



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. There were 38 children resident at the time of the inspection.

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

Inspection dates: 4 to 8 October 2021

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

Inadequate

Children's education and learning

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

Inadequate

The effectiveness of leaders and managers

Inadequate

Date of last inspection: 8 April 2019

Overall judgement at last inspection: Requires improvement to be good

Recent inspection history

Inspection date	Inspection type	Inspection judgement
13 September 2021	Monitoring visit	Not applicable
24 May 2021	Monitoring visit	Not applicable
16–19 November 2020	Assurance visit	Not applicable
8–12 April 2019	Inspection	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

1. Children are not adequately safeguarded because of serious failures by managers to identify and appropriately manage referrals that indicate child protection concerns. Managers do not adhere to statutory guidance, or their own safeguarding procedures. A large backlog of referrals is being addressed, but the scale of this exercise, and the time required to complete it, mean that some children may have been exposed to avoidable ongoing harm, and others could still be experiencing unidentified harm.
2. Responses to children's, professionals' and parents' complaints are inconsistent and most do not meet stipulated timescales for completion. Consequently, some children lack confidence in raising their concerns through making complaints. This also weakens safeguarding practice in the centre, as potentially significant issues might not be raised by children.
3. Some communal living areas in children's residential units are poorly maintained. Sofas are ripped, tables damaged and many children's shower rooms and toilets are badly stained and dirty. Some items of furniture are ingrained with dirt. The communal areas are cramped and often overcrowded in the evenings, when up to eight children and three or four staff members congregate in them. Children lack sufficient personal space, and the only alternative available to them is to go into their bedrooms, which are locked when children use them. The carpet in the chapel is stained and ripped.
4. Children are not allowed to eat their meals in the communal dining hall, which has remained closed since the first COVID-19 national lockdown in March 2020. Meals are delivered to children on their residential units in polystyrene boxes. A continued blanket restriction on children eating communally is disproportionate and not conducive to treating them with dignity and respect. One child commented, 'I would just like to eat from a plate.'
5. Children have experienced frequent changes to the staff working with them, because of a very high attrition rate over the last year. This has adversely impacted on the ability of children to form meaningful relationships with the adults who care for them. These transient relationships are often with inexperienced staff who lack skill and confidence in intervening early and decisively when children's behaviour is poor and inappropriate. Levels of violence and use of force have been very high over the last year. Most children have been involved in fights and have been restrained, meaning these are a normal feature of their daily lives.

6. Children are no longer locked in their bedrooms for most of the day. Following the monitoring visit on 13 September 2021, a full daily programme of activities was restored, enabling children to spend up to 13 hours each day out of their rooms, including attending five hours of education. While the return of a normal daily routine for children is a positive step, it is a very recent measure and is in the context of paused new admissions and fewer children living in the centre. Reduced numbers of children has enabled the resumption of minimum safe staffing levels on children's residential units.
7. At the time of this inspection, it appeared that children might have had access to inappropriate adult channels on their in-room televisions. Senior managers were unable to confirm to inspectors whether this was the case. Following the inspection, a representative from the Youth Custody Service (YCS) tested the children's televisions and provided assurance that access to adult channels was restricted.
8. Inspectors observed largely positive relationships between secure custody officers (SCOs) and children. Most children said there was at least one SCO they were comfortable to talk to if they had any issues or concerns. Children are welcomed sensitively when they arrive at the centre. They are made fully aware of how COVID-19 outbreaks could affect their daily routines, and the centre continues to operate reasonable and balanced COVID-19 admission controls. Children are provided with a comprehensive induction and clear information about what day-to-day life in the centre should be like.
9. Children's health needs are quickly identified and addressed. Children make some progress in their education, but the curriculum is too narrow and does not stretch higher-performing children. Teachers do not plan learning for children with special educational needs and/or disabilities (SEND) effectively.
10. The centre chaplain is a highly visible and constructive presence, and his dedicated work provides a wide range of pastoral support for children. Frontline staff shortages have meant that some religious services have been cancelled at short notice, and some children have not been able to engage in spiritual and religious gatherings that are important to them.
11. Children are cared for by staff who are not apprised of the information they need to help them understand children's needs and to help keep children safe. SCOs do not routinely consider important information about children in their day-to-day care on their residential units. The information is not kept up to date, and staff told inspectors that it was optional for them to read information about children in their daily care. One SCO remarked, 'I don't want to read anything about children written in forms. I want to make up my own mind about them.' This was a common view among SCOs.
12. All children are supported well by dedicated caseworkers who are knowledgeable about their backgrounds and circumstances. Children are advised of their rights,

