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. 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 70 children resident at the time of the inspection: 68 boys and two girls.

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

Inspection dates: 21 to 25 October 2024

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	inadequate
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 the last inspection: 2 to 6 October 2023

Judgement at the last inspection: requires improvement to be good

Recent inspection history

Inspection date	Inspection type	Inspection judgement
March 2024	Assurance	No serious or widespread concerns
October 2023	Full	Requires improvement to be good
16 May 2022	Full	Requires improvement to be good
4 October 2021	Full	Inadequate

Inspection judgements

Overall experiences and progress of children and young people: inadequate

1. Children's overall experiences and progress are inadequate because of significant shortfalls in the help and protection of children, specifically in the use of single separation. Some children are placed in single separation (locked in their bedrooms) when they refuse to attend education. A small number of children have been separated from other children for extended periods due to risk, and the rationale for continued use is not always clear. The impact of separation on children is not appropriately assessed or monitored by health professionals during these periods, to ensure that children's health and emotional well-being are protected.

2. Children receive poor healthcare and the quality of education they receive has declined since the last inspection. There have been a number of improvements which are enabling some children to have positive experiences in some areas of their lives.

3. The multiple care and support plans that identify children's needs and track their progress are completed to variable standards and do not always include all relevant information. As a result, not all staff are aware of children's individual needs or how to meet them, and their practices are inconsistent. This impacts on children's experiences.

4. The responses to children's complaints are poor and not child-centred. A common theme is that they do not address all the concerns raised by children. Some complaints are not independently investigated and some responses are about issues children have not complained about. Managerial oversight is ineffective in identifying these weaknesses.

5. Most children said that they are involved in decision-making and asked for their opinion and views about their care, support, transitions and activities. Children have access to an independent advocacy service that provides them with additional support if they need it to make their voice heard. Youth council meetings and other forums enable children to influence the development of the centre.

6. Meetings for and about children are child-centred. They focus on listening to their views and encourage them to be involved in discussions and decisions. The tone and style of the meetings makes children feel relaxed and comfortable.

7. Leaders and managers are striving to instil a transparent and nurturing culture that is child-focused and inclusive. Nevertheless, this is not consistent across the centre. Resettlement and conflict resolution teams base their activities

around children's needs, but this is not replicated in all departments. Consequently, children's experiences are inconsistent.

8. Leaders help children maintain regular face-to-face contact with those people who are important to them. Contact with family and friends has improved with the introduction of the new family support worker.

9. Most children said that they have good relationships with staff and those able to mix with their peers have positive relationships with each other. Some children spoke less favourably about their relationships with staff. Despite this, children told inspectors they have someone they trust and who they can go to for support. Children said they are happier and feel more settled when they can work consistently with the same staff.

10. Staff across the centre eat in the dining hall, and leaders continue to encourage children to use this facility to increase opportunities for socialising. Some children said they prefer to have their meals in their house unit as the dining hall is unwelcoming and uncomfortable. Children say that the quality of food is variable and although leaders report that there have been many improvements in the quality and variety of food, some children do not feel that enough has been done to address their concerns.

11. Children's religious needs are supported by several religious leaders who provide spiritual guidance and advice when children request this. However, the unavailability of custody officers on some occasions means that children are not always able to practise their religion in the multi-faith room and are reliant on religious leaders visiting them in their house units.

12. The centre is currently undergoing a programme of refurbishment. Parts of the centre are nicely furnished and well maintained, while other areas are sparsely furnished in comparison. Living areas for children are too small for the number of children being cared for. This means that not all children live in a comfortable or stimulating environment.

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

13. Teaching and learning are of variable quality. A number of new teachers and learning support assistants are still in the process of getting to know the children, and do not always use the information available about children to plan effectively for their learning. Some lessons do not meet the needs of children, which means that they are not always learning at the pace they are capable of. Some teachers use poor questioning techniques to assess whether children have learned a topic and to help them correct misconceptions. In other lessons, teachers explain concepts clearly and helpfully encourage children to practise a skill. In these cases, teachers confidently help children to see the relevance and application to their daily lives of what they are learning.

14. Children's attendance levels at education are high. Leaders, managers and staff place a great emphasis on ensuring that the children attend education promptly and in an orderly way. Children's behaviour in class is good. They are kind and supportive to their peers and they challenge each other to be courteous to visitors. The more confident children articulately and respectfully challenge teachers' views if they disagree with them.

