



Oakhill Secure Training Centre

Chalgrove Field
Oakhill
Milton Keynes
MK5 6AJ

Full inspection

Inspected under the secure training centres joint inspection framework

Information about this secure training centre

Oakhill Secure Training Centre is operated by G4S Care and Justice Services (G4S). The centre provides accommodation for up to 80 children, male and female, aged 12 to 19 years, who are serving a custodial sentence or who are remanded to custody by the courts. There were 59 children resident at the time of the inspection, 57 boys and two girls.

Education is provided on site in dedicated facilities by G4S. Healthcare services are provided by G4S Health Services UK. The commissioning of health services at this centre is the statutory responsibility of NHS England under the Health and Social Care Act 2012.

Inspection dates: 2 to 6 October 2023

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

Requires improvement to be good

Children's education and learning

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 the last inspection: 16 May 2022

Judgement at the last inspection: Requires improvement to be good

Recent inspection history

Inspection date	Inspection type	Inspection judgement
16 May 2022	Inspection	Requires improvement to be good
30 November 2021	Monitoring visit	Not applicable
4 October 2021	Inspection	Inadequate

Inspection judgements

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

1. Across the centre, there is a tangible change in culture, with children being recognised and treated as children first and foremost. This is key to and influences not only day-to-day interactions, help and support, but also informs critical decisions about children's care.
2. Despite significant efforts made by staff and managers to ensure that children receive good-quality care and have positive experiences, staff shortages and changes have compromised the quality of care that children receive. There is insufficient conflict resolution work, reducing children's ability to mix with their peers. Direct work, such as key-work sessions with individual children, interventions and the use of release on temporary licence (ROTL) is limited, so children do not have the opportunities they need to prepare them for release and to build and reflect on newfound coping strategies. The number of incidents of violence and aggression is high, and this compromises children's safety. This has impacted on children's day-to-day experiences and their right to feel safe and settled in the centre and with their peers. On occasions, restricted routines mean that children have been locked in their rooms for longer than they should be. Both staff and children raised these shortfalls consistently throughout this inspection.
3. While some children reported that they will not fully invest in relationships with staff due to their experiences of staff leaving, most children enjoy positive and warm relationships with the staff who care for them. Staff spoke of feeling proud of children when they have made progress and achieved success on the incentive scheme. On occasions, staff are moved around the setting to support newer members of staff or to cover shortages. This can impact on children's ability to develop positive relationships.
4. Children benefit from bespoke care planning, which is developed in partnership with professionals in the centre. This means that children's care is individualised and considers their specific needs, strengths and vulnerabilities. Children's healthcare needs are met well, and their education is promoted. Attendance at educational provision is embedded as an expectation and is part of the centre's culture and routine. Consequently, on the whole, children make good progress in education and in improving their health and well-being.
5. Children have easy access to independent advocates who work in the centre. Advocates visit all the residential houses so that children can speak to them without having to ask for an appointment. This is helping children to raise any issues they may have, promptly and in confidence.

