

Inspections of secure training centres

Inspection of Oakhill

Report published: Tuesday 21 November 2017

Overall effectiveness	Inadequate
The safety of young people	Inadequate
Promoting positive behaviour	Inadequate
The care of young people	Inadequate
The achievement of young people	Requires improvement to be good
The resettlement of young people	Inadequate
The health of young people	Requires improvement to be good
The effectiveness of leaders and managers	Inadequate

Inspection dates: 2 to 6 October 2017

Lead inspector: Sheena Doyle, HMI

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Overall effectiveness	Inadequate
<p>The overall functioning of Oakhill secure training centre is inadequate. Many recommendations from the last inspection in January 2017 have not been met. Senior managers are aware of the changes needed to bring the centre up to acceptable standards. Some improvements are underway, such as developments in the vocational areas and the refurbishment of a small area of one living unit. However, there have been insufficient improvements since the last inspection and the centre has deteriorated in most aspects, including safety, care, education, resettlement and the effectiveness of leaders and managers. The general behaviour of young people has deteriorated; many instances of unacceptable behaviour such as swearing, intimidation and vandalism are not being challenged by staff.</p> <p>Since the last inspection, there has been a change of director and changes to senior staffing arrangements. Some posts are temporarily filled, including those of director and deputy director. Increasing numbers of staff who work on the living units are new and inexperienced. The workforce's knowledge of, and skills in, managing young people is too variable. Many staff lack confidence and knowledge of how to manage behaviour effectively. This includes inappropriate use of the rewards and sanctions scheme, single separation, not intervening early and effectively to prevent situations escalating, and not encouraging young people to attend education.</p> <p>Senior managers have plans to increase the skills and training of the workforce, including the senior management team and first line managers. Most of this has not yet happened, so most staff and managers are not yet equipped to fulfil their roles.</p> <p>Some key services have been reduced since the last inspection: the resettlement team of case workers is smaller and there are no psychology services. The psychologist, at the centre on a temporary secondment, is tasked with reviewing arrangements. There are no clinicians available to deliver psychiatric or psychological interventions to this vulnerable group of young people who have highly complex needs. There is a severe lack of suitable interventions to address young people's offending behaviour, including no interventions to address sexually harmful behaviour. The centre does not have a sound resettlement strategy that sets out young people's needs and challenges, and what is needed to meet them.</p> <p>There is very little understanding of the needs of the young people in the centre. Staff compile detailed accounts of young people's backgrounds, but they are not sufficiently trained or equipped to analyse the information, or use it to inform assessments and plans. There is little consideration of the potential risks that young people pose to others, including to other young people and staff. Staff and young people are placed in potentially risky situations that should have been considered and minimised in advance. Young people's vulnerabilities and risks to themselves are not well managed. Some safety plans seen did not take account of important historical information, and these shortfalls were not rectified at subsequent reviews.</p> <p>There has been an increase in assaults, fights and restraints since the last inspection. The volume of restraints means that only a small proportion are subject to external</p>	

independent review, and the internal specialist team has a backlog of footage to review. This negatively affects the learning for staff as there is a delay between their involvement in a restraint and feedback from the internal team about how to improve practice. This feedback is important given the increase in the number of serious injury and warning signs reported during restraints, such as young people saying they were unable to breathe.

Many aspects of safeguarding are inadequate. Not all safeguarding concerns are referred to external statutory services swiftly enough, there is no governance oversight of the use of the bedroom shower viewing panels, and records of body searching and the use of handcuffs are incomplete and do not provide assurance of appropriate use. Bullying incidents have not been properly investigated to establish what happened and therefore bullying has not been challenged or addressed.

Young people continue to say they feel unsafe in those areas of the centre that are not covered by CCTV, such as in education areas and all the stairwells. Despite efforts earlier in the year to negotiate funding to extend CCTV, there has been no progress made. Arrangements for anyone to raise a security concern about any aspect of the centre are appropriate and accessible, but more needs to be done to ensure that all concerns are logged and responded to.

Too few staff model good care for the physical environment and ensure that young people carry out necessary chores and are encouraged not to damage their bedrooms or communal areas. Young people rarely face negative consequences for poor behaviour. The centre is poorly maintained and it is particularly concerning that doors and locks are damaged, resulting in some being difficult to open and close.

Improvements to vocational training areas are underway, but many options remain unavailable because of staffing issues and outstanding infrastructure problems. There is very little use of ICT because the technician is waiting for clearance from the provider's recruitment services, the music teacher lacks the facilities to use musical instruments, and the popular food technology lesson takes place in a room with old equipment which requires a deep clean. The quality of support from secure care officers in lessons is too variable.

Young people are not presently encouraged to express views about life in the centre through attendance at formal groups, including the diversity group. This is a missed opportunity to promote tolerance. Their induction into the centre is done sensitively by staff, but they are shown a misleading video and given misleading written information about what to expect. A high proportion of young people arrive late at the centre at night, which impedes the ability of staff to settle them in properly and assess their immediate needs and risks. The food provided for young people needs improving in quality and quantity.

The centre is currently operating at near maximum capacity and there is no evidence that staff can adequately care and control this volume of young people.

Recommendations:

Immediately:

- All young people's plans, interventions and risk assessments require urgent reviewing to ensure that they take full account of the young people's offending histories, abuse histories, vulnerabilities, and other key events in their lives. Risk assessments should be regularly updated to ensure that they are effective and help to keep all young people and staff safe.
- All staff who work with young people should be aware of their risk and behaviour management plans. These plans should clearly set out what staff should do to maximise the safety of all young people and staff.
- Ensure that all managers at all levels are sufficiently competent and experienced to execute their roles effectively.
- All staff should be confident and consistent in ensuring expected standards of behaviour and that rules, incentives, rewards and sanctions are applied fairly.
- All allegations of abuse or harm should be responded to in accordance with internal policies, statutory guidance, and to the satisfaction of external safeguarding partners such as the local authority and the police service.
- Ensure that all incidents of bullying are responded to swiftly, investigations are thorough and completed, and subsequent actions are monitored to reduce bullying.
- Young people's psychological needs, including their offending behaviour, must be addressed swiftly with appropriate interventions and young people should have access to sufficient psychiatric and psychological services.
- All force and restraint should be proportionate and subject to independent oversight.
- Suicide and self-harm assessments and plans should be fully recorded and take account of all available information when being constructed and reviewed.
- All single separations should be properly authorised and recorded. There should be a clear policy on longer term separation that provides for a full daily regime and specifies the need for concerted efforts to resolve the issues leading to the separation.
- Ensure that all searches are proportionate to risks and are fully recorded.
- Improve communication and collaboration between education staff and unit staff to ensure effective joint working to better support young people's behaviour and attendance.
- All impediments to implementing the new curriculum should be addressed so that it can be got underway. This includes vetting new staff as swiftly as possible and refurbishing the teaching areas.

- Review the policy and procedures relating to the use of bedroom shower viewing panels to better promote young people's safety, privacy and dignity. The use of these panels should be appropriately monitored and authorised to reduce the potential for misuse.
- Ensure that all handcuff use is properly authorised and recorded, including any times when handcuffs are removed.
- Managers should immediately and regularly assess the safety of the environment and remove or repair all hazards promptly.
- Ensure that substance misuse staff receive formal recorded supervision.

Within three months:

- All relevant staff should be competent in assessing risk and understanding the nature of offending.
- Improve and then maintain the condition of the residential units to ensure that they provide a suitable standard of accommodation to meet young people's needs.
- The use of ICT should be resumed to improve teaching resources and enable young people to develop these skills and achieve accreditation.
- Good standards of cleanliness should be maintained throughout the centre, with young people being encouraged and assisted to take responsibility for their rooms and communal areas.

Within six months:

- Extend CCTV coverage, particularly in those areas that young people repeatedly describe as unsafe, including the education department and the stairwells.
- Increase the opportunities for young people to express their views about the centre and be involved in future developments.
- Update the information available to young people when first admitted to the centre to ensure that it is child-friendly and provides an accurate description of what they can expect.
- Develop an effective resettlement strategy informed by a comprehensive needs analysis.
- The centre should work with the Youth Custody Service to reduce the number of young people who are admitted late at night to the centre.
- Ensure that all measures are in place to reduce the potential for any security intelligence reports to be mislaid.
- Food provision and portion sizes should be reviewed to ensure that they are adequate and appetising.

Service information

Oakhill Secure Training Centre (STC) is one of three purpose-built secure training centres and is situated near Milton Keynes. It is currently managed by G4S Care and Justice Services Limited. The STC offers secure accommodation for up to 80 male young people aged between 12 and 18 years who have been sentenced or remanded to custody. Healthcare is provided by G4S under a service level agreement, with appropriate access to community-based services. Education is provided onsite by G4S. At the time of the survey, during the first week of the inspection, 75 young people aged 14 to 17 years were resident.

Inspection findings

The safety of young people	Inadequate
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1. The actions, governance and oversight of safeguarding arrangements by managers and senior staff are largely ineffective. These failures significantly affect the safety of young people. Current safety arrangements do not consistently provide young people with the appropriate or necessary level of protection. Responses from managers and centre staff to serious and significant safety and welfare concerns, such as incidents of bullying, neglect or abuse, are inadequate. Staff at all levels continually fail to respond as required to events or situations that place young people potentially at risk of serious harm.
2. Managers do not adhere to the centre's safeguarding policies and procedures. For example, a recent allegation of multiple assaults made by a young person relating to a member of staff was investigated by managers without consultation or discussion with the designated officer or safeguarding team for the local authority. Managers do not consistently refer allegations of abuse or harm in line with internal child protection procedures or statutory guidance on inter-agency working. They are unable to provide reassurance that all allegations are appropriately and swiftly addressed. This means that young people's safety and protection is compromised.
3. Records of referrals made to external safeguarding agencies do not show that managers always inform young people about the actions that they have taken to respond to their concerns and prepare the young people for their potential next steps. There are no records showing that these young people receive suitable practical or emotional support throughout the process.
4. Not all child protection records are completed to a satisfactory standard. Chronologies lack critical details and some records are vague, requiring a further review of case records to establish what has happened. For example, after a young person made an allegation of harm following a physical restraint, the chronology states that managers became aware of 'some practice concerns' about a member of staff, without saying clearly what these concerns were. This lack of clarity means that it is not possible to be assured that the wider risks posed are being considered when individual allegations are being investigated.

