the use of force and restraints. Overall, this trend has not declined since the last inspection, despite many incidents being of a comparatively low level.
10. The incentives and sanctions scheme is poorly applied and the inconsistency in the way it is applied does not motivate children to modify their behaviour. The differences between the awards for each of the three levels are too narrow to encourage most children to try and reach the higher levels. The development of a 'gold pass', providing more opportunities for mixing for children who receive it, is welcomed as a positive initiative by the youth council, although they are frustrated that it is not being introduced sooner.
11. Children's induction to education is effective, and includes a thorough assessment of their previous attainment levels and of any additional learning needs. Many children make good progress in their education and, as a result of good teaching and support, they learn skills and develop positive attitudes needed to settle quickly into learning and manage their behaviour. Children with special educational needs also make good progress.
12. The physical healthcare team offers a responsive nurse-led service providing prompt access to GPs, the dentist, and other visiting health professionals. The child and adolescent mental health service (CAMHS) is not yet used to full capacity within the centre. More needs to be done to promote the good emotional and mental health of all children during their time at Oakhill, and help residential staff better understand and address children's needs.
13. The family and relationship intervention service undertakes valuable work to bring children and their families closer together and help children maintain regular contact during their detention. Staff are sensitive to the children's needs and work hard to ensure that visits are a positive experience for children and family members. There is only one staff member undertaking direct work in this area, however, and this

limits the number of children and families who can benefit from these bespoke interventions.

14. It is unfortunate for children that restrictive, tightly controlled mixing practices result in their limited attendance at a varied and interesting range of enrichment activities provided at the centre. Children repeatedly informed inspectors that they wanted better access, more opportunities to mix outdoors and time in the gym.
15. The advocacy team is accessible and provides strong support to children. Advocacy staff have positive relationships with children, offering a proactive, independent service. The advocacy manager reported that improved links with the resettlement team have helped get them involved at earlier stages to advocate for children in relation to their resettlement plans.
16. The youth council is an effective forum for helping children to participate in shaping the way their care is delivered. Children lead the agenda and are supported to take responsibility for delivering new initiatives. The youth council has negotiated meaningful changes to provide bigger incentives for children to strive to reach the 'gold' level of the incentives and sanctions scheme.
17. The faith needs of children are clearly understood and acted on. The chaplaincy service provides excellent support to ensure that children of all faiths and beliefs can practise and explore their spiritual needs. The centre has a positive ethos to promote diversity and meet children's cultural needs. Members of the staff team come from diverse backgrounds and contribute a wide range of perspectives to increase the understanding and promotion of the cultural needs of children. Discriminatory behaviours are challenged.
18. The complaints system is used extensively by children, who appreciate the quality and timeliness of investigations and balanced outcomes. Managers are aware that some complaints might be more appropriately addressed as 'grumbles' and are thinking about how to modify the approach with the youth council.

### **Children's education and learning: requires improvement to be good**

19. Most children make good progress during their time at the centre. As a result of good teaching and support, children settle quickly into education and learn how to manage their behaviour. Both more able children undertaking GCSEs and those with special educational needs make good progress. Many children arriving with below-average reading ages quickly begin to catch up with their peers. A minority of children, however, work below their potential, are very easily distracted and struggle to engage in class. Consequently, they make insufficient progress.
20. The majority of children learn much from their teachers in areas such as mathematics, English, gym and hair and beauty. These specialist teachers encourage enthusiasm about learning and are knowledgeable in their subjects. In English GCSE, for example, lively teaching inspired children to ask informed

questions to broaden their understanding; they showed progress from previous lessons and consequently became better prepared for their exams. In personal and social education, children were enabled to discuss social attitudes to pornography. In digital literacy, they acquired relevant information about the impact of cyber-crime, and, in employability, teachers reinforced the value of the personal and social skills needed at work.