15. Leaders have not gathered enough information on the progress that children make in areas such as attendance, standards of work or skills development. This means they have a very narrow view of children's true educational progress. Since the last full inspection, most children have achieved a qualification in English and mathematics. However, children have made little progress in English in the last four months. An assessment of all children's English knowledge and skills gaps has not taken place. This curtails teachers' knowledge of children's needs and prevents good, targeted planning of learning. Therefore, children do not learn what they need and at pace.

16. Since the last full inspection, there has been a lack of continuity in the leadership of education. As a result, many processes related to the management and oversight of education have not been in place. For example, managers have not undertaken enough quality assurance activities to ensure that the quality of education remained of a good standard. Staff have not had enough opportunities to share best teaching practice and to undertake training and development that would benefit their teaching skills. Teaching and learning observations have now been swiftly reinstated by the head of education.

17. The quality of teaching has deteriorated. The education department has undergone a number of staffing challenges in the last six months. Several teaching posts have been covered by managers and several manager and teaching vacancies are at different stages of the recruitment process and have not yet been filled. Class sizes have increased and classes have become more challenging to teach. Staff have demonstrated great levels of adaptability and volunteered to teach across a variety of subject areas, often outside their expertise, to secure a full education timetable for children.

18. Leaders have not conducted a review of the curriculum for some time and the current education and vocational offer does not fully meet the needs of children in several areas, such as hospitality and art. There is a significant shortage of English lessons and a need to increase the number of mathematics sessions. Certain vocational subjects such as music and construction are not currently running. There are no qualifications being delivered in the kitchen and the barista facilities are not being used for learning useful hospitality skills.

19. Leaders have increased the profile of reading in the centre, but the reading strategy is not fully embedded in education. The accelerated learning sessions lack structure and purpose, and many teachers are not yet fully aware of the

details regarding the reading policy. Leaders have not yet measured the progress that children have made towards improving their reading skills.

20. Children continue to access a broad range of after-school clubs that enable them to develop life skills to help them lead independent lives as they grow up. Cooking, personal care and hygiene, and an understanding of the importance of fitness are just a few of these skills. Children are not supported by teaching staff to develop the correct employability behaviours as they are not wearing the correct personal protective equipment (PPE) in areas such as design technology and the kitchen. Leaders immediately addressed these safety risks during the inspection.

Children's health: inadequate

21. Children receive inconsistent and at times unsafe primary and mental healthcare. In addition, governance systems have failed, so there is a lack of sufficient oversight or awareness of the declining quality of healthcare.

22. When children present with primary care needs, the health service is not always meeting these needs. A small number of children have had significant injuries for which it is unclear whether they have received the appropriate treatment. Children are not receiving immunisations and vaccinations, and health staff are not aware of the children who require these. Not all children with long-term conditions are having their needs met. For example, annual reviews are not taking place when additional monitoring is required.

23. Children's known mental health needs are not being addressed in a timely manner. For example, a child had been identified as being at the onset of a mental health crisis, yet there are insufficient plans in place to set out the actions needed to help to support the child.

24. Audits are ineffective and have the potential to place children at risk. For example, medicines audits have failed to identify expired immunisations and unsafe storage practices for some medicines.

25. Children see a GP within 24 hours of arriving at the centre, to identify their health needs at the earliest opportunity. Children access opticians, dentists and physiotherapy swiftly. There is active health promotion to help improve children's oral hygiene.

26. Children's physical and mental health needs are not always met. For example, while it is positive that a speech and language therapist (SALT) is now employed at Oakhill, there has been insufficient SALT provision, and there is no clinical psychologist. For some children, their known needs prior to admission were not identified, assessed or addressed at Oakhill. As a result, these children do not receive the ongoing care they need.

27. Children told inspectors that they were happy with the substance misuse advice they receive. However, staff do not have the skills and experience to deliver this to children. No member of the team has worked in this field previously, nor received clinical supervision or any training in substance misuse treatment.

28. Healthcare planning is weak. A number of children do not have plans that identify their health needs. Plans that are available do not always reflect current need, and do not always identify how children's wide-ranging health needs are to be met. Children are not involved in the creation of their plans and in one case inappropriate language was used to describe a child.