5. Young people say that they are aware of how to raise concerns, both with centre staff and the independent advocacy service. However, too many young people report that they do not feel that centre staff always listen to them or take their concerns seriously. A significant proportion of young people say they do not feel safe in the centre and do not feel that staff will, or can, protect them from harm.
6. Managers and staff do not address all incidents of bullying. The vast majority of bullying concerns raised between January and July 2017 remain unresolved. In some cases, concerns passed to residential managers for investigation during this period have yet to be considered. Some of the young people concerned have left the centre, although others remain. Staff informed inspectors that these concerns were now 'written off'.
7. A high percentage of recorded bullying incidents refer to young people sustaining physical injuries. It is extremely concerning that most of these incidents are categorised as 'no further action'. The log does not include the reasons for these decisions. When bullying concerns are substantiated, staff open 'tracking logs' to monitor bullying behaviour. Young people are asked to complete bullying packs to consider the impact their actions have on the welfare and safety of others. The effectiveness of these arrangements is not monitored and is questionable as the number of recorded incidents of bullying continues to rise significantly.
8. Issues of bullying raised by young people through transfer requests are not systematically included in the log of bullying allegations. From January to September 2017, this equates to 60 occasions when young people have cited bullying and/or negative relationships with peers as a reason for requesting a unit or centre transfer. The lack of collation of all bullying concerns raised through different routes conceals the likely full extent of bullying issues. Managers could not clearly articulate the impact of bullying on young people.
9. Self-harm and suicide risk assessments (SASHs) completed by staff at the point of a young person's admission are extremely variable in quality. Some initial SASH records show careful multi-disciplinary discussions to share and analyse known and potential risk factors. Others did not consider critical relevant information such as previous serious mental health concerns. This means that any subsequent safety and welfare plans, support plans or full SASH logs may not reduce the risk of harm to young people.
10. From a random sample of six SASH assessments, no staff had signed to say that they had read and understood the content of these plans as is expected. This indicates that the plans are ineffective and staff are not aware of the actions required to maintain young people's safety and reduce their risk of harm.
11. Searching of young people and the environment is not always proportionate to risk. Although revised procedures mean that dignity and/or full searches are no longer standard practice on admission, records do not set out the circumstances in which dignity or full searches are justified. Staff do not complete these records in sufficient detail to clarify why a particular type of search was warranted. As a result, there are many occasions when young people are subjected to full searches for unclear or undisclosed reasons. Of the eight full search records sampled, only one was properly recorded. Four records did not include the signature of the duty director to authorise more intrusive searching.

12. Efforts to reduce the presence of prohibited items in the centre are not balanced well enough with proportionate searching. Staff continue to use generic terms such as 'contraband items' in search records, meaning that records do not specify what items they are looking for. When prohibited items are found, staff do not clearly record any follow-up actions taken, who they contacted and when, or if they completed any required additional actions, such as notifying external agencies.
13. The quality of the search records of staff arriving on site is poor. Several of the records sampled did not include the date, any reference to whether prohibited items were found, or the full names of the members of staff searched. There was no evidence in the staff search records for August 2017 that those staff who were searched at the start of their shift, and then left the centre during their shift to take an authorised break, were searched again when they returned. This provides staff with an opportunity to bring prohibited items into the centre.
14. In addition to the viewing panels in bedroom doors, each young person's room has a shower viewing panel. The policy pertaining to use of these viewing panels is weak as it fails to emphasise the potential for misuse. There is no reference to the need to maximise young people's privacy and dignity. Although staff are aware of the circumstances when they are permitted to use these panels, such as significant risk of self-harm, there is a lack of governance of their use. For example, duty directors and managers do not audit control room logs to ascertain how often staff access these panels, as they should. The logs do not include the rationale for why it was deemed necessary to use the shower viewing panel. Although the policy states that close circuit television (CCTV) will be trained on the bedroom corridors when staff use the shower viewing panels, there is no evidence that managers subsequently view this footage to ensure that there is no improper use. This is a failure of governance.
15. The lack of CCTV coverage in some parts of the centre, including stairwells, kitchens, and the education department, significantly compromises young people's safety. Young people completed an internal safeguarding survey in May 2017 which found the same concerns that have been identified on many occasions previously, that they do not feel safe in the areas of the centre that are not covered by CCTV. Centre managers have sought additional funding to extend CCTV coverage, but there have been no changes or plans to improve arrangements.
16. The use of handcuffs is subject to appropriate policy guidance, which sets out which circumstances warrant their use, for example when young people need to leave the centre for emergency medical treatment. Between January and September 2017, handcuffs were used on 63 occasions. However, 15 records of their use are incomplete. Four records sampled do not include a risk assessment to establish the need for handcuffs, were not authorised by the duty director as required, and made no reference to whether the handcuffs were removed during medical appointments. The failure of staff to consistently adhere to the policy means that the appropriate use of handcuffs cannot be verified. This shortfall was raised at the last inspection.
17. Any member of staff can easily and swiftly raise a concern about any matter that could compromise the safety and security of young people and/or the wider centre. This is done with senior managers via an appropriate security intelligence reporting system (SIRs). However, these records are 'loose-leaf', posing a risk of them going

missing. Inspectors raised this issue at the last inspection. The SIRs are appropriately analysed to identify any patterns or trends, and these are reported into regular reviews of safety and security in the centre.

18. Young people are not consistently transferred to the centre from other destinations at an appropriate time of day. For example, 22 of the 125 admissions to the centre occurred after 10 o'clock at night, and three of these occurred after midnight. To date, senior managers have failed to secure improvements through raising concerns with the Youth Custody Service in Her Majesty's Prison and Probation Service responsible for commissioning this service. Despite this shortfall, most young people report that they felt safe during their first night at the centre. They confirm that they were provided with a meal and the opportunity to contact a family member or a significant person.
19. Contingency and emergency plans are in place to determine appropriate responses to safety and security issues. These plans are tested through live exercises with local emergency services as well as through desktop exercises.
20. All centre staff have been trained in the implications of the Counter Terrorism and Security Act 2015 and 'Prevent' duties, and are aware of possible indicators of radicalisation. Policies and procedures demonstrate appropriate partnership working arrangements between the centre and the regional police counter-terrorism team.

Promoting positive behaviour	Inadequate
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21. The management of young people's behaviour has deteriorated since the last inspection. Indicators such as the number of violent incidents and uses of restraint and single separation have increased. The centre does not have a convincing strategy to reverse this upward trend and does not analyse and interrogate the data sufficiently to fully understand and address the issues it is dealing with. Some young people's poor behaviour has a disproportionate impact on the number of incidents at the centre. Areas for improvement identified at the previous inspection have not been achieved.
22. The methods that staff have to manage behaviour are largely unchanged from the previous inspections. Information about the rules of the centre is shared with young people when they arrive, but the standards of behaviour expected from them are not consistently reinforced by staff. This includes acceptance of lower level poor behaviour. For example, swearing by young people often goes unchallenged, and lunch is poorly managed on some units, with young people taking and swapping food with little supervision. Most young people keep the observation panels in their bedroom doors covered, which makes it difficult for staff to ensure that young people are safe and well in their rooms, and there is insufficient challenge of this to re-establish staff control over decisions on visual checks. One restraint reviewed would not have been necessary if the observation panel had been uncovered.
23. There are still some young people with access to privileges that are not consistent with their behaviour. Young people have televisions and other equipment that

should only be available to those who are behaving in a way that is consistent with the rules of the centre.

24. In our survey, two thirds of young people thought the incentives and sanctions scheme was fair, but only 57% thought it encouraged them to behave well. The centre is developing a new incentives scheme, but enforcement and oversight needs to improve for any incentives scheme to have a positive influence on behaviour.
25. Staff and young people told us that there is inconsistent enforcement of the available sanctions between different residential units and by different staff on those units. Sanctions include the loss of privileges on a sliding timescale of up to 72 hours. Currently, staff have leeway regarding how long a loss of privileges should last, resulting in too much variance. Some use is made of mediation and reparation following poor behaviour, but this is under-developed.
26. Behaviour reflection action plans, intended to help young people improve their behaviour, are deployed inconsistently and poorly. Inspectors saw a young person given his plan to write comments on while eating his lunch with others in the communal area. This gave no opportunity for a private review with staff of his behaviour so far that day. A behaviour support team has recently been formed to support work with young people showing poorer behaviour. This is potentially a positive initiative, although it is too early to judge its impact.
27. The number of violent incidents at the centre remains very high and has increased since the last inspection, as have injuries as a result of assaults. There were 330 assaults on staff and young people between March and August 2017. The number of fights between young people remains relatively rare, with 14 reported over the same period. Improved links with Thames Valley police are leading to more assaults being investigated externally, with a few leading to criminal charges. Young people said that staff generally intervene quickly to try to defuse situations. However, the volume of violent incidents indicates that this is not effective.
28. Staff and young people were injured over 80 times during assaults between March and August 2017, and 12 of these injuries were serious. Assaults against centre staff, including some who are newly recruited, have increased. Some of these assaults have been extremely serious and have resulted in hospitalisation. This is likely to impact on the confidence of staff in their interactions with young people.
29. Although incidents of poor behaviour are recorded, they are not analysed and used to inform behaviour management plans. One young person demonstrated an increasing pattern of intimidation of female staff, including spitting in their drinks. When he made a serious threat to have a female member of staff killed, managers did not consider or assess whether this threat was credible, despite his conviction for murder. Staff on the units had no guidance or specific instruction about how to deal with this young person.
30. The use of force and restraint has increased since the last inspection, when it was an average of 70 restraints each month. Over the six months prior to this inspection, force was used an average of 110 times each month. Allowing for lower numbers of young people at the centre for part of the six months reviewed at the last inspection, this indicates an increasing reliance on the use of physical restraint. Although highlighted as a concern by Milton Keynes Safeguarding Children Board in

their 2017 review of restraint at the centre, restraints that include the use of a head hold increased from 30 in July to 52 in August 2017.

31. CCTV and body-worn camera footage viewed during the inspection showed that some staff lack confidence in deploying restraint techniques. Some struggle to maintain control of the young person they are restraining. This can both prolong the restraint and escalate the level of restraint used. Some staff seemed unsure how best to support colleagues and young people during an incident. Opportunities to intervene earlier in a way that could have avoided restraint were missed in some of the incidents reviewed.
32. Pain-inducing techniques were used nine times on five young people in August, a big increase from previous months when it was often not used at all. Young people told us that other restraints, including those not designed to deliberately hurt, are painful. This further questions the use of pain-inducing techniques.
33. Many young people have an informative Minimising and Managing Physical Restraint (MMPR) handling plan which sets out known medical conditions that could be adversely affected by the use of force. These plans should be widely known to ensure that all young people are restrained as safely as possible. Staff on units knew what MMPR plans were, but not all could tell us where we could find them for young people on their unit and they were not aware of their content. This means those staff may deploy holds that will harm a young person and renders the MMPR plans ineffectual.
34. Thirty-nine incidents have resulted in serious injury and warning signs (SIWS) being reported to the MMPR national team between March and August 2017. Many of these were after young people reported problems breathing during a restraint. It is a welcome improvement that nurses attend restraints and complete medical checks of young people afterwards.
35. Oversight of the use of force and restraint is not robust. The weekly 'use of force' meeting only considers a small sample of restraints. Two are selected by the Youth Custody Service and the only others reviewed are those which involved pain inducing techniques or which generated a SIWS notification. Because most restraints are not subject to this multi-agency review meeting, this weakens the independent oversight of restraint. One meeting in September did not have any external attendees and the local authority was not represented at any of the meetings in September.
36. Incidents involving use of force and restraint are quality assured by a team of three MMPR coordinators, who review the CCTV and body-worn camera footage as well as the paperwork completed by staff involved in the restraint. This is a good process, but it is currently unable to keep pace with demand, thereby severely limiting its impact. There was a backlog of 64 incidents waiting to be quality assured during the inspection. Completed quality assurance and dip sampling by managers identifies where individual staff need to receive advice, guidance or training. Themes and common issues are picked up and the wider staff group is advised of these through learning circles and morning briefings. However, the backlog means that there is a delay of weeks between a member of staff's actions in a restraint and the feedback they need to improve their practice when shortfalls are identified.