21. Children's poorer progress is linked to weaker teaching, which too often focuses on task completion without sufficient attention given to underpinning learning. In these instances, teachers do not consider children's starting points. Children's weaker progress is compounded by dependency on temporary staff covering for teachers' absences, and a lack of specialist teachers in some key areas. At the time of the inspection, one in five lessons were led by cover teachers. In these classes, children did not make enough progress.
22. Behaviour in lessons and on corridors in the education centre is generally good, as are the relationships between children and education staff. Teachers and support staff often use these well-established relationships to challenge children to do even better.
23. Children's English and mathematical skills are developed well in subject lessons, but teachers do not create sufficient opportunities to develop and apply these core skills in other subject areas.
24. Managers have continued to develop the curriculum, including a broader vocational programme. They have recently recruited teachers in construction and in music. While these teachers are not yet in the classroom, they are being inducted and are developing much-needed course materials and equipping workshops. The new vocational offer is not yet firmly established, but is progressing purposefully. The teaching areas in art, gym and hospitality do not inspire learning and require refurbishment.
25. Children subject to longer-term sentences can undertake personalised programmes, such as distance learning or A levels. However, the coordination, promotion and management of this important part of the centre's curriculum would benefit from further development and stronger oversight to ensure that all eligible children follow purposeful programmes.
26. Children's induction to education is effective. Tutors carry out diagnostic tests carefully to determine children's educational levels and support them to settle into education promptly. Children are not always allocated to their first-choice pathway because of security and mixing issues. Credible plans are evident for ensuring that this is quickly remedied and that children can access a pathway that is most closely linked to their interests.
27. Teachers track children's progress well through weekly monitoring discussions. These discussions and recordings consider children's and tutors' comments. Children

following the personal trainer course in the gym, for example, can articulate in detail their understanding about anatomy and the benefits of exercise, and they commented on how well they were progressing over time. This good practice is, however, not consistent across all areas. Written feedback to children on the quality of their work is not consistently informative and helpful.

28. Children's attendance at the education centre has improved since the last inspection. In 2018, the level of refusals to attend education was too high; attendance rates for the first three months of this year have markedly increased. The education provided for children who do not attend formal education and remain on their residential units requires improvement. There are expectations that they complete work that they would normally cover in class, or be given workbooks. However, this approach lacks imagination and children gain little from it.
29. Children with special educational needs are capably assessed on entry. Those with education, health and care plans (EHCP) receive additional support as a matter of course, and staff apply to relevant local authorities for an EHCP assessment when the need for these becomes apparent. Special education provision plans (SPPs) helpfully brief teachers on difficulties faced by individual children, suggesting useful strategies to support them. A few teaching staff actively seek further advice from specialists on how best to support these children. However, teachers' application of the advice contained in children's SPPs varies too widely. Cover teachers seldom apply the advice recommended. Managers have a good understanding of the quality of support provided.
30. Learning support assistants effectively and sensitively alleviate any embarrassment that children may have about receiving additional support. Consequently, these children become more confident in their work, and are often able to sit exams which they would not have attempted previously.
31. Too many children leave Oakhill without having secured education, employment or training. Following a review of information advice and guidance (IAG), the centre discontinued its contract with a careers company and has introduced an education liaison officer to improve the transition of children from Oakhill into work or college. Managers are working constructively with a local charity which provides interview preparation sessions and workshops with both children and employers, to broaden children's understanding of the world of work. These measures are helping children to focus on their next steps. More staff are being trained to the appropriate level in IAG. However, these carefully devised initiatives have yet to demonstrate a significant positive impact.
32. Children have access to an interesting and varied enrichment programme, comprising sport, team games, art and small-group activities. Some activities are provided in partnership with external clubs, enabling children to interact with adults from the local community. For those children who attend, it is an important aspect of their broader education. However, despite good promotion, too few children are

accessing enrichment activities on a consistent basis, partly due to the application of restrictive mixing measures.

33. Education managers' self-assessment of the quality of provision and the identification of priority areas for improvement require further attention. Key issues identified through inspections, external school improvement reports, and managers' own observations are not informing improvement activities with the necessary rigour. Managers collect progress and achievement data but do not collate or evaluate these sufficiently in order to identify underperformance and benchmark progress. Scrutiny arrangements for education need strengthening. A recently established improvement group is working well, but strategic oversight and challenge should be firmer.
34. SCOs are deployed to sit in all classrooms. There are some very thoughtful and helpful interventions by SCOs in the classroom, and they are often keenly aware of the issues that children may bring from beyond the class. Their continuous presence in all classrooms and workshops requires review as some teachers exercise effective classroom control.