6. Children's spiritual and pastoral needs are met well. A chaplain and an Islamic religious leader are on site throughout the week, providing religious services and prayers as well as Bible studies and studies of the Qur'an. Religious representatives offer support and guidance to any child, no matter what their faith or if they have none.
7. Children's views and opinions are valued and sought, helping them to feel that they influence how they are cared for and that they have a meaningful voice. Children have numerous avenues through which to speak to trusted adults about how they are feeling or how they are being cared for. The children's council is influencing service improvements effectively, such as in further developing the incentive schemes and identifying activities. These suggestions are welcomed by the staff and leaders and implemented when possible. For example, the complaints system has been improved through the introduction of new, child-friendly and easy-to-use forms. Complaints are now thoroughly explored and resolved, and children are kept up to date with the findings, as well as their right to appeal. This is a significant improvement since the previous inspection.
8. There are effective arrangements in place so that children can stay in touch with their families and those important to them through visits, virtual meetings and telephone calls. Children enjoy visits from their families in a pleasantly designed visitor hall. This helps visitors and children to feel relaxed and to enjoy the visit.
9. Children are expected to be in their rooms by 8.30pm so that staff are able to decompress and debrief, take part in training and undertake reflective practice at the end of the day. This change has been implemented as a support mechanism for staff rather than to meet children's needs, and it means that children have less time to mix with their peers and with staff.
10. Decor in the houses is pleasant and as homely as the secure environment allows, so children have comfortable areas in which to socialise and relax.
11. Children enjoy a variety of activities, accessing sports areas and gym equipment as well as developing life skills, such as cooking. They benefit from visits by external organisations which come to the centre to help children enhance their skills and knowledge in sporting activities. Additionally, children access DVDs, television, games consoles and games of pool. This choice of activities is helping children to keep busy, have fun and develop social skills, such as tolerance and learning to take turns.
12. Not all children who achieve the top tier of the privilege system (platinum level) access all the benefits this brings. Children living outside the enhanced unit, because it is full, are unable to access the online shopping allowance. This is seen as a highly valued privilege and the current situation is felt by the children to be unfair.

13. The dining area is an underused resource. Children and staff report that it is rarely used, with children preferring to eat in their own houses. Children say that the food is bland and unappetising. There is no evidence of this culture being examined and alternative incentives or motivation being offered to the children to use the dining hall. This is a missed opportunity for children to enjoy a communal dining experience.

Children's education and learning: good

14. Senior leaders continue to prioritise children's access to high-quality education. Leaders manage relationships between children carefully and sensitively, ensuring that no child's attendance at education is limited because of whom they can or cannot mix with. Consequently, almost all children receive 25 hours of education a week.
15. All staff fully understand the needs and backgrounds of the children in their care. Education staff use this information effectively to provide tailored learning for children, including those with special educational needs and/or disabilities.
16. Education leaders and managers have developed a very well-designed curriculum. They have high expectations of what children can achieve, whatever their starting points. Leaders ensure that the curriculum is sufficiently flexible to allow children, where appropriate, to achieve GCSEs, A levels and other qualifications, such as a diploma in psychology at level 3. Consequently, children make good and often significant progress in their academic and vocational learning. Education activities are still not sufficiently structured for the very few children who occasionally remain in their residential units during school time.
17. Children recognise how being educated and achieving relevant qualifications will help them in the next stage of their education, employment and training, whether on release or transfer. Children apply their English language skills across all aspects of their learning and use these skills to help them to deal with their traumatic and emotional experiences, through activities such as writing lyrics in music sessions.
18. Teachers provide detailed spoken and written feedback to children on their work. This is helping children to understand what they have done well and what improvements they can make. Children review their work regularly and make the suggested improvements. This supports children to learn and remember more over time.
19. Teachers set clear classroom rules, ensuring that children understand appropriate boundaries and participate fully in learning. All staff encourage children skilfully and supportively to achieve their best. Children's behaviour and attitudes towards learning are exemplary. They are highly respectful towards staff and their peers. Children's attendance at education is extremely high. Leaders across the centre ensure that children arrive on time to lessons and that there is minimum disruption to lessons through conflicting appointments. When children miss lessons for legal

visits and court appearances, teachers and support assistants support them to catch up quickly.