and readily access independent advocacy support. Children's input and influence on the care they receive and the running of the centre are very limited. The youth council stopped meeting in March 2020 and had only recommenced shortly before the inspection. Managers did visit and talk to children on their residential units during pandemic restrictions, but these exchanges were not recorded, evaluated or followed up.

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

13. Staff assess children's needs thoroughly on arrival at the centre. Teachers do not use this information effectively to plan lessons to meet the specific learning needs of children, including those with SEND. Most teachers do not set targets for children that help them to achieve their full potential. Most targets relate solely to the achievement of qualification criteria and/or units of qualifications.
14. Prior to the onset of the COVID-19 pandemic, leaders conducted a full restructure of the education management team. They employed new managers and teaching staff who have appropriate experience and subject knowledge. These changes have brought greater stability to the staffing of the education provision. However, at the time of the inspection, it was too soon to see the full impact of these actions.
15. Teachers accurately identify children's knowledge and skills gaps in English and mathematics. As a result, they plan learning logically to develop children's knowledge and skills over time. In mathematics, children complete complex calculations accurately. In English, children can explain the differences between similes and metaphors, and the meaning of alliteration. Most children achieve national qualifications in English and mathematics, including many children who have not achieved qualifications in previous education settings.
16. The vocational curriculum is too narrow to prepare children fully for the next stages in their education, training or employment. It consists of two pathways, in sport and media. These do not meet the needs and interests of all children. Those children who are capable of achieving, or have achieved GCSEs, do not receive the level of challenge that they need to be even more successful.
17. Children develop new skills quickly in the lessons that they enjoy attending, for example understanding specialist music technology software and food preparation techniques. They recall accurately what they learn during lessons, such as the meaning of product diversity in business studies and prominent figures for Black History Month. However, teachers' planning of learning is not reflected in what they teach in lessons. Other than in English and mathematics, most teachers do not plan learning logically to develop children's knowledge and skills in a subject over time. For example, children often repeat the same activities in subsequent lessons. A few learning activities are not age or level-appropriate.

18. Children mainly behave well in education and most participate well in lessons. A few demonstrate low-level disruptive behaviour and use inappropriate language, which staff address quickly. Children build positive relationships with staff. They find them caring and supportive.
19. In personal, social and health education lessons, staff enable children to explore their emotions sensitively. They consider strategies to help children cope with challenging situations. Children learn about healthy relationships, including sexual relationships. They say that they find these lessons beneficial.
20. Most children attend their lessons regularly. However, they occasionally miss lessons due to legal meetings and healthcare appointments. Arrangements for children to catch up on the learning they miss because of these interruptions are not implemented consistently enough. Children often complete this learning in their next lesson, and this slows down their progress.
21. Staff do not help children with SEND to understand the triggers that result in their poor behaviour and disengagement from learning. They do not provide strategies that help children to learn how to self-regulate their behaviour. Children do not receive regular support in lessons from learning support assistants due to staff vacancies.
22. Teachers provide helpful verbal and written feedback to children. They identify what children have completed successfully and how they can improve their work. However, managers and teachers do not encourage children to use this helpful feedback to improve the quality of their work.
23. The outreach curriculum does not meet children's needs. Activities are not sufficiently sensitive to the reasons why children do not attend face-to-face learning. For example, if a child has recently returned from a court appearance, the lesson content does not include activities to help them settle back into learning. Education packs that children completed during national COVID-19 restrictions did not help them to reinforce the knowledge and skills that they had learned in their face-to-face lessons. The quality of this learning was poor.
24. Managers do not have sufficient oversight of the progress that children make over time. Despite the wealth of information that managers collect about children on admission to the centre, they do not monitor what children know and can do now compared with what they knew or could do previously. Managers' current assessment of the quality of the provision is overly positive.
25. Children do not currently receive the careers information, advice and guidance that they need for their next steps. For example, children who will be released into the community do not understand the options available to them, such as apprenticeships. Staff do not explain sufficiently that the skills they learn in vocational subjects such as design and technology can lead to an apprenticeship or employment in the construction industry.