### **Children's health: good**

35. The physical healthcare team offers a responsive nurse-led service that provides prompt access to general practitioners (GPs), a dentist and other visiting health professionals. There is no waiting list for any clinics, other than for the dentist, for whom children wait a maximum of two weeks for routine checks if the next clinic is fully booked.
36. The healthcare team's relationships and visibility across the centre have improved since the last inspection. This has resulted, for example, in stopping an earlier practice of residential unit staff pressuring nurses to sign children off sick from education. During their twice-daily visits to the units, SCOs encourage children to engage with healthcare team members, and nurses report that they are valued and respected. Children needing planned external hospital appointments are escorted as required.
37. Opportunities for children to formally feed back their views to healthcare are limited, and most concerns are managed as verbal 'grumbles'. These concerns are not collated, which prevents the identification of any recurring themes. The healthcare team has very recently started engaging with the youth council, which is a helpful step in rectifying this issue.
38. Healthcare staff do not use an electronics records system and the implementation of this has been delayed for several years. The physical health team have created a workable alternative paper system, but the absence of an electronic system reduces efficient and prompt information-sharing and transparent recording. The work of the CAMHS team is impeded by significant information and communication shortfalls, which the already long-delayed installation of an electronic system would alleviate.



39. CAMHS provision is not yet used to full effect within the centre to proactively promote and support the good emotional and mental health of all children during their time at Oakhill, and help SCOs to better understand children's needs. For example, CAMHS staff are not consistently involved in supporting staff with children who are on suicide and self-harm plans. CAMHS staff undertake assessments and interventions in the GPs' room, which is not an appropriately therapeutic setting for children.
40. CAMHS staff have identified several children who have required transfer to hospital because of serious mental health issues. However, the centre is not tracking the progress and timescales of these transfers. Consequently, it cannot readily evidence how long it had taken to find children appropriate placements.
41. Children's emotional well-being is effectively promoted by other centre-wide services. This includes, for example, the substance misuse team, which provides a range of holistic, innovative interventions, including support with emotional resilience and exploring the influence of broader contextual safeguarding themes. A highly valued programme addressing gang-related offending and serious youth violence continues to be offered to significant cohorts of children in the centre.
42. A more holistic approach to supporting the psychological well-being of children has been introduced by the forensic psychology team. One area of focus has been addressing inappropriate sexualised behaviour demonstrated by children in the centre through training and learning circles for staff and children. The forensic team has noted improved staff confidence in dealing with this behaviour, and a significant reduction in the volume of reported concerns.
43. A health needs assessment commissioned by the centre in 2017 identified the need for a speech and language therapy pathway to identify and support children who struggle to express themselves or communicate effectively. To date, this pathway has not been established, and there is no evidence that the centre has further explored the gap, or undertaken any recent assessment of need.
44. Children reported widespread dissatisfaction with the food provided to them in the Her Majesty's Inspectorate of Prisons (HMIP) survey. A newly appointed catering manager is launching a fully refreshed menu. This will include: at least one hot, healthy, halal option at dinner every day; base ingredients rather than pre-prepared food for cooking on residential units at weekends; and menu choices based on requests made by children who completed a catering questionnaire in March. Several themed meal days have been held since January. These have included, for example, African jollof rice cooked by a guest chef. This initiative is popular and the standard and range of healthier food choices is increasing.

### **Children's resettlement: requires improvement to be good**

45. Resettlement work at the centre is well informed through an action plan based on a recent needs analysis. Managers are aware of the gaps they need to address, and have credible plans about how to do this. Despite continuous efforts by the centre to obtain consistent follow-up outcomes from community agencies after children are released, the overall effectiveness of its work in reducing offending following release is not known.
46. Resettlement work is well coordinated by caseworkers. Introductory meetings with children are prompt. Caseworkers have manageable caseloads, facilitating regular contact with children. They demonstrate a detailed knowledge of the children they are responsible for and maintain good contact with their families and external professionals. Children retain the same caseworker throughout their time at the centre, providing consistent case management. Children are positive about the support they receive.
47. Case overviews prepared by caseworkers provide comprehensive information about children. These are compiled promptly when children arrive and are based on a wide range of available information. They detail children's needs and risks, and are useful for any member of staff working with a child. This essential and valuable information is not routinely shared with children's residential SCOs effectively enough, and its usefulness is avoidably diminished.
48. Children take part in constructive weekly keywork sessions, linked to their offending behaviour profiles, with their caseworkers. Private spaces in which to complete the sessions can be difficult to find. Children's commitment to completing their keywork packs is variable. This is also reflected in the active citizenship sessions which are facilitated by residential staff. These interventions are not measured sufficiently in order to test their impact.
49. In the HMIP survey, only 58% of children knew they had a remand or training plan with targets to work towards. They are not routinely given a copy of their plans, and many children are the subjects of several plans devised by different internal services. Children who are aware of their sentence or training plan reported that they had been given helpful support in working towards their targets. Regular remand or training planning review meetings are held where cogent plans are devised and reviewed. Keyworker SCO attendance at these important meetings is too sporadic. This limits the awareness and reinforcement of targets agreed at the meetings of staff who spend the most time with children in their residential units. This, in turn, weakens a systematic, whole-centre approach to children's resettlement planning.
50. The psychology team is providing one-to-one assessment and intervention work with some children. Multi-disciplinary work to identify needs and agree the sequencing of work is developing, but is also weakened by overlapping, multiple plans. Other interventions facilitated by external groups, concerning gangs and serious youth violence, for example, have been received well by participants.