20. Children benefit from an extensive wider curriculum that is helping them to develop life skills. For example, they attend after-school activities, such as cooking, woodwork and go-kart building. This helps them to learn about living independently, problem-solving and teamwork. Leaders have made use of external organisations, such as the Dame Kelly Holmes Trust and The Frank Bruno Foundation, to help children to develop these skills further.
21. Effective working relationships between education, resettlement and residential staff and the secure care officers (SCOs) support children in their education and learning. Education staff work closely with resettlement staff to plan children's education and learning effectively on their arrival at the centre. Staff continue this support throughout children's stay at the centre, working closely with the children to establish their future ambitions and interests.
22. Leaders ensure that children use their high-level achievements to benefit others. For example, since the previous inspection, they have promoted more children to peer mentoring positions.
23. A highly relevant and well-structured curriculum is supporting children's personal, social, health and economic well-being. It includes topics such as family and healthy relationships, budgeting, the implications of substance misuse, social media and current affairs, which covers topics such as climate change and artificial intelligence.
24. Children undertake relevant reading assessments as part of their induction. These are helping leaders and teachers to understand the gaps in children's reading skills and the strategies that they can use to support children to read. The majority of children read independently and for pleasure. Children access the library regularly, borrow books and request the purchase of books that they enjoy. English teachers provide books that are age appropriate and targeted at entry levels 1 to 3 for those children who want to read but whose reading skills require development. However, leaders' strategic approach to reading and the development of a reading curriculum is new. Staff training in phonics is due to take place shortly. There is currently no use of phonics to help children with low-level reading skills to develop these quickly.
25. Most children achieve nationally recognised qualifications while at the centre. The majority of children progress through two levels or more. Children receive highly focused support to help them with their additional needs and to overcome their barriers to learning. Over a third of children have an education, health and care plan. Children's learning support plans are clear and help staff, including residential staff, to understand how they can consistently support children to succeed. Children make significant progress during their time at the centre, and many

achieve functional skills qualifications in English and mathematics at level 2 by the time they leave.

26. Leaders and teachers ensure that children understand the concepts of fundamental British values. Children recognise the need for equality and respect the diversity that exists across the centre. For example, children on the music pathway consider whether the language and messages that are often prevalent in drill music lyrics are socially acceptable in all aspects of life.
27. Many children achieve well-recognised national awards, commendations and accolades for their work in art, music and literacy. These are generally through the Young Writers' Award, the Koestler Awards and the National Literacy Trust. Leaders arrange 'success days' to showcase children's achievements and to involve families in celebrating the progress that their children have made.
28. Teachers are highly qualified in the subjects that they teach. They receive regular and appropriate training, helping them to be effective in their roles. Education SCOs attend this training where relevant to their work.
29. Self-assessment and quality improvement processes are underdeveloped. While education leaders have implemented quality improvement processes, such as the observation of teaching and learning, learning walks and work scrutiny activities, these are too process driven. They do not help leaders to understand fully the impact that these activities have on improving the quality of education and the learning experiences children have.

Children's health: good

30. Children's health needs are well understood. Timely health assessments inform good-quality care plans, which are regularly reviewed to reflect children's existing and emerging healthcare needs. Where appropriate, the sharing of this detailed information with the wider centre means that all staff are aware of children's individual needs and provide the care and support required to meet them. This is improving children's health and well-being.
31. Staff are skilled at improving the health outcomes for children. At times, some staff are redeployed to support the work on units where there are low staffing levels, taking them away from therapeutic work. Despite this and there being several vacancies, including for a speech and language practitioner and child and adolescent mental health service (CAMHS) nurse, staff work diligently to cover these shortfalls to minimise the impact on the care that children receive.
32. Children access a breadth of high-quality, age-appropriate healthcare interventions with little or no waiting time, including substance misuse support and swift access to dental services.

33. Nurses are a regular and visible presence on the units, allowing multiple opportunities for children to access healthcare support. All children see a GP within 24 hours of arriving at the centre. As a result, children's healthcare needs are met at the earliest opportunity.
34. Children are highly positive about the care they receive from the dedicated healthcare team. Relationships between children and staff are professional and warm. Children's views are highly valued. Their views are regularly sought through the youth council and used to inform service improvements. Children are engaged through a range of services, which is helping to improve their emotional well-being.
35. Partnership work across the centre and externally is strong. This includes liaising with clinicians in the community, supporting continuity of care and receiving support from specialist clinicians to help inform the care provided to children. This is underpinning an individually tailored approach to meeting each child's needs.
36. Children are supported following the use of physical interventions. A nurse sees children quickly. Healthcare staff are actively involved in developing bespoke behaviour management and self-regulation strategies to reduce the need for physical intervention and to lessen self-harming behaviours.
37. The use of medicines is managed effectively. Robust and organised medicine management systems ensure that children receive their medication in a safe way. This includes regular oversight from a pharmacist, auditing and ongoing work with the centre to help maximise safe practice. When errors have occurred, appropriate action has been taken to help minimise future risks.
38. Strong governance arrangements underpin the services provided and service improvement. This includes a range of regular auditing and corresponding action plans. Despite this, not all areas of healthcare meet infection control standards, a fact that was not reflected in the centre's infection control audits.