26. Education staff do not receive sufficient training and development opportunities to help them to improve their craft of teaching. They do not receive regular updates on how to teach children with specific diagnoses, such as autism spectrum disorder and attention deficit hyperactivity disorder. The majority of the children in the centre are diagnosed with these conditions.

Children's health: good

27. Children spoke positively about the healthcare service. They can easily access a range of age-appropriate services to support their physical health and well-being. The primary healthcare team is strongly led. Staff have a good range of skills and experience, enabling them to provide effective healthcare for children.
28. Screening using the Comprehensive Health Assessment Tool (CHAT) is completed promptly when children arrive at the centre. Information is routinely sought from community services to inform children's continuity of care. These measures ensure that the physical and mental health needs of children are identified accurately.
29. A fully staffed permanent healthcare team works hard to engage with children and quickly earns their trust, providing children with a positive experience of working with healthcare professionals. Staff retention is impressive. Children are seen by consistent members of staff who know them well.
30. Children's healthcare needs are prioritised by all staff across the centre. Children are supported to attend any appointments. Non-attendance rates are low, and there are no waiting lists for any primary care service. Secondary healthcare appointments are facilitated as required.
31. The mental health team provides effective individual support to children. Group work is yet to be reinstated due to the pandemic. A psychiatrist guides and supports the healthcare team to understand and promote the mental and emotional well-being of children.
32. The substance misuse team uses well-thought-out interventions, enabling children with complex and challenging needs to better understand themselves and develop positive coping strategies.
33. The implementation of the long-awaited 'SystemOne' electronic case-recording system is a valuable resource. Comprehensive case notes clearly detail all interactions that take place with children. Care plans are personalised, clear and reviewed appropriately.

34. Immunisation and vaccination programmes promote improvements in children's preventative health. Health promotion encourages children to practise healthy lifestyle choices, and to think about and discuss their health.
35. The dental service provides a good, flexible service and has low waiting times. Advice on good oral hygiene is routinely given to children, and disease prevention is promoted. However, there is no separate decontamination room, which is considered best practice.
36. Medicines management is effective, and ensures that safe and appropriate administration takes place, meaning that children get medication when they need it to promote their health and well-being. Where appropriate, 'in possession' risk assessments are used to facilitate children to safely manage their own prescribed medication. This helps prepare them to manage their medications following their discharge from the centre.
37. The commissioned catering provider meets most of the preferences and choices of children. A four-weekly menu rotation offers a wide variety and choice of food. Children have many opportunities to contribute to menu development. A wide range of initiatives are used to help inform and educate children on the benefits of eating healthily and having a balanced diet. Kitchen staff are aware of any known food allergies and strictly adhere to them. Cultural and religious needs are recognised in menu choices. Children have the opportunity to gain a qualification in barista skills.

Children's resettlement: requires improvement to be good

38. Initial meetings between children and their caseworkers take place promptly after their admission. A useful case overview is compiled, which provides centre staff with an accessible summary of the child's history, profile and needs.
39. Caseworkers meet with children regularly and use these sessions to complete key-work packs. These address factors that contributed to the child's admission to the centre. Caseworkers know children well and ensure that children are kept informed about all matters pertaining to their care.
40. Children's progress is regularly reviewed, and their targets and risk assessments are updated. Most sentence and remand review meetings are held by telephone conferencing, with children joining meetings on their in-room telephones. This does not encourage children's active participation or enable professionals to fully check their level of engagement or understanding. As a result, children often choose to not attend the meetings. Children are fully consulted before and after these meetings, which largely ensures that their views are known and considered.
41. SCOs do not regularly attend children's review meetings, and they are not integral members of professional teams around children. Other specialist workers do

attend meetings and provide useful updates. Caseworkers maintain regular contact with children's parents and carers and keep them informed about their child's progress.