51. Managers are aware of a rise in the number of children with longer sentences. A third of sentenced children currently at Oakhill have sentences of four years or longer, including three children with indeterminate sentences. Managers understand the need to provide tailored provision for children who remain at the centre for long periods. This includes plans to develop a long-term unit. These measures are not yet fully consolidated.
52. Children's contact with their families is actively promoted, assisted by the work of a family support worker. Children have daily access to telephones and sufficient opportunities are made available for regular visits.
53. Transitions work to move older children to youth offender institutions in preparation for adult custody is started in good time. Sensitive approaches are evident to help both children and their families understand how custodial life will be after the move. Additionally, helpful pre-transfer visits are provided to most children transitioning into Oakhill as part of their preparation for the move.
54. The centre identifies children who will be subject to multi-agency public protection arrangements (MAPPA) on their release, but more care is required to obtain confirmed MAPPA levels prior to release. In some cases, the information is secured too close to children's release to ensure that it is a central part their plans. A firmer senior escalation process to external partners, asking for information sooner, is needed.
55. Around one fifth of children were in the care of their local authority prior to custody, and another quarter are looked after because of their remand status. Caseworkers are assiduous in securing the support that these children are entitled to from their local authorities.
56. The use of mobilities is low, at four in the calendar year until the time of the inspection. In part, this reflects the small population who are eligible, but there is scope to widen the range of mobility-related activities that could support children's future resettlement, for example practising college interviews.
57. In some cases, late notification of children's move-on release addresses impedes other aspects of resettlement planning, despite the centre having suitable escalation processes in place. However, no children have been released without an address to go to.

**How well children and young people are helped and protected: requires improvement to be good**

58. Senior managers have reviewed and reorganised the safeguarding department, resulting in clearer individual and group responsibilities for promoting children's safety. The recent introduction of a trained conflict resolution team is potentially

positive, but it is too early to measure the impact of this approach on better managing children's behaviours and reducing risks.

59. The enhanced support team works with internal specialist teams to identify children's risks at the point of admission. These initial assessments are of good quality, although the content of many subsequent support and well-being plans are too generic. These do not consistently document children's individual needs or include personalised support measures that may help keep children safe.
60. SCOs do not accurately detail children's daily behaviours in the observation records that accompany the support and well-being plans. This shortfall is compounded by a lack of up-to-date information presented at internal safeguarding meetings, making it difficult for managers to review the effectiveness of these plans in reducing children's risks. Too many actions are carried over from meeting to meeting. This is detrimental to children's progress.
61. All duty directors have completed designated safeguarding lead training. However, some managers do not fully understand the thresholds for appropriately referring children to the local authority children's service multi-agency safeguarding hub. The guidance in 'quick reference' flow charts attempting to explain the referral process is contradictory in parts. This inconsistency does not support robust or transparent safeguarding decisions across the centre.
62. Safeguarding managers do not adequately document the steps taken to refer, investigate or address allegations of abuse or harm. The absence of chronologies means that measures taken to protect children, including which member of staff was responsible for which action, when and why, is unclear. Senior managers are consequently unable to use these records as accurate, informative accounts, ensuring that staff adhere to internal safeguarding procedures and statutory guidance in their management of child protection concerns.
63. Most children said that they feel safe. The conflict resolution team and the enhanced support team now monitor and coordinate actions to challenge and address incidents of bullying or 'interaction concerns' between children. This initiative is promising but has been introduced too recently to evaluate any significant impact on enhancing children's safety and well-being.
64. There is some improvement in how SCOs complete bullying logs and interaction logs. However, there are still too many occasions when staff do not accurately record children's interactions. Managers do not consistently review these records or clearly record their rationale for closing logs. Consequently, it is not possible to assess whether there is a tangible reduction in bullying behaviours.
65. Despite a notable reduction in the three months prior to this inspection, the overall levels of violence and the use of force and restraint remain high. There have been 132 assaults on children, 214 assaults on staff and 11 fights in the last six months. A high proportion of these incidents are of a comparatively lower level, but too