Children's resettlement: requires improvement to be good

39. Ongoing staffing challenges have led to a decline in the quality of resettlement practices. Key-work sessions have reduced since the previous inspection, with less than half the expected number delivered in the last six months. While leaders have developed appropriate materials, these are underused, limiting opportunities for children to build their confidence and resilience. The delivery of interventions is limited, and ROTL is not always being used for eligible children. Although staff continue promoting family contact through multiple cooking sessions, with children preparing meals for their loved ones, family days have ceased. This means that children are not supported well enough to build the foundations needed to reduce the risk of further offending or to prepare them to go back to the community.
40. The process of preparing children for resettlement begins immediately on their arrival at the centre. The team maintains regular contact with children, developing

a deep understanding of their needs. Children consistently express high regard for the help they receive from their caseworkers.

41. There is insufficient intervention work taking place to help children develop the skills that will help them avoid reoffending. A dedicated psychology service develops tailored, high-quality, one-page plans and formulations that are helping staff to understand children's needs and to know how to engage successfully with each child. This is supporting some planned and spontaneous interventions as needed. Although the service provides ongoing consultancy to guide the centre in meeting children's needs, limited accredited interventions are delivered.
42. Care plans are detailed and individualised, with clear targets prioritising positive behaviours and educational achievements. Reviews of plans are regular and well attended, and children's outcomes are improving. Encouraging family involvement is a priority, and the children's contributions are central to these meetings. This is helping children to influence key decisions about their care.
43. Social workers are well established in their roles at the centre and diligently pursue community teams to remind responsible authorities of their responsibilities, so that children receive their entitlements. As a result, all children leaving the centre have accommodation arranged on release, although some find the last-minute confirmation of this stressful. Education placements are secured for most children. When this is not in place, it can lead to disruptions in their learning. These concerns are appropriately escalated.

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

44. Staff develop positive relationships with children to support them in developing positive social skills and behaviour. A refreshed behaviour management strategy has introduced a succinct one-page plan for each child, detailing each child's needs, behaviours and risks, what works well for them and what is unhelpful. The plan is written in consultation with each child. Although these plans are being implemented, they are not consistently kept up to date to reflect children's current needs. This can limit the usefulness of the plans.
45. While children reported that they generally feel safe in the centre, levels of violence, separation and the use of force are still high. Leaders understand the reasons behind this and have taken steps to safeguard children and staff during these incidents.
46. Conflict resolution is not consistently timely or sufficient to help children manage disagreements. The limited availability of conflict resolution staff through the summer has reduced opportunities to resolve conflicts, such as bullying and the impact of different gang affiliations. Nearly all children have at least one peer they cannot mix with, and care is taken to place them on residential units where they can safely interact with peers and access a full routine. Opportunities to mix more

widely, other than in education, have reduced since March 2023. Children reported that they wanted to experience more mixing than is currently allowed.