37. Post-restraint reviews with young people are not providing useful information for the centre. Records note that the majority of young people do not want to discuss the restraint afterwards. However, some young people told inspectors that they were not offered the chance to discuss their restraint. An inhibiting factor is likely to be that the MMPR coordinators, who are expected to engage with young people after a restraint, are often actively involved in those restraints. This compromises the likelihood of young people seeing them as impartial and instead could be seen as part of the problem, not the solution. The lack of feedback from young people about how they perceive restraints and what else would have worked inhibits the centre's ability to reduce restraints.
38. Use of single separation is higher than at the previous inspection, on average used 39.5 times each month over the previous six months. Not all instances had been properly authorised. Some staff spoken to were uncertain about what constitutes single separation. Twelve young people in 2017 have been separated from their peers for long periods of time, sometimes weeks, to ensure their safety or that of other young people. The high needs of and risks around these young people were clear, with two eventually transferring to specialist units. However, 12 young people spent considerable time being separated from their peers while at the centre and more needs to be done to understand and mitigate the negative impacts on those who experience extended periods of separation.

The care of young people	Inadequate
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39. The physical environment has deteriorated since the last inspection. Refurbishment of the living units has recently started, but is expected to require at least 40 weeks to complete. The standard of the residential units is poor, with most areas being poorly maintained and appearing institutional. The lengthy refurbishment timeline and ongoing difficulties in curbing poor behaviour makes it difficult to see how this can provide a fresh start, as refurbished areas will be under pressure from damage if behaviour management does not improve.
40. Managers are not maintaining sufficient oversight of the physical environment and care practice. Not all managers and staff are leading by example and acting as positive role models for young people. There is no evidence that cleanliness is promoted throughout the centre, or that young people are encouraged to take responsibility for, or pride in, their surroundings. Some areas are untidy and unclean, including doors that had been spat on and remnants of meals from the previous day in communal areas. One unit fridge seen, used to store food for staff and young people, was extremely dirty and contained uncovered raw meat stored above pork pies. Young people have decorated their bedroom walls with inappropriate illustrations relating to violence and offending behaviour. Many areas contain graffiti, some of which is gang-related, and all of which appears to be unchallenged.
41. There is considerable damage throughout the centre, some of which poses a risk to young people and staff. In one communal area, an electrical wall socket was damaged and live wires were exposed. Staff were unable to confirm whether this room had been put out of use and were not sure if the damage had been reported.

This is particularly concerning given that young people have recently caused fires using sparks from electrical appliances and wires in sockets. Some doors have been damaged by repeated kicking. The extent of the damage suggests that staff have not been expedient in addressing this behaviour. Many doors are difficult to lock and unlock, and some locks are loose. This presents a risk to staff and young people should they need to pass through them quickly.

42. Most viewing panels in bedroom doors have been covered on the inside by young people. The sophistication of the fixings for some of these coverings suggests a high degree of permanence. It means staff cannot complete required visual checks to ensure that young people are safe and secure in their bedrooms without opening the doors, and this should be unnecessary.
43. An assessment of the suitability of the size of the living units has been undertaken by the provider, as recommended at the previous inspection. This has resulted in the small offices in communal areas on some of the units being re-converted to provide space for young people to use. However, the communal areas on the living units are still too small to comfortably accommodate the physical size and volume of staff and young people working and living there. The necessity of living in such close proximity to others is likely to contribute to the high level of fights and assaults. It will also exacerbate the problems of those young people who have a disability, which means they become more anxious when in close physical proximity to others.
44. Inspectors saw some good, respectful interactions and positive relationships between young people and staff. However, inspectors also saw occasions when poor, often intimidating, behaviour, such as shouting, swearing and kicking property, went unchallenged. This, combined with the inconsistent application of rules, sanctions and incentives, undermines relationships and leaves young people and staff vulnerable.
45. Unit staff – secure care officers – are expected to take responsibility for specific young people on each unit, to encourage positive relationships. However, many young people spoken to did not know who their allocated officer was. Moreover, staff do not always work on their allocated unit. During the inspection, many staff told inspectors that they were not working on their designated unit. This adversely affects their ability to get to know the young people on their unit well and develop skills in managing their behaviour.
46. Young people are shown a video and provided with an introductory booklet when they first arrive. Both require updating and some of the language in the booklet needs simplifying. Content of the video leads young people to anticipate activities and arrangements that are not in place and creates potentially avoidable frustration. It also creates a disconnect between what they are told to expect and what they find.
47. The designation of one unit as an induction unit is a positive initiative intended to give staff the opportunity to get to know each young person, help them settle in, and complete a range of risk assessments before they move to their allocated unit. The induction unit's senior residential manager acknowledges that the full potential of the unit cannot be realised. This is because the unit is also used to accommodate young people who must be moved off other units to keep them, or others, safe. Therefore, the composition of the unit does not always support good induction.

Some young people are on the unit because they cannot mix safely on other units. They do not behave consistently well, and are not good role models for new admissions.

48. Sentence management plans and risk assessments are available on each of the units and are expected to be the primary source of advice and information for unit staff about each young person. However, these plans are often not clear or detailed enough to help staff understand how to safely care for the young people. Several staff spoken to during the inspection had little or no knowledge of the young people in their care. This compromises their ability to build safe relationships while managing the inherent risks and daily challenges that these young people present.
49. Access to recreational activities, particularly at weekends, is often limited because of staff availability and prohibitions on some young people mixing with others. Many young people described being bored outside of the education day, and there is little communal activity to provide stimulation and enjoyment, and enable them to use excess energy. This is exacerbated by the enrichment team being under-staffed.
50. Arrangements for young people to maintain contact with approved family and friends outside of the centre are good. Young people have good access to phones. The capacity to facilitate video calls is a welcome development. Face-to-face contact is accommodated in suitable surroundings and the engagement visit scheme is well used to facilitate family visits. Very good work has been done to support young fathers. For example, one young father has been enabled to spend time with his child in the community. Volunteer visitors are provided for those young people who do not receive visits.
51. Young people know how to complain, although it is concerning that 24% of respondents in our survey said they did not make a complaint because they were worried about what would happen to them. Some young people spoken to said they did not have any confidence that anything would happen as the result of a complaint. Matters that centre managers acknowledge as complaints are appropriately investigated, and there were 263 complaints between January and September 2017. Young people are informed of the outcomes.
52. Young people meet with an independent advocate soon after admission, ensuring that they understand the role of the advocacy service and how to access it. The service is primarily used to assist with securing suitable accommodation upon release. Young people are routinely seen by the advocate following their first restraint, but not after subsequent restraints. The number of young people asking to see an advocate during their stay has declined and is low compared to other secure training centres. This is surprising given the high numbers of restraints and assaults. The centre has not explored the reasons for the low uptake.
53. Translation services are available for young people whose first language is not English. Interpreters are used when necessary. Staff have made very good use of translation software, picture symbols and finding staff who speak the same language as the young people.
54. Arrangements for faith observance are appropriate. The chaplain and the imam facilitate regular opportunities for worship and are proactive in ensuring that they are accessible to all young people from the point of admission and throughout their

stay. On a few occasions, the chaplain has not been able to hold a Sunday service because of centre staff shortages.

- 55. The management of diversity has continued to improve. All young people are seen by the chaplain when first admitted, to ascertain their individual needs. Complaints regarding discriminatory behaviour are taken seriously and are carefully scrutinised. The 19 reported incidents since January 2017 have all been responded to appropriately.
- 56. Monthly diversity meetings are reasonably well attended by representatives from the different departments across the centre. There is appropriate focus on topics relating to the nine protected characteristics. However, young people are not involved in these meetings or discussions. This is a missed opportunity to promote a culture of tolerance and see what diversity means to them.
- 57. Formal consultation meetings with young people have not taken place for several months. This means that there is currently no forum to obtain and consider young people's views, opinions and ideas.

The achievement of young people	Requires improvement to be good
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- 58. All young people make progress in many subject areas during their time at the centre, most achieving levels above those identified at their initial assessment. Those who arrive with low ability in mathematics and English make better progress over time because of focused attention on improving their literacy and numeracy skills. The education manager and her team have worked hard to maintain standards and adapt the curriculum to improve young people's knowledge and skills and to prepare them for independence. Staff are well qualified, although opportunities for training and professional development have lessened in recent months.
- 59. Despite significant turbulence, achievement continues to be good for most young people. Young people are often working towards GCSE awards and a range of vocational qualifications. A small number of young people are on course to undertake AS and A levels over the next few months. Entry level, level 1 and level 2 functional skills awards in English and mathematics are prioritised and nearly all young people leave the centre with at least two awards above their initial assessment level in functional skills. Information and communication technology (ICT) has not be available since June and therefore no accreditation has been achieved.
- 60. The progress of young people continues to be monitored effectively. Data is analysed regularly and used well to keep track of young people's progress. Under-achievement is also monitored and this information is reflected in individual education plans. Weekly tutorial sessions enable young people to discuss their work and to review targets. Young people enjoy the opportunity to discuss and challenge their experiences in education. When asked, young people could describe the levels they were working at in English and mathematics.

61. The quality of teaching and learning overall requires improvement, although there are strengths. In the majority of lessons, good planning and use of appropriate resources enhance learning and engage young people. Teachers generally use good coaching and feedback skills when developing themes within lessons. They encourage young people to share their views and listen attentively, and check out understanding with incisive and thoughtful questioning. In one English lesson, young people quickly picked up the comprehension theme through a well-planned question and answer game. Teachers could mostly demonstrate effective classroom management skills and sound techniques to keep young people focused and on track.
62. A small number of teachers are not using appropriate strategies to increase young people's interest and keep them engaged. In a minority of lessons, work was not planned carefully enough to ensure that all young people understood the lesson's objectives and the tasks to be achieved. As a result, young people struggled to concentrate and engage positively. Starting points of young people were not used effectively to plan for individualised learning, and this was impeding their progress. Poor planning led to unintended consequences. On one occasion, the teacher arrived late and introduced a topic that the young people had already covered the day before. In another lesson, the teacher distributed handouts about Black people's history. These were poorly printed and contained too much information. In both instances, young people quickly lost interest and poor behaviour was exacerbated.
63. The quality of young people's work on file was variable. Some work showed too little attention to improving writing skills and presentation. However, in most files, marking is up to date and feedback is used effectively to help young people understand what they have done well and where they need to improve.
64. The support provided by secure care officers who accompany young people to the education department is too variable. Some officers support lessons well, helping teachers to keep control and encouraging young people to engage and stay on track. Others did not demonstrate these skills and sometimes failed to intervene when one or more young people became unruly.
65. Learning walks by the headteacher around the education areas take place, supplementing half-yearly lesson observations by the senior team and external education advisers. These are well documented and are used to reflect practice with teaching staff. Given the current variable profile of teaching and the behaviour issues observed, this is too infrequent.
66. The curriculum offer is broad and includes a strong emphasis on English and mathematics. Young people enjoy the more practical subjects such as physical education and art. Hair and beauty, food technology, the multi-skills programme and bike workshop continue to be popular vocational pathways offered to post-16 young people. Teaching is focused on learning practical skills for life and work which is accredited and suitably challenging. The short length of lessons in academic subjects, including humanities, science and business studies, and the limited vocational offer for most young people has prompted a curriculum review. Plans to introduce a more flexible and vocationally based programme for all young people have faltered because of long delays in vetting recently recruited tutors.