many resulted in injuries requiring medical treatment. This is detrimental to children's progress and experience.

66. Governance of the use of force is rigorous. Managers identify both good practice and learning points after each incident. A high proportion of referrals to the designated officer in the local authority concern the excessive use of force. For example, of the last 10 closed referrals, seven concerned the excessive use of force, and of this 10, four were substantiated. It is positive that managers refer these concerns, but the frequency of them raises questions about the demonstrable impact of reflective learning.
67. Pain-inducing techniques continue to be used to deal with incidents where there is no immediate threat of serious harm. This poor practice places children at significant risk of harm.
68. It is encouraging that managers are consulting with children to revise the incentive scheme to make it more meaningful to them, and are developing a 'gold pass' to provide further mixing opportunities. However, the incentives and sanctions scheme has not significantly changed since the last inspection and children's experiences of and views about the scheme are poor. Most children report that the scheme does not encourage them to behave well, and they do not consider it to be fairly applied. Staff were unclear about how the incentive scheme worked. Consequently, the current scheme does not motivate children to change their behaviours. Recommendations to improve the scheme remain outstanding from the last three inspections. Leaders and managers still do not ensure that staff consistently acknowledge children's positive behaviours and persistently manage poorer behaviours at earlier stages.
69. SCOs use daily reflection and action plans to support children who remain on the lowest level of the incentives scheme for more than two weeks. However, the effectiveness of these plans is limited in many cases by generic targets that are not specific to individual children.
70. Managers prevent children from associating with others when this places themselves or others at risk of harm. In these circumstances, senior managers review the continuing appropriateness of the measure every 72 hours. Initial decisions to implement this restriction are largely appropriate, but managers do not sufficiently check that children who are removed from association receive their basic entitlements, such as fresh air and education. One child was subjected to this restriction for 105 days. Records covering a 15-day period immediately prior to the inspection revealed that this child received an average of only five minutes of fresh air each day. The excessive duration of this restrictive measure is detrimental to children's welfare, health and well-being.
71. When children have medical conditions that may be exacerbated by the application of approved restraint techniques, these conditions are detailed and addressed in their minimising and managing physical restraint (MMPR) plans. However, many

staff on the residential units and in education are unaware of the contents of these plans for individual children under their care. This significantly compromises these children's safety.

72. Children who present poor, challenging, or dangerous behaviours may be simultaneously subject to several plans and monitoring logs. Currently, there are 14 different plans in operation, in addition to sentence or remand plans. This is confusing for staff and children and undermines the effectiveness of risk-reduction planning across the centre.
73. There have been a high number of complaints since the last inspection. However, these are quickly assessed and passed to allocated managers for investigation. Managers complete investigations in detail and respond to children's concerns within suitable timescales. This gives children confidence that their concerns are taken seriously.
74. The security intelligence reporting system is effective, although the quality of individual reports is variable. Dedicated staff continually analyse and evaluate these reports. This ensures that security managers quickly identify and act on potential risks to children's safety, or to the safety of staff and the wider environment.
75. The searching of young people and their environments is mostly proportionate to risk. Dignity and strip searches remain intelligence led and are not indiscriminately applied on children's admission to the centre. Security managers continue to scrutinise and audit search records to continually improve their quality. However, the blanket approach to searching all visitors to the centre, including children under the age of 16, is inconsistent with practice applied within the centre.
76. Security managers complete 'desk top' and 'live' contingency planning exercises. This means that in an emergency, centre staff can take decisive action to react quickly to protect children, and others, from harm.