47. Leaders reinforce the importance of de-escalation as a primary tool in managing incidents as part of the behaviour management strategy. Staff demonstrate patience in engaging with children to help them understand what is prompting their behaviour and helping them to calm. In a small number of incidents, opportunities for staff to intervene earlier and prevent arguments between children from escalating were missed. Pain-inducing techniques have been rarely used, and only to protect people from serious injury when there is no alternative. Any incidents are subject to robust scrutiny.
48. The improved oversight of the use of force has been maintained. Prompt reviews ensure that concerns about staff practice or harm to children are identified and referred to the safeguarding team. Governance benefits from body-worn camera footage as well as CCTV and regular multidisciplinary review meetings. These are all forums in which staff's actions, the needs of individual children and systemic themes are discussed and managed.
49. When children are not allowed to mix with other children due to the risk they pose, plans are in place to ensure that their routine mirrors that of their peers until they can safely rejoin the group. Children have the opportunity to discuss the reasons why they are not allowed to mix with others with a duty director, which helps to identify actions to support timely reintegration.
50. Single separation, where children are locked in their rooms because they present a serious risk to themselves or others, is used appropriately and for short periods. Children in these circumstances are safeguarded through regular checks.
51. The safeguarding team's work is embedded across the centre. Improved training and awareness-raising are ensuring that staff at all levels understand their safeguarding responsibilities, and this has led to an increase in safeguarding referrals.
52. Safeguarding referrals are swiftly triaged, and rapid action is taken to help keep children safe. The safeguarding team works collaboratively with the local authority designated officer (LADO) and the police. Although there have been delays in alerting the placing authority of historical concerns for a small number of referrals, there was no impact on the safety of children. Children are regularly and carefully updated on progress, with outcomes discussed with them and formalised through letters. This could be further strengthened by using language that is more child-friendly, informed by children's ability levels.
53. Senior management meetings share relevant information to assess and manage risks to children. Emerging trends are shared with managers and staff to mitigate risk and improve safe practice. If safeguarding referrals are made as a result of the use of restraint, the LADO has access to CCTV recordings and other records of

incidents. This is in addition to the established systems for quality assurance of the use of restraint in the centre.

54. Children understand the incentive scheme and they feel that this helps them to develop positive social skills and behaviour. Some children said that some staff are inconsistent in awarding points.
55. Staff understand why some children self-harm and take prompt action to help keep children safe. Assessments completed with the healthcare team are thorough, and inform effective safety and well-being plans. Actions are overseen and managed by the child's core support team, including relevant departments, and are regularly reviewed at a range of children's planning meetings, depending on levels of need. This recognises changes to children's vulnerabilities and supports a swift response. As a result, children are kept safe and, when risk reduces, plans are reviewed and closed so that children are not unnecessarily subject to intrusive monitoring.

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

56. There is a palpable culture shift towards a child-centred approach across the centre. Children are regarded as children with needs and vulnerabilities first and foremost. This was evident throughout the inspection across all parts of the centre. A committed director and senior leadership team provide a clear vision that is keeping safeguarding central to decision-making. Senior leaders are described as visible, supportive and present by staff and children alike, and they demonstrate a knowledge of the children in their care. The voice of children has been strengthened and children are shaping service improvements, such as improved handling of complaints.
57. Despite the commitment, hard work and child-centred approaches driven by determined leaders, which have maintained good-quality services in meeting children's healthcare and education needs, staffing challenges have impacted the consistency of care and support that children receive. The impact of a rapid, periodic expansion in the centre's population, coupled with the introduction of girls with additional and complex needs, has led to staff attrition and increased sickness absence. Despite best efforts and careful consideration to prepare for these significant changes, more could have been done to mitigate the impact on staffing at an earlier stage by building resilience across the workforce, such as achieving a better understanding of the specific needs of girls.
58. Senior leaders stated that, in their opinion, a number of children have been inappropriately placed at the centre, as the centre is unable to meet their needs. The director is a strong advocate for children, and where she has deemed it appropriate to do so, has challenged placement decisions and escalated matters to relevant professionals and local authorities, including requesting advocacy for children from the Howard League for Penal Reform.

