

# Oakhill Secure Training Centre

Chalgrove Field  
Oakhill  
Milton Keynes  
MK5 6AJ

## Assurance visit

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. There were 51 children resident at the time of this assurance visit.

Education is provided on site in dedicated facilities by G4S. Healthcare services are provided by G4S Health Services UK.

**Visit dates:** 16 to 19 November 2020

**Dates of last inspection:** 8 to 12 April 2019

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

## Findings from the visit

We identified no serious or widespread concerns in relation to the care or protection of children at this assurance visit.

### The care of children

Children entering the centre live in a separate 'reverse cohort' unit (RCU) for 14 days in a 'bubble' isolation arrangement, complying with national COVID-19 (coronavirus) pandemic guidance. Restrictions are fully explained to children, who understand why

they are necessary. Children in the RCU have a minimum of three hours each day out of their rooms. This is less than the other residential units and is intended to minimise the likelihood of cross-infection. Senior managers have implemented effective measures to ensure children who are newly admitted are promptly assessed and supported and do not endure unduly long periods of isolation in their bedrooms.

As part of their minimum of three hours each day that children are allowed out of their rooms, they have three 45-minute activity periods each day: one activity is outside; one is in the communal area of the RCU and one activity is in their bedrooms with their doors open. When children are locked in their bedrooms, staff check on them either at five- or 15-minute intervals, dependent on their initial risk assessment. Children are seen promptly by a general practitioner (GP) and have regular access to healthcare staff and their allocated caseworkers during this period. Following an initial assessment by teaching staff, children are provided with workbooks that are targeted at their level of attainment.

Children living in the other residential units attend five hours of education in small bubble groups. They also spend two hours each evening in the communal lounge area of their residential units. Furthermore, children have an average of two hours organised sport each week and access to a reduced activity programme. Restrictions in the regime were gradually lifted from April 2020 and accelerated substantially from September, following a newly recruited permanent teaching team taking up their positions. Overall, children experience relatively lengthy periods of association outside their locked bedrooms and the regime prioritises their educational, social and emotional development. This approach has significantly softened the imposition of more extensive restrictions and isolation periods that are legally permissible through the centre's exceptional delivery model.

Children are well supported by staff and most have positive relationships with them. Secure custody officers (SCOs) hold weekly individual key-work meetings with children, and all children have allocated caseworkers who are very well informed about their backgrounds and needs. Caseworkers see children at least twice a week, and nurses visit each residential unit twice each day to ensure that children's healthcare needs are met. This frequent daily contact with children enables early recognition of any changes in their well-being, which is particularly important during the reduced pandemic regime and longer isolation periods. The atmosphere across the centre is calm and purposeful. Many children are benefiting from a smaller bubble group environment and some told inspectors that they prefer more private time in their bedrooms.

Children are actively supported to maintain regular contact with their families and friends, for example, through increased phone credits. They did not report any difficulties or concerns to inspectors. Children highly value frequent, accessible telephone calls to their families and friends from their rooms. Families and friends can visit them, except if they live in 'tier 3' areas due to the need to reduce the likelihood of the COVID-19 infection entering the centre. Broadly, children accept the need for careful management of physical visits and the centre has facilitated face-to-face visits in accordance with evolving government guidance.

Children access advice and support from a visible and easily available independent advocate, and their complaints are addressed thoroughly and promptly by managers. Written responses advise children of what steps have been taken to investigate their concerns and the outcomes provided to them are balanced and well evidenced. Children's views and concerns are well represented through an active and influential youth council.

Children's resettlement planning supports their return to their communities following release from the centre. An important emphasis is placed by centre staff on assessing that accommodation that children are released to is COVID-19 safe, particularly for children who leave to live in supported accommodation and other multi-occupancy settings. Alternative accommodation is sought when infection control measures are considered unsafe.

Children are supported by a fully staffed, well-integrated healthcare team. The team includes a recently recruited speech and language worker, meeting a recommendation of the last inspection. Healthcare staff have good oversight of children's needs and routinely attend weekly multi-disciplinary meetings to discuss all children who have been recently admitted to the centre. This approach swiftly identifies children with more complex health needs, ensuring that these are fully understood and addressed. Healthcare staff use in-room telephony and video calls to engage and support children while they are in their rooms for longer periods of time, including those who are isolating. Infection prevention and control measures are stringent, and staff have access to ample supplies of personal protective equipment. There have been no outbreaks of COVID-19 infection among children following the onset of the pandemic.

Children's attendance at outreach education sessions was high earlier in the pandemic and most children completed their work packs. Children's attendance and engagement has been consistently good following the resumption in September of lessons for five hours each day. Only one child was seen by inspectors on a residential unit during the education day: he was being supported by an SCO to complete a work pack while a difficulty with another child was being resolved. Senior leaders have taken too long to fill a high number of teaching vacancies and consequently, slow progress has been made in addressing recommendations made at the last inspection. Senior managers filled nearly all teacher vacancies at the start of the September term with permanent staff, including a new headteacher. Rapid progress has been achieved over the three months preceding the visit, and half of the outstanding recommendations have subsequently been met.