### **The effectiveness of leaders and managers: requires improvement to be good**

77. The director is thoughtful and considered in his approach to addressing improvements, seeking enduring impact rather than short-term fixes. A major overhaul of the SCO shift system is a clear example of an initiative to address longstanding concerns concerning the limitations of very long shifts on SCOs' capacity to constructively engage with children. Incremental progress has been made by a newly formed permanent senior leadership team in addressing some, but not all, of the recommendations made at the last inspection. The recently introduced range of structural changes and newly introduced initiatives are intended to accelerate the progress of improvement over the coming year. However, at the point of the inspection, several significant shortcomings in critical areas of the centre's work with children continue to require significant improvement, particularly the need for stronger operational management oversight, in order to embed their implementation.

78. Outstanding priorities for improvement include achieving a sustained reduction in the number of violent incidents and the volume of children experiencing restraints, and better attention being paid to, and oversight of, children who are removed from association with others. The rigour of safeguarding recording and reporting remains too erratic, and the multiple plans that children are subject to often overlap, lack coherence and 'SMART' (specific, measurable, achievable, realistic and timebound) objectives. A positive rewards and incentives scheme that motivates children towards improved behaviours has not been achieved.
79. Incidents of violence between children and towards staff remain too high. Although there is a welcome reduction in the first quarter of 2019, this partly reflects a relatively smaller number of children in the centre during this period and does not yet demonstrate a persistent downward trend.
80. Recruitment and retention of frontline staff, and all management tiers, has improved markedly since the last inspection, alongside a reduction in sickness rates to negligible levels. This is a very significant achievement. Approximately three quarters of SCOs have been in post for longer than a year. This provides a solid base of stable and increasingly experienced frontline staff to progress long overdue improvements. It also offers a platform on which to promote and build the widespread cultural change sought by the director, in the approach to more effective and confident direct work with children in custody.
81. Serious transgressions of secure training centre rules by staff working with children are quickly addressed, often culminating in dismissal. Staff who commit less serious breaches of rules are offered opportunities to improve, and the director is promoting a risk-balanced approach, allowing staff to learn and develop from their mistakes. The rigour, quality and fairness of disciplinary investigations is consistently high.
82. The quality of supervision records and employee development plans has got better since the last inspection. However, managers still need to ensure that both long- and short-term objectives and actions set for staff are 'SMART'. Too many feature generic, amorphous objectives. Residential managers are starting to better understand their responsibilities and exercise stronger oversight of SCOs' direct work with children on their residential units, but this is not yet strongly established.
83. New SCOs complete a wide number of annual mandatory refresher courses following completion of their induction training. All levels of staff are encouraged to access fully funded longer-term programmes. However, staff working directly with children would benefit from an earlier knowledge of the impact of adverse child experiences and trauma-informed practice. This could help staff intervene earlier and more decisively with pervasive issues, including bullying, self-harm, conflicts and fights, to build a consistent, centre-wide approach to direct work.

84. Most children are treated well when they arrive at the centre and feel safe and cared for by staff on their residential units. However, purposeful, well-informed direct work by SCOs with children for whom they have keywork responsibility, underpinned by regular, accountable and developmental supervision from their managers, is not yet widely evident.
85. Children benefit from regular contact with their caseworkers, and a wider range of interventions are provided to children than at the last inspection. SCOs are not sufficiently involved in this work, and the impact and measurement of children's progress is undermined by overlapping, multiple plans. This creates avoidable confusion for SCOs, who do not understand or consult these plans in their day-to-work with children.
86. The capacity for children to mix more freely has been relaxed in the dining hall, but remains very restricted elsewhere in the centre, and most movements continue to be tightly marshalled and controlled. Children frequently stated that this curtails their involvement in a wider range of enrichment activities, and results in them spending too much time in their residential units, particularly at weekends. The ensuing boredom can provoke disruptive behaviours as many children spend too much time with a limited group of their peers.
87. The physical environment in children's living units has improved since the last inspection. There is no graffiti and repainting has freshened children's rooms and communal areas. However, the units still lack a homely atmosphere and the director is actively thinking about how to 'soften' the institutional environment further.
88. Safeguarding incidents, referrals and investigations are often poorly recorded, and the thresholds for referrals to the local authority are still not consistently understood and agreed by managers. Relationships between the director and the youth custody service have improved and feature constructive, regular discussions to confront difficult challenges.
89. Accurate, reliable performance information is regularly reviewed by managers, and provides a clear oversight of quantitative activity, patterns and trends. An auditing and quality assurance cycle is in its infancy and has yet to demonstrate a pronounced and continuous influence on improving the standards and quality of care provided to children.
90. The quality of relationships with and challenge of relevant external authorities and bodies continue to develop positively. Caseworkers are particularly tenacious in persistently chasing important entitlements for children who are looked after. Senior managers should escalate some issues sooner for children in the centre when outside professionals do not comply with important duties and responsibilities.
91. Children's complaints are addressed effectively and promptly, and they have confidence in both the accessibility of the process and the fairness of investigations and outcomes. A significant critical incident in 2018 identified important learning for