Refurbishment of some education areas has also stalled, for example in horticulture and motorbike maintenance.

67. More work is required to ensure that all areas are safely and suitably equipped to cope with a potentially higher volume of young people undertaking vocational subjects. A music tutor has been in post for four months, but music technology has not been introduced because the tutor does not have access to any instruments and refurbishment of the music studio is too slow. The food technology area is popular, but is inadequately equipped. The floor surface is difficult to clean and keep clean. This requires urgent rectification.
68. ICT is currently not being used in classrooms or work areas because a new ICT technician is still awaiting vetting clearance. Most electronic boards are out of action and require more robust protection. Laptops and notepads are not in use except in one-to-one sessions. The absence of ICT has significantly undermined the quality of information and materials developed by teaching staff. Although paper-based ICT lessons occur, the lack of equipment is preventing young people's ICT skills development.
69. Classroom accommodation and resources to support learning are reasonably well maintained. The effective use of wall space to display young people's work and enhance the learning environment was evident in English, mathematics, science, art and personal and social education classrooms, but much less so in vocational areas. In a minority of lessons, the overuse of handouts and limited access to hands-on resource materials reduced opportunities for independent learning.
70. The work of the education welfare officer, the learning support assistants (LSAs) and special educational needs co-ordinator (SENco) continues to be very strong. Young people respond positively to targeted one-to-one sessions with the LSAs and progression is good. Even the most disruptive and poorly behaved young people in shared lessons work hard when taught in one-to-one sessions. The SENco has drafted education and healthcare plans for some young people because of rigorous initial and ongoing diagnostic assessment of their learning difficulties and additional learning needs. This helps secure the resources they require.
71. Careers interviews are available for young people prior to leaving the centre and are well used by them. Educational and vocational destinations after leaving the centre are generally good. Nearly all young people either return to school, have a college placement or find employment before they leave. Collaborative work with the centre's resettlement team and the myriad schools, colleges and youth offending teams across the country is successful because of the tenacity of the education welfare officer and the SEN team.
72. Opportunities for young people to participate in education outside the centre have reduced since the last inspection. This is disappointing, particularly for those young people who are doing well in education and wish to extend their work experience with external placements. Some young people are working towards catering qualifications in the centre's main kitchen.
73. Access to enrichment activities are restricted due to understaffing in the mobility team and the unacceptable behaviour of some young people. Centre managers are concerned about some community organisations withdrawing their commitment to

working with the centre. Despite this, the mobility team continues to work hard to keep communication and engagement open with potential and longstanding providers. There is much work to do to ensure that young people can experience a broad range of extra-curricular activities that will help develop their social and interpersonal skills, and prepare them for independence.

- 74. Attendance has dipped slightly since the last inspection, in most part because of an increase in authorised absences and a slight increase in education refusal. There is no consistent approach from residential staff to encourage regular attendance and to challenge the more spurious reasons for non-attendance. Furthermore, work set by LSAs and teachers for young people refusing to attend is not monitored sufficiently well on the residential units and work is often not completed or is 'lost'.
- 75. Behaviour by young people in education was variable from class to class. The majority are generally respectful of staff and each other and behave well in lessons. However, a significant minority are extremely disruptive, using poor language and threatening behaviour on some occasions. Some teachers and secure care officers struggle to manage this behaviour. A small number of young people expressed frustration to inspectors that the disruptive behaviour of a few was impacting on the quality of their education. In the longer term, this will have an increasingly detrimental impact on learning outcomes for all young people and requires urgent attention.

The resettlement of young people	Inadequate
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- 76. The critical role of resettlement, including reducing risk, reducing offending behaviour and preparing for release, is undermined by several key issues. A general lack of understanding of the risk that young people pose to others means that risky and sometimes highly violent behaviour is not managed or reduced. This is a significant omission, leaving staff and young people at potential risk of harm. There are a few pockets of effective practice and some good work is undertaken by resettlement workers.
- 77. The centre gathers comprehensive information about young people from a range of sources, including parents and youth offending teams, from the point of admission. This information underpins initial assessments and case overviews. These are added to over time and become detailed chronologies which are regularly reviewed. However, key information is held on a variety of forms and records, some of which are duplications, making it hard to identify each young person's key information. Moreover, this information is not well analysed and means sentence management plans and risk assessments do not consider key factors such as significant previous offending behaviour.
- 78. There is also insufficient consideration of the complex histories that most young people have had. There is insufficient consideration of the impact of childhood trauma, the effects of involvement in gangs, and the nature of offending. The impact of these issues, including their combined impact, is not well considered or understood. This means that there is no effective guidance for staff when dealing with young people, or to inform general behaviour management arrangements.

79. Inspectors found numerous examples of these shortfalls. One example was a young person who had been subject to child protection plans in the community because of physical abuse from his father, but there was no consideration of how restraint might trigger flashbacks. There was no consideration of how his upbringing might inform his expectation of adult control, or why his responses were to try and protect himself, resulting in a rapid escalation of incidents.
80. Case managers have to spend considerable time and effort extracting key information from the documentation that arrives from young people's home youth offending teams (YOTs). This is because the template shared uses older technology. The centre does not have the necessary infrastructure to support the electronic assessment tool currently used by YOTs, e-Asset Plus. Assessments sent by YOTs are very lengthy, making it difficult for case workers to extract key information.
81. The resettlement team has reduced in size since the last inspection, with two managers instead of three. The wide responsibilities of these managers mean that they are unable to fulfil all their duties. They are unable to provide management oversight for, and quality assure, all the work of the resettlement workers. In particular, they are not aware of the quality of interventions that the staff are delivering or whether the interventions are the right ones. Some resettlement case managers have not had any training on harm and risk reduction, which is a shortfall.
82. The resettlement team's current strengths are in developing good relationships with parents and YOT workers and keeping others informed of each young person's progress. They promptly notify relevant people if a young person is involved in an incident or restraint. The practical aspects of release planning are identified and pursued. Remand and pre-release reviews focus well on the needs of the young people and hold local authorities to account. Young people see their case managers frequently and said they could rely on them to act on issues raised. Formal reviews are well attended by centre staff, external professionals and family members. Young people are supported to attend their reviews. The tracking system deployed effectively shows each young person's resettlement status and flags any concerns that may negatively affect their return to the community. Difficulties in securing resources are escalated effectively, meaning that most young people benefit from knowing in advance where they will be living upon release.
83. A range of appropriate meetings are held across the centre. However, the effectiveness of these is undermined by key staff not attending. For example, resettlement meetings are not always attended by staff from the residential units, and resettlement workers do not attend the specialist interventions meetings. This results in critical information not being shared and known about by relevant staff.
84. The centre currently holds 17 young people who are sentenced to two years or more in custody. This is approximately 24% of the population. There is no strategy for managing these young people that considers how the length of their sentence may impact on them and affect their behaviour. One young person serving a very lengthy sentence was asked on admission if he was concerned about the length of his sentence. Because he said he was not, there has been no further exploration of this with him, or any consideration of how to motivate him to conform to appropriate rules.

85. Induction arrangements do not always consider the risks that some young people may present to the public. Eligibility for multi-agency public protection arrangements (MAPPA) are not fully considered so that all agencies, including those with responsibility for community safety, have sufficient time to plan for the protection of the public. The centre has plans to create a database of MAPPA-eligible young people, but this is not yet in place. Case tracking undertaken by inspectors found cases where MAPPA eligibility had been missed. Inspectors are not assured that all eligible young people are being appropriately considered for MAPPA oversight.
86. Risk assessments of young people in the centre are inadequate. Risk management plans tend to be lists of issues rather than outlining specific actions to manage risks. There is insufficient consideration of how to reduce and manage the risk of harm to others. Known risks are not assessed, understood or managed. Inspectors found numerous examples of these shortfalls. For example, one young person's conviction for long-term serious sexual offences against a child and the potential risk he poses to other young people was not considered in his management plan.
87. Some risk assessments only take the young person's most recent offence into account, omitting consideration of previous offending. Some recent offences were only partially considered, for example not assessing the aggravated element of burglary in one young person's assessment. One young person was assessed as low risk to others by being in custody, despite a conviction for the rape of a stranger. Inaccurate risk assessments such as these have further negative consequences. It masks the need to undertake work with him and gives a false impression of his risks to girls and women. No consideration of the risk to female staff was considered.
88. Inspectors are so concerned about the multiple and serious deficits in risk assessments of the young people in the centre that we have asked for all young people to be reviewed urgently.
89. Gang involvement by young people is not well understood or managed. No consideration of research into gang activity has been considered. Although there are some systems to identify and keep rival gang members apart, there has been no consideration of how gang association can distort young people's thinking, for example in relation to trust of authority, views about girls and women, and issues of loyalty. Resettlement plans are not clear about how gang-related risks should be managed.
90. There are very few programmes available to address offending and other risky behaviours. Delivery is undertaken by case managers on a one-to-one basis. These are not delivered systematically and the outcomes and quality are not overseen. There are no interventions at all to address sexually harmful behaviour or the use of violence. A psychologist working at the centre on secondment has recently begun to undertake a needs analysis of required interventions. This is a positive move, but the current shortfalls remain.
91. Inspectors do not know if re-offending rates are being monitored by the centre. This information was requested during the inspection but was not received. There is no current analysis of needs and the resettlement strategic plan is out of date. The detail of this plan is not known by the head of care and resettlement. There is some good monitoring of post-release outcomes, but not for all young people. The data

that is available is not used to improve services or to help understand what work is effective.

- 92. Young people have good opportunities within and outside of the centre to offer reparation. The involvement of family members and community-based professionals in reparation helps with continuity of this after their discharge.
- 93. Episodes of time outside the centre to help with resettlement have reduced significantly since the last inspection, from 83 to 38. Activities are positive and are appropriately risk assessed beforehand. However, they are too few to support all eligible young people’s resettlement plans. There have been no instances of release on temporary licence since the last inspection, which is a shortfall.