29. Record-keeping is poor and does not promote safe or accurate understanding of children's care and these records do not help children to understand their journey. Not all staff were able to locate key documents relating to the care of children. Many records are missing or incomplete, and there is no record of the outcomes of children's clinical appointments.

30. At the last full inspection, a recommendation was made for the centre to improve infection prevention and control in the treatment rooms. Despite some improvements, this has still not been adequately addressed. Some areas have not been cleaned for a significant period of time and audit processes are ineffective. Leaders took immediate action during the inspection to address this.

Children's resettlement: requires improvement to be good

31. While there has been positive progress in a number of areas of resettlement practice since the last full inspection, there continues to be very limited intervention work. Children are therefore not being supported in key areas to help them be successful on their return to the community. Only three children have completed an accredited offending behaviour programme in the last 12 months. The psychology team's work is reactive and incident-led, so some children do not receive the support they need. This was identified as an area for improvement at the last full inspection and has not been addressed.

32. Caseworkers now have manageable caseloads and are no longer routinely redeployed to duties that take them away from helping the children they are supporting. Workers know children well and support them well. Children said they like their caseworkers and understand their targets.

33. Resettlement planning starts from the moment children arrive at the centre, irrespective of their sentence or remand status, with the formulation of bespoke care plans that reflect the needs of each child. These plans are child-centred and reflect children's views. Remand planning meetings are effective multidisciplinary forums reviewing children's preparation for release, next steps at court and contingency planning should the child be released. Children's voices are central to these meetings and parents are encouraged to be involved, to support good planning.

34. Sentence and remand planning commences with a forensic psychology-informed 'My Story' being drawn up within seven days of a child being admitted to the centre. This is a useful document to help staff get to know children.

35. A national population review has been carried out due to the shortage of spaces in custody. Decisions which have been largely outside the control of Oakhill have interrupted support for some children, in particular, those about to be granted release on temporary licence (ROTL). Leaders appropriately challenged some of the decisions, enabling some children to stay at Oakhill. Given the restricted timescales prescribed to Oakhill, this impacted on how prepared children were, despite staff's best efforts to prepare them to move on.

36. While the number of children granted ROTL is small, temporary release opportunities are maximised. When there is sufficient time to appropriately plan for children, they receive well-structured temporary release, which is helping to prepare them for life outside the centre.

37. Release planning is good and children have accommodation to go to. Escalation processes are effective and appropriately challenge responsible authorities. However, some children did not know where they were going to go until the day of their release. More children are now having education or training placements identified before their release. This helps with continuity of learning and development of skills, to support greater job opportunities in the future.

38. Since the introduction of the family support worker earlier this year, three family days have taken place. These are engaging, inclusive and thoroughly enjoyed by all. These events enable children to spend quality time bonding and making memories with their families. Leaders ensure that all children benefit from these activities, including those who do not have contact with friends or family. The centre encourages community professionals, volunteers or caseworkers to attend, in line with the wishes of children. Enhanced visits enable children to spend quality time with their families.

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

39. Some children are placed in single separation when they refuse to attend education. This means they are inappropriately locked in their bedrooms during education hours. Both staff and children reported that this was common practice. A small number of children have been separated from other children for extended periods due to the risk they posed to others. The rationale for ongoing separation of children and the efforts to ensure that it ends at the earliest opportunity are not always clear. The impact of extended separation on children is not appropriately assessed or monitored by health professionals to ensure that children's health and emotional well-being are protected.

40. Levels of violence have reduced since the last full inspection, despite an increase in the number of children at the centre. The conflict resolution team delivers high-quality interventions that actively contribute to the reduction in violence at the centre. Low-level conflicts between children are well managed on a daily basis through immediate resolution, as part of the centre's behaviour management strategies. This is helping children resolve their differences at the earliest opportunity, preventing escalation.

41. The use of force has reduced significantly since the last full inspection. There has been one use of pain-inducing techniques to prevent serious injury. Minimising and managing physical restraint coordinators and managers provide robust scrutiny and challenge, which is maximising learning opportunities that are used to improve practice.

42. The rewards and sanctions scheme is more consistently applied than at the time of the last inspection, helping children to develop positive social skills and behaviour. Children said they valued the rewards they could earn and felt they were a good incentive.

43. When children self-harm, this is managed well by staff. Children said they feel safe and have a member of staff they can talk to. There are, however, insufficient timely and focused health approaches to reduce the potential for further incidents.