42. The forensic psychology team has remained on site throughout most of the pandemic and has largely maintained face-to-face work with children. The team completes informative assessments of children's needs to help support frontline staff. Fewer children have taken part in accredited interventions work since the pandemic restrictions began. This work is important in addressing the reasons children are placed at the secure training centre. A broader range of intervention programmes provided by external partners are starting to return to the centre. Evaluation of the effectiveness of non-accredited interventions, and key-work sessions held with children, is conducted only on an individual basis through assessing any subsequent positive changes in children's behaviours. Psychologists have recently addressed this gap, through completing a comprehensive needs analysis, which has identified other interventions that may be effective.
43. Staff have difficulties finding suitable private spaces to carry out one-to-one work with children. This has an adverse impact on children's motivation to engage in this work. Some sessions are completed with the child sitting on his bed, and the caseworker sitting in the corridor outside the bedroom. This is not conducive to undertaking sensitive and confidential individual work. Some sessions with children in pre-booked rooms are curtailed by problems getting them to the room on time due to staffing shortfalls.
44. Planning starts early for children's transitions, but its effectiveness is often impeded by a lack of proactive work by community agencies. Most children approaching release are aware of their plans and are involved in the decision-making process. However, only half of the children released in 2021 had purposeful education or training arranged in the community, and therefore left the centre with no structured daily activities to go to. This increases the risk of children reoffending.
45. Children are prepared well for their transition to other custodial settings, for example by having contact with staff from the provision they are transferring to prior to leaving.
46. Where children are care leavers or have looked after status, staff make early contact with their local authority to try to ensure that planning for their release is in place. Some children told inspectors that they would welcome more mobility opportunities (approved visits into the community) to help them better prepare for their release. Mobilities, to support children's resettlement, have not been used since the start of the pandemic.
47. No children have moved on from the centre without accommodation being in place. However, in 2021, only three quarters of children released had suitable accommodation identified at their final review meetings, held 10 days prior to

their release. This very late identification of accommodation impedes other important elements of release planning. This causes additional and avoidable anxiety for children.

48. Staff are persistent in trying to follow up children's progress after their release. Their efforts are often constrained by the lack of response from many community agencies. This means that feedback on the impact of work completed with children while they were at the centre is not available.

How well children and young people are helped and protected: inadequate

49. Senior managers have failed to ensure that safeguarding concerns and allegations are referred to statutory agencies as required. There is a large backlog of child protection and safeguarding concerns. The consequence of this delay on children's safety and welfare is therefore not established. Some children potentially remain at risk of further harm.
50. Safeguarding records are often incomplete and of a poor standard. It cannot be determined whether, or when, concerns were referred to statutory agencies, what further actions were requested or required, and whether these concerns were concluded or remain ongoing. A recently appointed head of safeguarding is reviewing these records to establish whether all safeguarding concerns have been appropriately actioned. However, the volume of backdated work means this is a very substantial and lengthy task.
51. Internal investigations of safeguarding issues have been carried out contrary to statutory guidance. This potentially compromises further enquiries and outcomes for children.
52. A safeguarding referral action plan by senior managers is a 'back to basics' approach and is a helpful starting point for re-evaluating deeply flawed safeguarding practices. A vital element of the plan is the delivery of safeguarding training and awareness sessions to all staff. There are no plans in place to ensure that this happens quickly.
53. There were 324 child-on-child assaults in the six months prior to the inspection. This number is over twice as high as the preceding six months, when there were 159. During the last six months, an average of 64% of children in the centre have been involved in violence. This finding highlights the volatile and unsafe environment that children live in.
54. The use of force on children has more than doubled in the six months leading up to this inspection. Some use of force is not justified and is used contrary to legislation and guidance. Inspectors saw incidents where children had been physically restrained when the legal criteria for such action had not been met. The quality of the data that informs managers about staff practice at the centre is

poor. For example, there are no statistics on the types of force used, and some use of force is under-reported. This lack of information limits the capacity of senior managers to act to improve the safe care of children.