### **The safety of children**

Children told inspectors that they felt safe and this is reflected in their responses in a recent HM Inspectorate of Prisons survey. Levels of violence, use of physical restraint and use of force are low. This is partly a result of fewer children living at the centre but is also a consequence of smaller group bubble arrangements. These arrangements have reduced larger groups of eight children down to four children congregating in communal

areas in the evenings. This has led to a calmer, 'normalised' climate and considerably fewer incidents.

Record-keeping, monitoring and regular review of incidents involving the use of physical restraint are diligent. Inspectors viewed closed-circuit television (CCTV) footage of a small sample of restraints, which were managed well, evidencing appropriate practice and documentation concerning the care and safety of children.

No children were the subjects of suicide and self-harm plans at the point of the visit. Recent plans sampled were thorough and underpinned by careful assessments. Safeguarding records have markedly improved since the last inspection and provide a comprehensive account of actions taken to respond to, refer and investigate allegations of abuse or harm. The local authority designated officer (LDO) was complimentary about the safeguarding team's prompt reporting of allegations and their development of a more outward-facing safeguarding culture. This has entailed the LDO visiting the centre more frequently and contributing to staff training on safeguarding thresholds.

The reward and incentive scheme is too punitive, and some children informed inspectors that it adversely affects their mental well-being. Only children on the gold level are permitted to have televisions in their bedrooms. Children on silver and bronze levels have their televisions removed for extensive periods of time. Nine children were on the bronze level during the visit, which entailed their televisions being removed for periods of up to two weeks. This punishment increases feelings of loneliness and anxiety for many children. Senior managers advised inspectors that children were strongly involved in designing the scheme; nevertheless, the removal of children's televisions as a primary sanction requires review.

Detailed profiles of children and their support plans are easily accessible to staff in residential unit offices, but awareness of their content among SCOs is mixed. Some SCOs have the unhelpful view that what is documented about children is not particularly important, and what they see and learn of children day to day is more relevant. Managers have attempted to increase SCOs' understanding and involvement in children's case planning. Children's profiles and support plans are comprehensive and regularly updated, providing a clear insight of children's needs and behaviours. Managers have reduced the number of plans since the last inspection.

## **Leaders and managers**

Since March 2020, the centre has used a defensible decisions log in responding to the pandemic, and measures implemented are clearly documented. Senior managers have incrementally lifted highly restrictive measures on children imposed during the initial national lockdown in March 2020. At the time of the visit, children were spending substantial periods of the day outside their locked bedrooms. Relaxations were gradually introduced from April. More widespread relaxations commenced in September, allowing children to attend education for five hours each day and have bubble time slots out of their rooms in their residential units in the evenings.

Children have benefitted from a largely stable and experienced workforce. The retention of SCOs and other staff in their posts for substantial periods of time has been relatively high since the last inspection. Approximately 70% of SCOs have been in post for over a year. Sickness rates have been low throughout the pandemic at around 4% to 5%.

Staff supervision and appraisal records have improved since the last inspection. There are fewer generic comments, and records are specific to each SCO's needs and stage of development. Records demonstrate that helpful discussions are held concerning the demands of direct work with children. This includes important issues such as the quality of the SCO's engagement, their level of confidence in intervening earlier in emerging tensions and completing daily written logs to a better standard. Actions are linked to the discussions, and many are subsequently reviewed. Annual appraisals indicate thorough and thoughtful reviews of strengths and areas for development. Targets and goals for the forthcoming period could be more aligned to the comprehensive evaluations.

The centre's improvement plan demonstrates that many of the recommendations made at the last inspection have been addressed. Some have taken too long to implement and some are incomplete. The COVID-19 pandemic has adversely affected the direction and pace of some recommendations. An example is the introduction of more relaxed mixing and movement for children around the centre.

The deputy director and head of safeguarding are two recent appointments spearheading more rigorous operational management and oversight. The LDO reported greater confidence in the emergence of a more open and progressive safeguarding culture, which values external advice and challenge. Senior managers actively seek external reviews of new initiatives, such as a conflict-resolution model, introduced shortly after the last inspection. These strengthened arrangements provide important additional checks and balances for children concerning the rigour of significant management decisions.

## **Recommendations**

- Take decisive actions to address outstanding recommendations made at the last inspection in April 2019:
  - 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 key workers to children are fully involved in planning and preparing children for resettlement throughout their periods of detention.
  - 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.

- 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.
- 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.
- An electronic recording system is implemented in healthcare to facilitate prompt and accurate information-gathering and information-sharing.
- The impact of resettlement key-work 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.

## **Information about this visit**

Due to COVID-19, Ofsted, the Care Quality Commission (CQC) and Her Majesty's Inspectorate of Prisons (HMIP) suspended routine inspections of STCs in March 2020. As part of a phased return to routine inspection, we are undertaking assurance visits to secure training centres.

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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known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees.

## **Inspectors**

Nick Stacey, Her Majesty's Inspector, Ofsted

Elaine Allison, Regulatory Inspector, Ofsted

Gerard McGrath, Her Majesty's Inspector, Further Education and Skills, Ofsted

Esra Sari, Inspector, Her Majesty's Inspectorate of Prisons

Catherine Raycraft, Health and Justice Inspector, Primary Medical Services, Care Quality Commission

Shaun Common, Quality Assurance Manager, Ofsted

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Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 1231  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
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