The health of young people	Requires improvement to be good
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- 94. Young people have access to a range of age-appropriate services that are delivered by a core team of staff, including regular bank staff. Health staff have a good understanding of young people’s needs and generally engage them well. Young people have access to a range of services, such as substance misuse, immunisation clinics, optician, dental and sexual health services. Fifty-one percent of young people in the survey stated that healthcare services were good, which is similar to the comparator, and 91% stated that they could see a nurse or GP if they were ill, which is slightly higher than in the last inspection (86%). The recent draft health needs assessment has highlighted some areas which need attention. A key finding is the limitations of the existing mental health framework.
- 95. The nationally recognised Comprehensive Health Assessment Tool (CHAT) is routinely being completed with young people on arrival. Care plans are put in place promptly where necessary. Further sections of the CHAT, which relate to substance misuse, mental health, learning disability, and neuro-disability, are also completed and generally within expected timescales. These assessments inform care plans and interventions from other professionals. There is good contact with families and other agencies to obtain further information about the needs of the young people. Young people’s refusal to engage in the CHAT screening is carefully recorded.
- 96. Care plans are much improved and tailor-made for individual young people. Record keeping has also improved and is sufficiently detailed. However, the GP’s entries continue to be difficult to read. Both care plans and record keeping were areas for improvement at the last inspection. The absence of an electronic patient recording system such as SystmOne impacts on prompt sharing of information. There is no implementation start date and as SystmTwo is now being rolled out, this will require a new proposal. Despite this, there is no plan to implement an electronic system. Despite this, staff record and share information to the best of their ability.
- 97. Young people have timely access to clinics, the dentist and the GP. The dentist and the GP offer a responsive flexible service, which is symbolic of the good working relationship between the primary care partners. When a new young person is admitted to the centre, they are immediately referred to substance misuse services

and the dentist for initial assessments. They are seen by the GP within 24 hours of arrival.

98. The dental suite has been improved since the last inspection. There is a new, accessible defibrillator and new flooring. Inventories and policies are all signed and up to date.
99. Compared to our last inspection, psychological and psychiatric services are significantly reduced. This means that there are delays in accessing assessments and treatments, with one young person waiting for an intervention since March 2017. The psychiatrist's time is limited to two hours a week, which is largely used to review medicines. The only individual interventions are being delivered by the registered mental health nurses for low level needs. A forensic psychologist has been seconded to review psychological services but is not delivering interventions. An assistant psychologist is in post, but is not qualified to deliver interventions. The recent health needs assessment, behavioural issues and backgrounds of the young people suggest demand is considerably higher than the services available to meet their urgent needs. This is a significant shortfall.
100. Good work continues in the fatherhood group, led by healthcare, and it is regarded very positively by the relevant young people.
101. Substance misuse interventions meet the needs of the young people and a comprehensive referral pathway is in place. Substance misuse workers deliver psychosocial specialist and targeted interventions in one-to-one and voluntary group sessions following a CHAT assessment. However, there is no evidence of formal supervision of staff.
102. Primary care nurses benefit from regular supervision. Employment development reviews (EDRs) are also up to date, as are all required checks and professional registration. Mandatory training is up to date. Appropriate governance arrangements ensure that the national standards for children and young people in secure settings, and the clinical managers and medicines management groups, are effective. Internal and external audits are completed regularly for health and safety, mobility (the movement of young people to external hospital appointments), admissions (time of arrival to the centre), sexual health, medicine management, infection control, immunisations and complaints.
103. Complaints from young people are now confidential, which is an improvement since the previous inspection. Envelopes are provided for all complaints, which are routed directly for healthcare staff to deal with. All were responded to appropriately and within agreed time limits.
104. Healthcare delivery follows the NHS health promotion calendar. The health board is updated monthly. For example, there will be a focus on managing blood pressure in October. Health fairs occur twice yearly and young people have an opportunity to take part in suitable health-related activities offered by external agencies as well as centre staff.
105. Medicines management is effective, aided by the introduction of a new medicines provider. Regular audits and visits from the pharmacist ensure rigorous and thorough oversight.

106. Menus are on display in the dining room and indicate which foods are halal, vegetarian or healthier options. Health promotion literature is on display. Young people’s ability to benefit from this guidance is hampered by the limited use they make of the dining room, with lunchtimes being spent on the living units, and many electing not to eat there at other permissible times. The coffee shop ensures that young people can obtain relevant barista qualifications. They have some opportunities for practical experience as a barista but the resource is currently under-developed.
107. As at the last inspection, only 13% of the young people felt the food was good or very good. All those spoken to said the portion sizes were inadequate despite there being sufficient choice. They also criticised the quality of the food, which they said was not always palatable. Inspectors agree with their judgements.

The effectiveness of leaders and managers	Inadequate
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108. The effectiveness of leaders and managers is inadequate. This is illustrated by many key shortfalls. There is a clear line between what happens in practice across the centre, and the actions and effectiveness of managers.
109. Senior managers in G4S do not have a good grip on what is happening in the centre on a day-to-day basis. The centre’s senior managers do not all demonstrate a sound understanding of their areas of responsibility, do not have sufficient professional and technical knowledge of their specialist areas, or understand the full range of weaknesses and challenges. Young people do not see senior managers around the centre enough and some young people were unknown to those responsible for their care. Some managers could articulate a thorough, nuanced understanding of the centre and what has led to the current status quo. However, there is no evidence that the current senior management team has a track record of driving forward improvements at sufficient pace.
110. The fundamental reasons why young people are in the centre are not being addressed; their offending behaviour and the reasons behind this are not being tackled. It is particularly concerning that young people’s violent and sexually harmful behaviour remains largely unchallenged. The risks posed by young people to each other and to staff is not well understood, shared or managed. This places both young people and staff at potential risk of physical and emotional harm, and does not challenge young people’s unacceptable behaviour. Arrangements to identify MAPPA eligible cases are not robust enough.
111. Behaviour management is weak and inconsistent. The incentive scheme is not fulfilling its intended function because it has not been consistently applied. This variability in enforcement is likely to equally undermine the centre’s intended replacement scheme.
112. There continue to be too many assaults, fights and restraints. Some managers described the centre as unsafe to inspectors. They attributed this to the over-representation of new and inexperienced staff, coupled with a population of young people with multiple needs and challenges, and the inconsistent application of

behaviour management techniques. There are also indications that experienced staff are not providing good role modelling or addressing poor behaviour.

113. One manager said that young people are carrying improvised weapons because they do not feel safe. This inhibits some staff from intervening because of the fear of a weapon, and this in turn reinforces the view of young people that staff cannot protect them, thereby continuing the cycle.
114. Too many young people behave disrespectfully towards staff and other authority figures. This includes direct swearing and refusing to comply with reasonable requests. Some staff have received serious threats from young people. These are not followed up effectively or consistently enough to maximise staff welfare.
115. The physical environment is poor. Damage to the environment is extensive. There is considerable graffiti in the communal areas and the bedrooms, some of which is gang-related. There is no evidence of this being challenged and addressed by staff. Too many staff do not model an adequate standard of care or respect for the centre, so it is unsurprising that the young people follow suit. Too many young people have items in their bedrooms they should not have, stockpiling of toiletries is routine, and internal covering of door viewing panels is the norm. This is all indicative of an environment which is not respected well enough by the staff or the young people.
116. The current instability in the senior management team is impacting negatively on the centre. The roles of director and deputy director have been filled by interim post holders for several months, and staff do not know who will be leading the centre in the future. The interim director, with a background in the police service, who was the deputy director appointed in January 2017, has not previously worked in custodial institutions. The head of safeguarding is due to leave shortly, with the new post holder being recruited from the police service vulnerable persons' specialism.
117. The stability of the centre has been further undermined by successive restructurings over the past 12 to 16 months under the leadership of different directors. Senior managers acknowledge that some changes implemented earlier in the year were not successful and did not lead to improving standards of care and behaviour on the units. The current structure, in place since June 2017, is intended to bring about these improvements, but is not yet having this impact. Senior managers attribute this, in part, to the lack of training and skills of staff who are first line managers, and the many staff who require further training to embed the initial training they received. Expected standards of supervision and oversight of staff are not occurring because first line managers' and staff's time is largely taken up with responding to crises and incidents of concern.
118. There continues to be considerable turnover of secure care officers (SCOs) who work directly with young people on their living units. There have been three to 17 leavers each month since January 2017. The peak was in March and April, which saw 17 SCOs leave each month, following a serious assault in March on a member of staff. Recruitment is active and productive, resulting in two cohorts of new staff currently completing the initial training programme. However, the pace and volume of staff turnover have serious implications on the quality of care experienced for young people. Increasingly, the SCO workforce is new and inexperienced.

119. The recruitment and retention strategy is showing early signs of improving some aspects of staff performance, such as reducing sickness and small reductions in the attrition rate. However, staffing remains fragile and continues to need careful attention.
120. Many staff demonstrated positive qualities and good attitudes towards their roles, but too many are unsure of important aspects of managing young people. This includes what should be counted as single separation, how to consistently reinforce the rewards and sanctions scheme fairly, and how to de-escalate situations before they become physical. While some good interactions between staff and young people were seen, poorer or no interactions were also seen, for example staff eating away from the young people despite the expectation of communal lunchtime dining.
121. New staff receive a lengthy induction training programme. However, the inappropriate behaviour of some staff suggests that this not adequately preparing them for operational duties. The programme is insufficiently focused or clear on important areas that help to keep young people safe. For example, safeguarding children is allocated half a day of training and the content is not clear enough or sufficiently orientated towards a secure environment. The training includes community-based examples to illustrate what to do if you are worried about a child instead of more relevant examples of what might occur in a secure setting. Sessions outlining single separation, child sexual exploitation and anti-radicalisation typically last for one to one and a half hours. Given the volume of information that new recruits have to absorb without the ability to apply it in the working environment, it is unsurprising that they cannot remember the detail of these modules.
122. Regular learning circles take place after staff have started working onsite, including safeguarding refresher training, but these have not ensured that all staff can spot concerns and respond to these appropriately. There have been no instances of whistleblowing since the last inspection, although records of disciplinary hearings and viewing of CCTV footage show that other staff are likely to have witnessed inappropriate behaviour on at least a few occasions without raising this with managers.
123. Records of serious concerns, such as safeguarding referrals, are not complete. Too many have gaps and do not give a clear account of the issue, necessitating further enquiries to establish the exact nature of the concerns. For example, inappropriate behaviour from staff is not specified but described as 'practice concerns'. Bullying is not being addressed and evidence of injuries to young people noted on the bullying log have not been followed up. Restraints are reviewed by MMPR co-ordinators, but not always swiftly enough, even for serious incidents. Single separation records are not subject to quality control on a routine basis.
124. Current quality assurance and performance management arrangements do not provide a holistic overview of activities to improve the quality of young people's care and reduce their likelihood of committing further offences or significant harm. Quality assurance and performance management activities are orientated towards contractual obligations and are not synchronised. The provider's internal key performance targets are different to the performance reports required by the Youth Custody Service, and the current taskforce action plan runs alongside both. The lack of integration makes it difficult to judge the centre's overall aims or ensure that all

areas are subject to appropriate scrutiny and assurance. A tested model of quality assurance is currently being refined but is not yet in place.

125. Senior managers can articulate the desired goals for the centre, which are appropriately orientated around providing good quality care and interventions. However, it remains unclear how these can be achieved given the current challenges facing the centre's staff and managers.
126. The centre is currently operating at near maximum capacity and there is no evidence that staff can adequately care and control this volume of young people.

About this inspection

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

Joint inspections involving Ofsted, HM 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. The CQC is also obliged to regulate registered healthcare providers under the Health and Social Care Act 2008. This enables Ofsted's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of her functions.

All inspections carried out by Ofsted, the CQC and HMIP contribute to the UK's response to its international obligations under the UN 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. Ofsted, HMIP and the CQC are all members of NPM in the UK.