all staff and the application of appropriate, proportionate sanctions for staff directly involved.

## **What needs to improve:**

### **Recommendations**

#### **Immediately**

- All duty directors are sufficiently knowledgeable and make safeguarding referrals to statutory services that are congruent with threshold criteria and statutory guidance.
- Deliberate pain-inducing techniques are not used on children under any circumstances.
- Children removed from association have sufficient access to basic entitlements, including fresh air, exercise and education.
- Records of steps taken to refer, investigate and address allegations of abuse or harm are clearer, providing a coherent account of decisions taken and the reasons for them.
- Arrangements to tackle bullying are effective and clearly evidenced in records.
- Children's behaviour is incentivised positively, and poor behaviour is consistently discouraged and challenged at early stages.
- Children's plans and interventions are understood by all staff who work closely with them, so that the plans are fully informed and effective.
- SCOs allocated as keyworkers to children are fully involved in planning and preparing children for resettlement throughout their periods of detention.
- Ensure that all children know who their SCO keyworkers are and that the relationships are meaningful and continuous for children during their time at the centre.
- The Youth Custody Service (YCS) takes all steps to reduce the number of children who continue to be admitted later in the day to the centre.
- Review the deployment of SCOs in all classrooms.
- Staff undertaking approved restraints have a full understanding of children's specific medical needs and ensure their safety during restraints.
- Improve the standard and oversight of educational provision on residential units for the small number of children who do not attend the education centre.
- Child and adolescent mental health (CAMHS) staff work more closely with SCOs to help them better understand children's mental health and emotional well-being in order for their direct work to be more informed and sensitive to children's needs.

#### **Within three months**

- The number of plans that children are subjected to are reduced to avoid continued duplication and confusion. All staff understand which elements of the plan they are supporting or are accountable for.
- Ensure that teachers' lesson planning focuses on what children need to learn as well as task completion.
- Support teachers to better enable children to apply their English and mathematical skills across all curriculum areas.
- Ensure that all workshops are suitable and meet the needs of the vocational programmes being developed.
- A proportionate, risk-informed approach is practised when searching all visitors to the centre.
- Managers help SCOs improve the daily recording of children's behaviour and experiences so that it is more detailed and informative. Records inform reviews of children's progress and include personalised support measures to keep them safe and to promote their well-being.
- The centre introduces an effective MAPPA management escalation process when responsible community agencies are delaying these plans for children too close to their release dates.
- Review mixing practices to respond to children's views that they are sometimes too restrictive and prevent them from fully benefiting from a wide range of enrichment activities provided in the centre.
- An electronic recording system is implemented in healthcare to facilitate prompt and accurate information-gathering and information-sharing.
- Ensure that plans to provide more tailored interventions for children serving longer sentences are progressed and consolidated.
- Continue to improve the quality and regularity of management supervision and oversight of SCOs in order to address their learning needs and continually develop their direct work skills with children.
- Progress plans to further 'soften' the institutional environment in children's residential units through introducing warmer, homelier features.

### **Within six months**

- Reduce the dependency on cover teachers to achieve a permanent core of subject teachers.
- The impact of resettlement keywork packs and active citizenship programmes are evaluated to ensure that they are achieving intended objectives.
- A suitable setting in the centre is provided for CAMHS staff to undertake assessment and intervention work with children.

- Update an earlier needs assessment of children with specific communication needs to establish whether a speech and language therapy pathway is necessary for children requiring any additional support.

## Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people under the secure training centres inspection framework.

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 the Children Act 1989. Her Majesty's Chief Inspector's power to inspect secure training centres is provided by section 146 of the Education and Inspections Act 2006.

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