59. While leaders have prioritised maintaining, where possible, children's routines and protecting education time, this has been to the detriment of delivering conflict resolution support and the quality of resettlement work. Minimum staffing levels have not been consistently achieved, so there have been occasions when children are locked in their rooms for longer than they should be. At the time of this inspection, the rate of incidents of assaults and use of force, although reducing, is high. Children told inspectors that they feel safe and have positive relationships with most staff. Some children said that they are guarded in investing in relationships due to their experience of staff regularly leaving.
60. Progress has been made against the majority of recommendations from the previous inspection. As a result, the urgent notification and rectification notices have all been closed, reflecting the progress made. Investment in safeguarding is helping to keep children safer, the programme of refurbishment has been completed (including better ventilation), children are attending education and achieving good outcomes, and children's healthcare needs are promoted and met well. As a result, children's day-to-day experiences continue to improve.
61. Internal and external partnerships are strong. This is supporting a broadening of enrichment activities for children, as well as strengthened oversight of safeguarding activities. A breadth of performance review, auditing and regular independent monitoring through the Youth Custody Service is providing an improved understanding of children's experiences and provides assurances that children are safe and cared for.
62. Senior leaders have introduced a number of new initiatives that are providing relationship-based and tailored approaches to meeting individual children's needs. The implementation of the 'one plan' equips staff to better understand children's backgrounds, needs and potential behavioural triggers to support appropriate management of behaviour. A refreshed behaviour management strategy is starting to reduce the use of force. Daily senior leadership team meetings are used well to share information across all departments, including about any specific incidents involving children, so there is a swift and effective multidisciplinary response. The introduction of an enhanced support offer is helping to support children's changing vulnerabilities. This is helping children to have their needs met quickly and appropriately.
63. Recruitment and retention are a challenge. Many staff have left the centre and staff sickness absence has increased. Robust systems ensure that staff are appropriately supported to return from sickness absence through tailored plans that rebuild their confidence. Leaders are taking a more innovative approach to recruitment, supported by significant additional funding, to broaden the range and reach of recruitment opportunities. This is showing some success.
64. The training offer has been strengthened and is more scenario based, providing staff with a realistic understanding of what safeguarding and child protection comprise, and the role and functions of the teams involved. Tracking mechanisms

monitor staff training needs, which are identified through regular and improved supervision. This is helping to develop the necessary skill levels in the workforce. Given the turnover of staff, training has focused on ensuring that new staff have the right skills and knowledge, while also developing a greater focus on trauma to help staff better understand and meet children's needs, as well as helping them to build personal resilience to cope with the stress of working in a secure environment. The majority of staff enjoy working at Oakhill and show commitment, flexibility and dedication to delivering a high-quality service. However, staff report that they cannot sustain this level of intensity in the longer term. Some staff who had been removed from their role in maintaining children's core routines felt that this is lowering staff morale.

65. Senior managers have a good understanding of staff attrition. Robust monitoring of staffing and analysis of exit interviews have translated into senior managers taking action to improve staff retention through a number of initiatives. Many staff leave without completing their probationary period. New recruits are now becoming familiar with the centre earlier, as part of their core induction training. The recent implementation of a senior leadership mentoring programme and protected shadowing time is providing enhanced guidance to new staff, in addition to on-the-job training. Many of these initiatives are in their infancy, and it is too soon to evaluate their effectiveness in the longer term.

What needs to improve:

Recommendations

- Improve children's quality of care by:
 - having sufficient, skilled staffing across the centre that meets children's diverse needs and supports children's routines, including ensuring that they are not locked in their rooms during normal waking hours;
 - ensuring that all children who achieve platinum status in the incentive scheme but who are unable to live in the enhanced house at that time receive the same rewards as their peers;
 - promoting the use of the dining room to maximise opportunities for children to eat communally and to socialise.
- Improve children's education by implementing an appropriate reading curriculum and ensure that children with low-level reading skills receive the support they need, such as through phonics teaching, to help them to develop their reading skills quickly.
- Improve the help and protection children receive by:
 - providing timely conflict resolution to increase opportunities for more children to mix with their peers when it is safe for them to do so;
 - helping staff to feel confident and to intervene in disputes between children at an early stage to prevent escalation to violence and the need for physical restraint.

- Improve children's resettlement by helping to prepare them to return to the community through the delivery of high-quality interventions, key working, high-quality ROTL and regular family days.
- Improve children's health by ensuring that all healthcare areas meet infection control standards.
- Improve leadership and management by strengthening quality assurance arrangements for education and secure, independent monitoring of safeguarding concerns.

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), and Section 80 of the Children Act 1989. His 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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Secure training centre details

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