The inspection was unannounced. The inspection team comprised seven inspectors: two from HMIP, four from Ofsted and one from the CQC. The inspection was informed by a survey of young people's views undertaken in September 2017 by researchers from HMIP. At the time of the survey, the population at Oakhill STC was 75 young people. Questionnaires were distributed to 72 young people, and 49 were completed, a response rate of 68%. Eighteen young people refused to complete a questionnaire and five questionnaires were not returned. In addition, seven young people were randomly selected for individual interviews with researchers, and these findings were considered alongside all other evidence.

All inspectors drew keys and accessed all parts of the centre. The inspection team considered key aspects of young people's experience of living in the centre and the effectiveness of the support available to them. Inspectors observed practice and spoke with young people. Inspectors also spoke with former residents, their parents and carers, frontline staff, managers, the Youth Custody Service monitor, the designated officer and other key stakeholders, including the advocacy service provider. In addition, inspectors analysed performance data, reports and other management information available within the centre.

This inspection judged how well young people are kept safe during their time in the centre. Inspectors also evaluated how well staff promote appropriate behaviour and manage challenging behaviour in a safe and child-centred manner. Progress in education and skills development, improvements in health and well-being and the effectiveness of case planning for young people to move on from the centre, either to other establishments or back into the community, were also scrutinised.

The centre was inspected against the standards outlined in the inspection framework, published in July 2015. Findings and recommendations should be used to improve practice and outcomes for young people. Progress in relation to areas for improvement will be considered at the next inspection.



Oakhill STC

Summary of questionnaires and interviews

26 September 2017

Introduction

The objective of the STC survey is to give young people the chance to comment on their treatment and conditions in custody, as part of the evidence base during HM Inspectorate of Prisons and Ofsted inspections.

The data collected is used in inspections, where it is triangulated with inspectors' observations, discussions with young people and staff and documentation held in the establishment. More detail can be found in the inspection report.

Survey Methodology

A voluntary, confidential and anonymous survey of a representative proportion of the population of children and young people (12–18 years) was carried out by HM Inspectorate of Prisons.

Selecting the sample

Questionnaires were offered to all young people who were present in the centre at the time of the survey. All young people at the time of the survey were aged between 14 and 17 years.

Completion of the questionnaire was voluntary and refusals were noted.

Interviews were routinely offered to all young people.

Methodology

Every attempt was made to distribute the questionnaires to each young person on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, young people were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable, or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Young people were not asked to put their names on their questionnaire, although their responses could be identified back to them in line with child protection requirements.

If a young person indicated child protection concerns in the survey, these were followed up with the young person before we left the establishment to ensure their safety. This occasionally resulted in allegations being refuted or withdrawn. However, in these circumstances we do not amend the original survey responses on the basis that the responses given reflected the young person’s perceptions at the time when it was initially completed. The survey provides a valid and confidential route for the young person to volunteer information.

Response rates

At the time of the survey on 26 September 2017, the population at Oakhill STC was 75. Using the method described above, questionnaires were distributed to 72 young people¹.

We received a total of 49 completed questionnaires, a response rate of 68%. Eighteen young people refused to complete a questionnaire and five questionnaires were not returned.

Unit	Number of completed survey returns
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¹ Surveys were not distributed to three young people who were at court on the day of the survey.

Oak 1	6
Oak 2	3
Ash 1	6
Ash 2	7
Ash 3	3
Ash 4	1
Willow 1	6
Willow 2	6
Willow 3	5
Willow 4	5
Healthcare	1

Comparisons

Over the following pages, we present the survey results for Oakhill STC.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant² differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in young peoples' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of young people filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

The following comparative analyses are presented:

- The current survey responses from Oakhill in September 2017 compared with responses from young people surveyed in all other secure training centres. This comparator is based on all responses from young people surveys carried out in two secure training centres since April 2016.
- The current survey responses from Oakhill in September 2017 compared with the responses of young people surveyed at Oakhill in January 2017.
- A comparison within the 2017 survey between the responses of white young people and those from a black and minority ethnic group.
- A comparison within the 2017 survey between the responses of young people who reported that they had been in local authority care and those who did not.

² A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Summary

In addition, a summary of the survey results has been included, which shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'I don't have a key worker' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2% from that shown in the comparison data as the comparator data has been weighted for comparison purposes.

Secure Training Centre Survey

Section I: Questions about you

QI.1	Are you?	Male 46 (100%)	Female 0 (0%)					
QI.2	How old are you?	12 0 (0%)	13 0 (0%)	14 8 (17%)	15 11 (23%)	16 23 (48%)	17 5 (10%)	18 1 (2%)
QI.3	What is your ethnic origin?							
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i>							25 (51%)
	<i>White - Irish</i>							5 (10%)
	<i>White - Other</i>							3 (6%)
	<i>Black or Black British - Caribbean</i>							6 (12%)
	<i>Black or Black British - African</i>							3 (6%)
	<i>Black or Black British - other</i>							0 (0%)
	<i>Asian or Asian British - Indian</i>							0 (0%)
	<i>Asian or Asian British - Pakistani</i>							2 (4%)
	<i>Asian or Asian British - Bangladeshi</i>							0 (0%)
	<i>Asian or Asian British - Chinese</i>							0 (0%)
	<i>Asian or Asian British - other</i>							0 (0%)
	<i>Mixed heritage - White and Black Caribbean</i>							5 (10%)
	<i>Mixed heritage - White and Black African</i>							0 (0%)
	<i>Mixed heritage - White and Asian</i>							0 (0%)
	<i>Mixed heritage - other</i>							0 (0%)
	<i>Arab</i>							0 (0%)
	<i>Other ethnic group</i>							0 (0%)
QI.4	What is your religion?							
	<i>None</i>							30 (68%)
	<i>Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</i>							10 (23%)
	<i>Buddhist</i>							0 (0%)
	<i>Hindu</i>							0 (0%)
	<i>Jewish</i>							0 (0%)
	<i>Muslim</i>							3 (7%)
	<i>Sikh</i>							0 (0%)
	<i>Other</i>							1 (2%)
QI.5	Do you consider yourself to be Gypsy/Romany/Traveller?	Yes 5 (12%)						No 38 (88%)
QI.6	Are you a British citizen?	Yes 41 (91%)						No 4 (9%)
QI.7	Do you have a disability? Do you need help with any long term physical, mental or learning needs?	Yes 8 (17%)						No 38 (83%)

Q1.8	Have you ever been in local authority care (looked after)?	Yes 17 (37%)	No 29 (63%)
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Section 2: Questions about your trip here and first 24 hours in this centre

Q2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	Yes 41 (85%)	No 7 (15%)
Q2.2	When you arrived at the centre were you searched?	Yes 40 (82%)	No 4 (8%) Don't remember/ Not applicable 5 (10%)
Q2.3	Did staff explain to you why you were being searched?	Yes 32 (65%)	No 6 (12%) Don't remember/ Not applicable 11 (22%)
Q2.4	When you were searched, did staff treat you with respect?	Yes 34 (69%)	No 4 (8%) Don't remember/ Not Applicable 11 (22%)
Q2.5	Did you see a doctor or nurse before you went to bed on your first night here?	Yes 39 (81%)	No 9 (19%)
Q2.6	On your first night here, did anybody talk to you about how you were feeling?	Yes 33 (70%)	No 14 (30%)
Q2.7	Did you feel safe on your first night here?	Yes 40 (83%)	No 8 (17%)

Section 3: Daily life

Q3.1	In your first few days here were you told everything you needed to know about life at the centre?	Yes 30 (67%)	No 10 (22%) I don't know 5 (11%)	
Q3.2	If you had a problem, who would you turn to? <i>(Please tick all that apply)</i> No-one.....	12 (29%)		

Teacher/ Education staff.....	1 (2%)
Key worker.....	7 (17%)
Case worker.....	10 (24%)
Staff on your unit.....	13 (31%)
Another young person here.....	4 (10%)
Family.....	15 (36%)
Advocate.....	0 (0%)
Other.....	1 (2%)

Q3.3	Do you have a key worker on your unit?	Yes 37 (79%)	No 10 (21%)
Q3.4	Does your key worker help you?	I don't have a key worker 10 (23%)	Yes 27 (63%) No 6 (14%)
Q3.5	Do most staff treat you with respect?	Yes 42 (88%)	No 6 (13%)
Q3.6	Can you follow your religion if you want to?	Yes 25 (53%)	No 2 (4%) I don't want to/ I have no religion 20 (43%)
Q3.7	What is the food like here?		
	Very good.....		1 (2%)
	Good.....		5 (11%)
	Neither.....		15 (32%)
	Bad.....		7 (15%)
	Very bad.....		19 (40%)
Q3.8	Is it easy to keep in touch with your family or carer outside the centre? (for example phone calls, visits)	Yes 37 (79%)	No 10 (21%)
Q3.9	How often do you have visits from family, carers and friends?		
	I don't get visits.....		6 (14%)
	Less than once a week.....		17 (40%)
	About once a week.....		20 (47%)
	More than once a week.....		0 (0%)

Section 4: Behaviour

Q4.1	Does the incentives and sanctions scheme (gold, silver and platinum levels) encourage you to behave well?	I don't know what the scheme is 1 (2%)	Yes 25 (57%)	No 18 (41%)
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		I don't know what the scheme is	Yes	No
Q4.2	Do you think the incentives and sanctions scheme (gold, silver and platinum levels) is fair?	I (2%)	30 (65%)	15 (33%)
Q4.3	If you get in trouble, do staff explain what you have done wrong?	Yes 33 (73%)		No 12 (27%)
Q4.4	Do most staff let you know when your behaviour is good?	Yes 26 (58%)		No 19 (42%)
Q4.5	Have staff ever made you stay in your room away from the other young people because of something you did? (this could include having things removed from your room such as pictures or bedding)	Yes 25 (58%)		No 18 (42%)
Q4.6	Have you been physically restrained since you have been here? (you may have heard it called MMPR)	Yes 26 (58%)		No 19 (42%)
Q4.7	Were you given a chance to talk to somebody about the restraint afterwards?	Not been restrained 19 (44%)	Yes 14 (33%)	No 10 (23%)

Section 5: Health Services

Q5.1	If you feel ill are you able to see a doctor or nurse?	Yes 39 (91%)	No 3 (7%)	I don't know 1 (2%)
Q5.2	What are the health services like here?	Good 20 (51%)	Bad 13 (33%)	I don't know 6 (15%)
Q5.3	Do you have any health needs which are not being met?	Yes 7 (18%)		No 33 (83%)

Section 6: Complaints

Q6.1	Do you know how to make a complaint?	Yes 42 (100%)		No 0 (0%)
Q6.2	Are complaints dealt with fairly?	I have not made one 18 (43%)	Yes 14 (33%)	No 10 (24%)

Q6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	Yes 9 (24%)	No 29 (76%)
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Section 7: Questions about education, training and activities

Q7.1	Do you have a care plan that sets out targets for you to achieve while in custody? (this might be called a training, sentence or remand plan)	Yes 15 (35%)	No 15 (35%)	I don't know 13 (30%)
Q7.2	Since you have been here have you been given any advice about training or jobs that you might like to do in the future?	Yes 22 (54%)	No 19 (46%)	
Q7.3	Have you learned any skills for jobs that you might like to do in the future (e.g. bricklaying/ hairdressing)?	Yes 16 (40%)	No 24 (60%)	
Q7.4	Do you think your education/ training here will help you once you leave the centre?	Yes 19 (49%)	No 20 (51%)	
Q7.5	Have you learned any 'life skills' here (e.g. cooking/cleaning)?	Yes 28 (70%)	No 12 (30%)	
Q7.6	Are you encouraged to take part in activities outside education/ training hours (i.e. hobbies, sports or gym)?	Yes 30 (81%)	No 7 (19%)	
Q7.8	Do you know where you are going to be living when you leave the centre?	Yes 30 (81%)	No 7 (19%)	
Q7.9	Have you done anything here to make you less likely to offend in the future?	Not sentenced 6 (16%)	Yes 15 (41%)	No 16 (43%)

Section 8: Questions about safety

Q8.1	Have you ever felt unsafe here?	Yes 15 (33%)	No 30 (67%)
Q8.2	Do you feel unsafe at the moment?	Yes 6 (13%)	No 39 (87%)
Q8.3	In which areas have you ever felt unsafe? (Please tick all that apply)		
	Never felt unsafe		30 (73%)
	Everywhere.....		4 (10%)
	Admissions room		0 (0%)
	In single separation		2 (5%)
	At the gym.....		0 (0%)
	Outside areas/ grounds		1 (2%)
	Corridors.....		1 (2%)
	Dining room		0 (0%)
	At education/ training		0 (0%)
	At religious services		0 (0%)
	At health services		0 (0%)
	In the visits area		0 (0%)
	On your unit.....		5 (12%)
	In your room		3 (7%)
	Other		1 (2%)
Q8.4	Have you experienced any of the following from young people here? (Please tick all that apply)		
	Insulting remarks about you		7 (19%)
	Physical abuse (being hit, kicked or assaulted).....		4 (11%)
	Sexual abuse.....		1 (3%)
	Feeling threatened or intimidated		4 (11%)
	Shout outs/ yelling through windows about you.....		9 (25%)
	Having your property taken.....		3 (8%)
	Other		2 (6%)
	Not experienced any of these things		23 (64%)
Q8.5	If yes, what was it about? (Please tick all that apply)		
	Your race or ethnic origin		3 (8%)
	Your religion/religious beliefs.....		0 (0%)
	Your nationality.....		1 (3%)
	Being from a different part of the country to others.....		2 (6%)
	Being from a traveller community		1 (3%)
	Your sexual orientation.....		1 (3%)
	Your age		1 (3%)
	Having a disability		1 (3%)
	You being new here		4 (11%)
	Your offence/ crime.....		1 (3%)
	Gang related issues/ people you know or mix with.....		1 (3%)
	About your family or friends.....		2 (6%)
	Drugs		1 (3%)
	Medication you receive.....		0 (0%)
	Your gender		1 (3%)
	Other		2 (6%)
Q8.7	Have you experienced any of the following from staff here? (Please tick all that apply)		
	Insulting remarks about you		4 (11%)
	Physical abuse (being hit, kicked or assaulted).....		2 (6%)
	Sexual abuse.....		1 (3%)

<i>Feeling threatened or intimidated</i>	4 (11%)
<i>Having your property taken</i>	3 (8%)
<i>Other</i>	1 (3%)
Not experienced any of these things	28 (78%)

Q8.8 If yes, what was it about? (Please tick all that apply)

<i>Your race or ethnic origin</i>	0 (0%)
<i>Your religion/religious beliefs</i>	0 (0%)
<i>Your nationality</i>	0 (0%)
<i>Being from a different part of the country to others</i>	0 (0%)
<i>Being from a traveller community</i>	0 (0%)
<i>Your sexual orientation</i>	0 (0%)
<i>Your age</i>	0 (0%)
<i>Having a disability</i>	0 (0%)
<i>You being new here</i>	2 (6%)
<i>Your offence/ crime</i>	3 (8%)
<i>Gang related issues/ people you know or mix with</i>	3 (8%)
<i>About your family or friends</i>	3 (8%)
<i>Drugs</i>	0 (0%)
<i>Medication you receive</i>	2 (6%)
<i>Your gender</i>	0 (0%)
<i>Because you made a complaint</i>	1 (3%)
<i>Other</i>	0 (0%)

	Yes	No
Q8.10 If you were being bullied or 'picked on', would you tell a member of staff?	21 (60%)	14 (40%)



Survey responses from children and young people: Oakhill STC 2017

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance. NB: This document shows a comparison between the responses from all young people surveyed in this establishment with all young people surveyed for the comparator.

Key to tables

Survey responses from children and young people: Oakhill STC 2017		Oakhill 2017	STC comparator	Oakhill STC September 2017	Oakhill STC January 2017
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in young people's background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		49	70	49	47
SECTION 1: ABOUT YOU					
1.2	Are you aged under 16?	40%	28%	40%	36%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	33%	49%	33%	55%
1.4	Are you Muslim?	7%	22%	7%	11%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	12%	11%	12%	7%
1.6	Are you a British citizen?	91%	90%	91%	92%
1.7	Do you have a disability?	17%	29%	17%	22%
1.8	Have you ever been in local authority care?	37%	52%	37%	39%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS					
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	85%	88%	85%	89%

2.2	When you arrived at the centre were you searched?	82%	88%	82%	94%
2.3	Did staff explain why you were being searched?	65%	69%	65%	78%
2.4	When you were searched, did staff treat you with respect?	69%	87%	69%	83%
On your first night here:					
2.5	Did you see a doctor or nurse before you went to bed?	81%	91%	81%	94%
2.6	Did anybody talk to you about how you were feeling?	70%	76%	70%	78%
2.7	Did you feel safe?	83%	87%	83%	93%
SECTION 3: DAILY LIFE					
3.1	In your first few days here were you told everything you needed to know about life at the centre?	67%	74%	67%	70%
If you had a problem, who you would turn to?					
3.2a	No-one	29%	12%	29%	20%
3.2b	Teacher/Education staff	2%	20%	2%	2%
3.2c	Key worker	17%	28%	17%	22%
3.2d	Case worker	24%	48%	24%	31%
3.2e	Staff on the unit	31%	45%	31%	36%
3.2f	Another young person here	10%	14%	10%	7%
3.2g	Family	36%	40%	36%	42%
3.2h	Advocate	0%	9%	0%	7%
3.3	Do you have a key worker on your unit?	79%	72%	79%	71%
For those who said they had a key worker:					
3.4	Does your key worker help you?	82%	81%	82%	71%
3.5	Do most staff treat you with respect?	88%	91%	88%	85%
3.6	Can you follow your religion if you want to?	53%	67%	53%	70%
3.7	Is the food here good/ very good?	13%	33%	13%	15%
3.8	Is it easy to keep in touch with family or carer outside the centre?	79%	89%	79%	89%

3.9	Do you have visits from family, carers or friends at least once a week?	47%	63%	47%	55%
SECTION 4: BEHAVIOUR					
4.1	Does the incentives and sanctions scheme encourage you to behave well?	57%	73%	57%	77%
4.2	Do you think the incentives and sanctions scheme is fair?	65%	64%	65%	72%
4.3	If you get in trouble, do staff explain what you have done wrong?	73%	87%	73%	81%
4.4	Do most staff let you know when your behaviour is good?	58%	72%	58%	71%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	58%	53%	58%	50%
4.6	Have you been physically restrained since you have been here?	58%	43%	58%	38%
For those who had been restrained:					
4.7	Were you given a chance to talk to somebody about the restraint afterwards?	58%	80%	58%	69%
SECTION 5: HEALTH SERVICES					
5.1	If you feel ill, are you able to see a doctor or nurse?	91%	84%	91%	86%
5.2	Do you think that the health services are good here?	51%	60%	51%	64%
5.3	Do you have any health needs which are not being met?	18%	21%	18%	21%
SECTION 6: COMPLAINTS					
6.1	Do you know how to make a complaint?	100%	96%	100%	98%
For those who have made a complaint:					
6.2	Are complaints dealt with fairly?	58%	63%	58%	52%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	24%	11%	24%	8%
SECTION 7: EDUCATION AND ACTIVITIES					
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	35%	31%	35%	41%

7.2	Have you been given advice about training or jobs that you might like to do in the future?	54%	63%	54%	68%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	40%	60%	40%	56%
7.4	Do you think your education here will help you once you leave?	49%	66%	49%	60%
7.5	Have you been able to learn any 'life skills' here?	70%	72%	70%	93%
7.6	Are you encouraged to take part in activities outside education/ training hours?	81%	84%	81%	93%
7.8	Do you know where you will be living when you leave the centre?	81%	64%	81%	81%
For those who are sentenced:					
7.9	Have you done anything here to make you less likely to offend in the future?	48%	65%	48%	68%
SECTION 8: SAFETY					
8.1	Have you ever felt unsafe here?	33%	28%	33%	19%
8.2	Do you feel unsafe at the moment?	13%	6%	13%	7%
Have you experienced any of the following from young people here?					
8.4a	Insulting remarks?	19%	33%	19%	26%
8.4b	Physical abuse?	11%	37%	11%	17%
8.4c	Sexual abuse?	3%	7%	3%	3%
8.4d	Feeling threatened or intimidated?	11%	18%	11%	20%
8.4e	Shout outs/yelling through windows?	25%	32%	25%	17%
8.4f	Having your canteen/property taken?	8%	12%	8%	9%
For those who have indicated any of the above, what did it relate to?					
8.5a	Your race or ethnic origin?	8%	12%	8%	11%
8.5b	Your religion or religious beliefs?	0%	5%	0%	0%
8.5c	Your nationality?	3%	10%	3%	6%

8.5d	Your being from a different part of the country than others?	6%	10%	6%	0%
8.5e	Your being from a Traveller community?	3%	3%	3%	0%
8.5f	Your sexual orientation?	3%	0%	3%	0%
8.5g	Your age?	3%	7%	3%	0%
8.5h	You having a disability?	3%	5%	3%	3%
8.5i	You being new here?	11%	18%	11%	14%
8.5j	Your offence or crime?	3%	12%	3%	9%
8.5k	Gang related issues or people you know or mix with?	3%	12%	3%	6%
8.5l	About your family or friends?	6%	17%	6%	6%
8.5m	Drugs?	3%	10%	3%	3%
8.5n	Medications you receive?	0%	2%	0%	0%
8.5	Your gender?	3%	2%	3%	0%
Have you experienced any of the following from staff here?					
8.7a	Insulting remarks?	11%	14%	11%	8%
8.7b	Physical abuse?	6%	2%	6%	0%
8.7c	Sexual abuse?	3%	2%	3%	0%
8.7d	Feeling threatened or intimidated?	11%	8%	11%	5%
8.7e	Having your canteen/property taken?	8%	4%	8%	3%
For those who have indicated any of the above, what did it relate to?					
8.8a	Your race or ethnic origin?	0%	0%	0%	0%
8.8b	You religion or religious beliefs?	0%	0%	0%	0%
8.8c	Your nationality?	0%	0%	0%	0%
8.8d	Your being from a different part of the country than others?	0%	2%	0%	0%
8.8e	Your being from a Traveller community?	0%	2%	0%	0%