55. Not all staff are sufficiently skilled in the use of minimising and managing physical restraint (MMPR) techniques. Inspectors saw examples where staff were unsure how to hold children safely and two occasions when children were dropped, face down, to the floor. Some staff lack skill and confidence, and their uncertainty has led to avoidably lengthy, and potentially harmful, restraints. This is unsafe and dangerous practice.
56. Staff are reluctant to challenge children's low-level poor behaviours. This often leads to more serious incidents. This is further exacerbated by the lack of an effective behaviour-management strategy to support staff in how to deal with poor behaviour.
57. Single separation (children locked in their rooms or other areas as they pose a serious risk to themselves or others) is used appropriately and for no longer than is necessary. Children are rarely removed from association. It is used only when it is necessary and justifiable, to keep them away from their peers so that others are safe. Detailed risk assessments and reintegration plans are used well to support children's return to normal routines at the earliest opportunity.
58. Children's gang affiliations are managed through a 'keep apart' list. This list details children who cannot safely mix with each other. This list is lengthy, and staff are unsure of its accuracy. This uncertainty generates further avoidable restrictions on children's movements around the centre.
59. Children are only subjected to full searches when there are serious concerns regarding their safety, or the safety of others. (A full search requires a child to privately remove their clothes, although they must never be completely naked, to be searched thoroughly by two officers of the same sex as the child.) However, the routine searching of visitors, including children, is not always proportionate or intelligence-led. This standard practice is unnecessarily intrusive for some visitors.
60. Initial suicide and self-harm (SASH) risk assessments of children are completed at the point of their admission to the centre. These are detailed and informative and include children's views. Assessments are reviewed by a multi-disciplinary team and are used well to determine the actions needed to manage any risks, and to help keep children safe. SASH closure summary records do not always include how, or why, a decision to close a plan was made, and the rationale for ending the process is not clear enough.
61. A conflict resolution approach to addressing bullying is well established. The COVID-19 pandemic meant that children lived in smaller 'bubble' groups for a significant period and were subjected to a more restrictive regime. This significantly reduced opportunities for children to mix with each other,

suppressing opportunities for bullying. When bullying does occur, dedicated staff monitor and evaluate children's interactions, and complete impactful, targeted reparation work with both the victim and perpetrator. The quality of bullying records has significantly improved, and this helps decision-makers to better protect children and prevent further incidents.

62. Children are sensitively supported when they are escorted outside the centre, to attend medical and other appointments. When handcuffs are applied, due to the assessed risk and protection of the public, they are used proportionately and appropriately.

The effectiveness of leaders and managers: inadequate

63. Too many children experience inconsistent and poor care, and they are not safeguarded with sufficient urgency, attention or oversight. Managers have repeatedly failed to comply with statutory safeguarding guidance and their own procedures. Consequently, some children could still be at risk of harm.
64. Governance and quality assurance of the use of force and the physical restraint of children are not sufficiently rigorous. Poor practice is not identified and addressed quickly enough. This results in delayed implementation of learning and improved safer practice and interventions.
65. Leaders and managers are not visible enough in the centre, and do not, therefore, have good oversight of the daily standards of basic care provided to children. They were unable to confirm to inspectors whether children still had access to adult content channels on televisions in their bedrooms, despite being aware of this seven months before the inspection. Following the inspection, a representative from the YCS tested the children's televisions and provided assurance that access to adult channels was restricted. Inspectors observed squalid and dirty conditions in some children's shower and toilet cubicles, bedrooms and communal living areas. Substantial refurbishments are being carried out in some residential units, but basic daily management oversight to ensure that children live in decent and clean conditions is poor.
66. A recently appointed interim director has restored a basic daily programme and an orderly structured routine for children quickly and effectively. However, at the time of inspection, she only had two months of her tenure remaining. Recruitment of a permanent director is in progress. Healthcare services are led effectively; however, the capacity of the centre to provide the quality and consistency of leadership in all other areas that are essential to quickly improve the standard of care and safety for children is uncertain. Senior managers are also addressing four YCS rectification notices relating to failures.
67. Frontline SCOs are poorly managed and supported in their day-to-day work with children. SCOs do not have regular monthly supervision meetings with their