44. The resettlement team provides initial risk assessments and information about each child. However, these documents are not consistently available in the house units for all staff to refer to, to assist them to provide appropriate and safe care to children.

45. Safeguarding systems have been strengthened. There is a robust response to concerns which are referred to local authority children's services and/or the local authority designated officer. A newly introduced multi-agency approach means that concerns are now triaged, and this is supporting improved safeguarding activity across the centre, including training and allegations management. Recruitment has been strengthened. Managers follow safer recruitment processes and additional enhanced checks are completed by the vetting team. This means the right people are employed to work with vulnerable children.

46. Twice-daily handover meetings are well attended by all departments. Communications are informative and this enables all staff to understand and quickly respond to children's changing needs.

The effectiveness of leaders and managers: inadequate

47. Senior leaders are not aware when some children are being singly separated (locked in their bedrooms) when they refuse to attend education. This is a

serious shortfall that also demonstrates a disconnect between unit managers and senior leaders. The director took immediate action to stop this practice when this was raised by inspectors.

48. Some children are separated from their peers for significant periods, sometimes for many days. During these periods, children are always with staff and follow the usual centre routines, with some adaptions. Although these incidents are regularly reviewed, the rationale for ongoing separation of children and the efforts to ensure that it ends at the earliest opportunity are not always clear. Significantly, there is no oversight by health staff to assess what impact this has on children's emotional and mental well-being and what support children may need. Although leaders provided verbal reassurances that the reasons for these lengthy separations were in the interests of safeguarding children, there is limited evidence that appropriate mechanisms are robustly applied.

49. Since the last full inspection, the quality of health and education provision for children has deteriorated. Ineffective quality assurance mechanisms, compounded by inconsistent leadership in education and poor oversight of health services, have led to a worsening in the quality of care and support children receive.

50. Despite leaders taking a systematic approach to improvement, a number of recommendations from the last full inspection have still not been sufficiently progressed. The director took immediate and appropriate action to address some of the weaknesses identified during this inspection.

51. Oakhill continues to experience several challenges, such as significant change in the cohort of children in August 2024 due to the population review, changes in the operational senior leadership team and difficulties in recruiting teachers. Despite this, there are some significant improvements in some operational services. There is a reduction in the number of staff vacancies and the centre is now running with staffing levels that are higher than usual. As a result, the frequency of staff being redeployed to work in other house units instead of their allocated unit has decreased. With the exception of children not in education being confined to their rooms, children have been rarely subject to restrictions on the amount of time they spend out of their bedrooms. The number of assaults and use of force are reducing. The conflict resolution team has been expanded and is highly effective, and safeguarding has been strengthened.

52. Although there are performance and quality assurance mechanisms in place, some are ineffective and have not prevented a deterioration in health and education provision for children. Quality assurance mechanisms in health and education have not provided a sufficiently accurate picture of the weaknesses in health services, and there is insufficient oversight of children's educational progress. The director was aware of many of the challenges in education and she had identified some concerns about health services a number of months ago. A director of health is now providing oversight and, more recently, the

head of education has been carrying out robust audit activity. It is too soon to see the impact for children.

53. Excellent targeted work with the local hospital means that children now have a dedicated quiet waiting area there and are seen quickly. Oakhill recognises that children find it difficult when attending accident and emergency following incidents of self-harm. Leaders have strengthened external partnerships, including independent safeguarding reviews.

54. The centre is led by a director who strongly advocates for children. For example, she has escalated concerns about children to the Howard League for Penal Reform, which has secured accommodation for children in preparation for their release. The director and her leadership team are visible and accessible to both children and staff. As more children are placed a significant distance from their families, leaders recognise the importance of preserving family relationships and provide financial support to enable children to see their loved ones. There have been a number of successful family days.

55. Staff well-being is a priority, and the culture is one of high support. Leaders listen to staff to understand pressure points, through human resources forums and learning from exit interviews which is collated and monitored, with actions identified and taken. This is helping to reduce the number of staff leaving. The introduction of 'you said, we did' and a regular newsletter which recognises and celebrates individual achievements is helping the centre to communicate across all services. The additional mentoring of new staff through a nominated senior leadership team is providing good regular support.