8.8f	Your sexual orientation?	0%	0%	0%	0%
8.8g	Your age?	0%	2%	0%	0%
8.8h	You having a disability?	0%	2%	0%	0%
8.8i	You being new here?	6%	4%	6%	3%
8.8j	Your offence or crime?	8%	4%	8%	0%
8.8k	Gang related issues or people you know or mix with?	8%	6%	8%	0%
8.8l	About your family or friends?	8%	4%	8%	0%
8.8m	Drugs?	0%	2%	0%	0%
8.8n	Medications you receive?	6%	2%	6%	0%
8.8o	Your gender?	0%	0%	0%	0%
8.8p	Because you made a complaint?	3%	2%	3%	0%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	60%	63%	60%	68%



Diversity comparator ethnicity Oakhill STC 2017

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Black and minority ethnic young people	White young people
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in young people's background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		16	33
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	44%	38%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)		
1.4	Are you Muslim?	14%	3%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	16%
1.6	Are you a British citizen?	93%	90%
1.7	Do you have a disability?	25%	13%
1.8	Have you ever been in local authority care?	38%	37%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS			
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	94%	81%
2.2	When you arrived at the centre were you searched?	81%	82%
2.3	Did staff explain why you were being searched?	81%	58%
2.4	When you were searched, did staff treat you with respect?	75%	67%

On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	81%	81%
2.6	Did anybody talk to you about how you were feeling?	73%	69%
2.7	Did you feel safe?	88%	81%
SECTION 3: DAILY LIFE			
3.1	In your first few days here were you told everything you needed to know about life at the centre?	67%	67%
If you had a problem, who you would turn to?			
3.2a	No-one	8%	37%
3.2b	Teacher/Education staff	0%	3%
3.2c	Key worker	17%	17%
3.2d	Case worker	17%	27%
3.2e	Staff on the unit	42%	27%
3.2f	Another young person here	17%	7%
3.2g	Family	17%	43%
3.2h	Advocate	0%	0%
3.3	Do you have a key worker on your unit?	75%	81%
3.5	Do most staff treat you with respect?	88%	88%
3.6	Can you follow your religion if you want to?	73%	44%
3.7	Is the food here good/ very good?	0%	19%
3.8	Is it easy to keep in touch with family or carer outside the centre?	73%	81%
3.9	Do you have visits from family, carers or friends at least once a week?	53%	43%
SECTION 4: BEHAVIOUR			
4.1	Does the incentives and sanctions scheme encourage you to behave well?	57%	57%
4.2	Do you think the incentives and sanctions scheme is fair?	79%	59%
4.3	If you get in trouble, do staff explain what you have done wrong?	64%	77%

4.4	Do most staff let you know when your behaviour is good?	69%	53%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	73%	53%
4.6	Have you been physically restrained since you have been here?	77%	50%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	100%	87%
5.2	Do you think that the health services are good here?	55%	50%
5.3	Do you have any health needs which are not being met?	20%	17%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	100%	100%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	40%	18%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	55%	28%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	50%	55%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	44%	39%
7.4	Do you think your education here will help you once you leave?	63%	45%
7.5	Have you been able to learn any 'life skills' here?	70%	70%
7.6	Are you encouraged to take part in activities outside education/training hours?	75%	83%
7.8	Do you know where you will be living when you leave the centre?	78%	82%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	23%	38%
8.2	Do you feel unsafe at the moment?	0%	19%
Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	17%	21%
8.4b	Physical abuse?	17%	8%

8.4c	Sexual abuse?	0%	4%
8.4d	Feeling threatened or intimidated?	17%	8%
8.4e	Shout outs/yelling through windows?	25%	25%
8.4f	Having your canteen/property taken?	0%	13%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	8%	8%
8.5b	Your religion or religious beliefs?	0%	0%
8.5c	Your nationality?	0%	4%
8.5d	Your being from a different part of the country than others?	8%	4%
8.5e	Your being from a Traveller community?	0%	4%
8.5f	Your sexual orientation?	0%	4%
8.5g	Your age?	0%	4%
8.5h	You having a disability?	8%	0%
8.5i	You being new here?	8%	13%
8.5j	Your offence or crime?	0%	4%
8.5k	Gang related issues or people you know or mix with?	8%	0%
8.5l	About your family or friends?	0%	8%
8.5m	Drugs?	0%	4%
8.5n	Medications you receive?	0%	0%
8.5o	Your gender?	0%	4%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	9%	12%
8.7b	Physical abuse?	9%	4%
8.7c	Sexual abuse?	0%	4%
8.7d	Feeling threatened or intimidated?	9%	12%

8.7e	Having your canteen/property taken?	9%	8%
For those who have indicated any of the above, what did it relate to?			
8.8a	Your race or ethnic origin?	0%	0%
8.8b	Your religion or religious beliefs?	0%	0%
8.8c	Your nationality?	0%	0%
8.8d	Your being from a different part of the country than others?	0%	0%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	0%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	0%	8%
8.8j	Your offence or crime?	0%	12%
8.8k	Gang related issues or people you know or mix with?	9%	8%
8.8l	About your family or friends?	0%	12%
8.8m	Drugs?	0%	0%
8.8n	Medications you receive?	0%	8%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	4%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	67%	58%



Diversity comparator local authority care Oakhill STC 2017

Survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Young people who have been in local authority care	Young people who have not been in local authority care
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in young people's background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		17	29
SECTION 1: ABOUT YOU			
1.2	Are you aged under 16?	35%	42%
1.3	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other category)	35%	31%
1.4	Are you Muslim?	0%	10%
1.5	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	17%
1.6	Are you a British citizen?	94%	90%
1.7	Do you have a disability?	18%	17%
SECTION 2: YOUR TRIP HERE AND FIRST 24 HOURS			
2.1	On your most recent journey to this centre, did you feel that staff looked after you well?	94%	81%

2.2	When you arrived at the centre were you searched?	82%	81%
2.3	Did staff explain why you were being searched?	77%	59%
2.4	When you were searched, did staff treat you with respect?	77%	66%
On your first night here:			
2.5	Were you seen by a doctor or nurse before you went to bed?	100%	71%
2.6	Did anybody talk to you about how you were feeling?	88%	61%
2.7	Did you feel safe?	94%	77%
SECTION 3: DAILY LIFE			
3.1	In your first few days here were you told everything you needed to know about life at the centre?	64%	68%
If you had a problem, who you would turn to?			
3.2a	No-one	27%	30%
3.2b	Teacher/Education staff	0%	4%
3.2c	Key worker	20%	15%
3.2d	Case worker	13%	30%
3.2e	Staff on the unit	33%	30%
3.2f	Another young person here	0%	15%
3.2g	Family	27%	41%
3.2h	Advocate	0%	0%
3.3	Do you have a key worker on your unit?	81%	77%
3.5	Do most staff treat you with respect?	100%	81%
3.6	Can you follow your religion if you want to?	60%	50%
3.7	Is the food here good/ very good?	13%	13%
3.8	Is it easy to keep in touch with family or carer outside the centre?	88%	74%
3.9	Do you have visits from family, carers or friends at least once a week?	29%	55%
SECTION 4: BEHAVIOUR			

4.1	Does the incentives and sanctions scheme encourage you to behave well?	50%	61%
4.2	Do you think the incentives and sanctions scheme is fair?	75%	60%
4.3	If you get in trouble, do staff explain what you have done wrong?	57%	81%
4.4	Do most staff let you know when your behaviour is good?	53%	60%
4.5	Have staff ever made you stay in your room away from the other young people because of something you did?	63%	56%
4.6	Have you been physically restrained since you have been here?	63%	55%
SECTION 5: HEALTH SERVICES			
5.1	If you feel ill, are you able to see a doctor or nurse?	87%	93%
5.2	Do you think that the health services are good here?	53%	50%
5.3	Do you have any health needs which are not being met?	13%	20%
SECTION 6: COMPLAINTS			
6.1	Do you know how to make a complaint?	100%	100%
6.3	Have you ever wanted to make a complaint but didn't because you were worried what would happen to you?	13%	30%
SECTION 7: EDUCATION AND ACTIVITIES			
7.1	Do you have a care plan which sets out targets for you to achieve while in custody?	38%	33%
7.2	Have you been given advice about training or jobs that you might like to do in the future?	62%	50%
7.3	Have you been able to learn skills for jobs that you might like to do in the future?	50%	35%
7.4	Do you think your education here will help you once you leave?	50%	48%
7.5	Have you been able to learn any 'life skills' here?	85%	63%
7.6	Are you encouraged to take part in activities outside education/ training hours?	92%	76%
7.8	Do you know where you will be living when you leave the centre?	62%	92%
SECTION 8: SAFETY			
8.1	Have you ever felt unsafe here?	31%	35%

8.2	Do you feel unsafe at the moment?	6%	17%
Have you experienced any of the following from young people here?			
8.4a	Insulting remarks?	0%	30%
8.4b	Physical abuse?	0%	17%
8.4c	Sexual abuse?	0%	4%
8.4d	Feeling threatened or intimidated?	8%	13%
8.4e	Shout outs/yelling through windows?	0%	39%
8.4f	Having your canteen/property taken?	0%	13%
For those who have indicated any of the above, what did it relate to?			
8.5a	Your race or ethnic origin?	0%	13%
8.5b	Your religion or religious beliefs?	0%	0%
8.5c	Your nationality?	0%	4%
8.5d	Your being from a different part of the country than others?	0%	9%
8.5e	Your being from a Traveller community?	0%	4%
8.5f	Your sexual orientation?	0%	4%
8.5g	Your age?	8%	0%
8.5h	You having a disability?	0%	4%
8.5i	You being new here?	8%	13%
8.5j	Your offence or crime?	8%	0%
8.5k	Gang related issues or people you know or mix with?	0%	4%
8.5l	About your family or friends?	0%	9%
8.5m	Drugs?	0%	4%
8.5n	Medications you receive?	0%	0%
8.5o	Your gender?	0%	4%
Have you experienced any of the following from staff here?			
8.7a	Insulting remarks?	7%	14%

8.7b	Physical abuse?	0%	10%
8.7c	Sexual abuse?	7%	0%
8.7d	Feeling threatened or intimidated?	7%	14%
8.7e	Having your canteen/property taken?	13%	5%
For those who have indicated any of the above, what did it relate to?			
8.8a	Your race or ethnic origin?	0%	0%
8.8b	Your religion or religious beliefs?	0%	0%
8.8c	Your nationality?	0%	0%
8.8d	Your being from a different part of the country than others?	0%	0%
8.8e	Your being from a Traveller community?	0%	0%
8.8f	Your sexual orientation?	0%	0%
8.8g	Your age?	0%	0%
8.8h	You having a disability?	0%	0%
8.8i	You being new here?	7%	5%
8.8j	Your offence or crime?	0%	14%
8.8k	Gang related issues or people you know or mix with?	7%	10%
8.8l	About your family or friends?	7%	10%
8.8m	Drugs?	0%	0%
8.8n	Medications you receive?	0%	10%
8.8o	Your gender?	0%	0%
8.8p	Because you made a complaint?	0%	5%
8.10	If you were being bullied or 'picked on', would you tell a member of staff?	75%	52%

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