residential managers, in accordance with the centre's policy. Some experienced and competent SCOs do build meaningful relationships with children, providing them with more skilled and assured care. However, they achieve these higher standards as a result of their own determined efforts, rather than through any support and development provided. The quality and impact of SCOs' relationships and work with children are rarely referenced in written supervision records. Very limited interest and curiosity about children's behaviours and progress are demonstrated by residential managers. Conversely, relatively minor infractions of procedures and centre rules attract considerable first-line management attention. This approach to the management of SCOs is didactic, rather than an inclusive and developmental model that strengthens and validates their highly demanding work with children.

68. Children have witnessed numerous changes of staff working with them over the last year. Over a quarter of staff have left their posts, many of them frontline SCOs. This leads to children having unstable, transient relationships with staff and is likely to be a primary factor in their continued experiences of poor care and control.
69. Many SCOs, particularly longer-serving staff, do not receive any targeted training and development opportunities in addition to their mandatory programmes. No centre-wide training needs analysis has been completed. Most frontline staff have caught up with mandatory MMPR training, which was interrupted by the pandemic. Some staff are undertaking longer course training, including a youth justice foundation degree and management programmes. More careful attention to the training and development of longer-serving SCOs could improve retention.
70. A senior management decision to lock children in their rooms for most of the day, as reported in the recent monitoring visit, was not child-centred, and was disproportionate and too risk-averse. The quality of children's daily lives during this period of enforced isolation barely met basic minimum standards of human decency.
71. The challenges leaders and managers have faced through the pandemic have been considerable. These have been further compounded by recurrent large-scale outbreaks of COVID-19 in the centre. Many staff were off work on sick leave, adding to difficulties in providing sufficient and safe staffing levels. However, these challenges did not justify a decision to lock children in their rooms for extensive periods.
72. An intensive SCO recruitment programme is continuing. Senior managers have enhanced SCO salaries and have introduced retention bonuses. Considerable numbers of frontline staff from other custodial establishments operated by the provider are being temporarily redeployed to the centre to bolster capacity. The centre has been working with the YCS to strengthen SCO induction training. This includes earlier exposure to work on children's residential units and more situational and scenario-based exercises. It is hoped that these additional

elements, and increased mentoring provided by experienced SCOs, will reduce the high attrition rate. The impact of these measures, however, alongside other urgent improvements, remains highly uncertain. This fragility is further destabilised by interim senior management arrangements.

What needs to improve:

Recommendations

- Ensure that children are safeguarded by taking urgent action to ensure that:
 - statutory safeguarding guidance is followed, and urgently address outstanding, delayed referrals to local authority children's services
 - physical restraint and use of force are only used when the legal criteria for such action is met, and ensure that systems are quickly implemented that swiftly review, identify and address poor staff practice
 - all other actions relating to ensuring children's safety are quickly addressed, including improving the standard of recording and providing an effective complaints system
- Ensure that children's quality of care improves quickly by:
 - addressing the poor standards of cleanliness in many children's bedrooms, toilets and showers; replacing or repairing damaged and worn fixtures, fittings and furnishings throughout the centre; and improving mealtime experiences for children
 - enhancing the consistency, quality, skills and knowledge of SCOs and the poor quality of their management support and supervision.
- Improve children's education by:
 - introducing a curriculum to meets children's needs and improving the quality of lesson planning and teaching, including through teachers' training and development.
- Implement rigorous and high-quality management and governance systems that ensure that children's care, safety and well-being needs are consistently met; ensure that prompt and effective action is taken when any shortfalls are identified; and establish a permanent and effective leadership team.

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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