56. The format of supervision has very recently been strengthened to provide a greater focus on children and their needs. It is too soon to see the impact of this. Staff supervision is regular, providing an opportunity for staff to discuss their well-being and performance, review training needs and identify any performance issues, so that practice expectations are made clear. Leaders take assertive authoritative action if staff behaviour falls below expected standards. Disciplinary processes are robust and swift and appropriate safeguarding action is taken.

57. Training has been strengthened for operational staff, but this has not been replicated across the education department. A skills analysis has recently been completed, helping leaders to adapt training plans. The initial training course for officers continues to be refined, providing more practice-based skills. Core training has recently been expanded to include mental health first aid, reflecting the complexities of the needs of the children living at the centre, as well as supporting a child-centred ethos.

What needs to improve:

Recommendations

- Immediately cease the use of single separation when children do not attend education and do not meet the criteria set out in Rule 36 of the Secure Training Centre Rules.

- If children are separated for extended periods, there must be a clear recorded justification for its ongoing use. Healthcare professionals should retain access and proactively monitor the health and well-being needs of a child who is separated. Healthcare staff should also ensure that any new healthcare or well-being needs which arise (physical or psychological) are identified and met. If support is refused, the reason should be recorded, and repeated attempts should be made.

- *Improve the quality and impact of health support for children by:

  - ensuring that children's wide-ranging health needs are swiftly assessed;
  - ensuring that appropriate and timely interventions are delivered to meet children's assessed needs, in line with national guidance;
  - ensuring that there are clear care plans in place which are reflective of children's current needs;
  - ensuring that all health records are accurate and accessible to staff;
  - ensuring that all healthcare areas meet infection prevention and control standards;
  - carrying out effective medicine audits and ensuring safe storage practice for medicines;
  - ensuring that governance systems are accurate and effective at identifying shortfalls in the service provided.

*****These matters are subject to enforcement action by the Care Quality Commission.

- Improve the quality of education by:

  - having sufficient teachers and learning support assistants with the relevant subject knowledge and skills and supporting the development of their pedagogic skills, as necessary;
  - reviewing the curriculum so that it meets the needs of children, and that its content is broad and ambitious to enable children to learn as much as possible;
  - improving the progress that children make in English and completing the launch of an effective reading strategy, monitoring its impact and the improvement of all children's reading skills.

- Improve leadership and management by strengthening quality assurance arrangements for:

  - education, to identify and improve key areas of teaching and assessment and to monitor a broader range of children's progress in knowledge, skills and behaviours

over and above qualification achievement, and to gain a true picture of children's development;
- healthcare, so that there is a good understanding of the quality and impact of health provision for children so that weaknesses can be identified and addressed at the earliest opportunity.

- Improve the response to children's complaints so that children's concerns are independently investigated and fully addressed. Children's views as to whether they are satisfied with the outcome should be recorded and if they are not satisfied, they are informed what they can do next. Responses to children should be made in a way that is child-friendly and meets their communication needs.

- Improve children's resettlement by helping to prepare them to return to the community through the delivery of high-quality interventions that address the reasons why they are placed at Oakhill STC.

- Improve care planning so that plans are comprehensive, integrated across the centre, effective in tracking children's progress and provide staff with sufficient information about children's individual needs to promote consistent practice.

- The Youth Custody Service should conduct a review with the centre director of the number of children that the centre can appropriately look after, so that children's needs are met in respect of the space and services available to them.

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.

Joint inspections involving Ofsted, His Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) are permitted under paragraph 7 of Schedule 13 to the Education and Inspections Act 2006. This enables Ofsted's His Majesty's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of their functions.

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

Secure training centre details

Provider name: G4S Care and Justice Services

Director: Michelle Price

Inspectors

Lisa Summers, His Majesty's Inspector, Lead Inspector, Ofsted
Thirza Smith, Social Care Regulatory Inspector, Ofsted
Gary Turney, Social Care Regulatory Inspector, Ofsted
Maria Navarro, HMI Further Education and Skills, Ofsted
Catherine Raycraft, Inspector, Care Quality Commission
Esra Sari, Inspector, His Majesty's Inspectorate of Prisons
David Foot, Inspector, His Majesty's Inspectorate of Prisons
Shaun Common, His Majesty's Inspector, Quality Assurance Manager, Ofsted

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

This publication is available at www.gov.uk/government/organisations/ofsted.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: http://eepurl.com/iTrDn.

Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted