

# **OAKHILL SECURE TRAINING CENTRE SAFEGUARDING REVIEW**

**Urgent notification action plan item no. 4**

*Written and prepared by  
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## 1. Introduction

- 1.1 The Youth Custody Service (YCS) on behalf of the Secretary of State commissioned this review of safeguarding practice within Oakhill Secure Training Centre (STC). The remit falls within a requirement of Section 4 of the Action Plan arising from Ofsted's Urgent Notification issued on 14 October 2021. This followed a full inspection of Oakhill from 4 - 8 October 2021 which found help and protection for children to be inadequate:
- 1.2 "Systems for safeguarding children are in disarray. Senior leaders failed to ensure that safeguarding concerns and allegations are referred to statutory agencies as required. There is a considerable backlog of safeguarding concerns awaiting action. Children therefore remain at risk of serious harm."
- 1.3 "Safeguarding concerns have been investigated internally contrary to statutory guidance. This could compromise any future investigations."
- 1.4 Rectification Notices had previously been issued on Oakhill by the Youth Custody Service: on staffing levels in May 2021; on safety in July 2021; and on regime and safeguarding in September 2021.
- 1.5 An Ofsted monitoring visit which took place from 30 November–1 December 2021 noted early signs of improvement.
- 1.6 "The immediate serious and widespread concerns identified in the key recommendations from the last inspection have been addressed, meaning children are safer. However, it is very early days, and the changes have not yet been embedded."
- 1.7 Inspectors noted that the imposition of a reduced population of children "...has enabled staff to engage more meaningfully with children, and to use the spaces available for positive activities and engagement with children."
- 1.8 The permitted residency of Oakhill during the period of this review has been no more than 40 children but has remained below 40 over the 2 months duration of the review, (January to March 2022), the cohort all being males between the ages of 14 to 17.

## 2. Review Remit

- 2.1 The overall objective of the review is to address concern about the capacity of G4S to ensure that sound practice in safeguarding is embedded and can be sustained within Oakhill. I was asked to explore a number of areas:

- The effectiveness of all safeguarding processes within Oakhill STC
- The extent to which safeguarding is understood and supported by all the senior management team and relevant support systems
- The extent to which a safeguarding culture is embedded in all departments across the site
- How the provider facilitates an environment that nurtures the well-being of vulnerable adolescents and actively encourages the child's voice as is appropriate to their age, understanding and authority
- Whether decisions made in relation to safeguarding make a positive difference to children

- Whether relationships with safeguarding partners are steeped in professional curiosity and respectful challenge, and timely and appropriate escalation is made in the interests of children
- The extent to which partnership agencies work together and provide appropriate professional challenge to safeguard children within Oakhill
- Whether casework that overlaps into the community is handed over appropriately and with children's needs at the forefront of thinking
- Whether lessons are learned from individual cases and through themes arising from the safeguarding systems to improve safety for all children and staff.

### **3. The Approach**

3.1 I was asked to undertake this review from the perspective of an experienced social worker and senior leader of Children's Services. Given the timing and time constraints of the review, it hasn't been possible to address the remit as fully as I would have liked, for example in terms of looking at how children fare following transition from custody back to the community.

3.2 I was given access to areas of operation at Oakhill and made 11 visits to the site. I met with key personnel across the spectrum of provision at Oakhill. I met with key members of the Youth Custody Service, spoke to experts in Minimising and Managing Physical Restraint (MMPR) and met with key officers from Milton Keynes Local Authority, including the Director of Children's Services, the Local Authority Designated Officers and the Multi Agency Safeguarding Hub Manager. I observed decision making meetings and reviewed safeguarding records and meeting minutes and sampled resettlement files and tracking tools.

3.3 Access to certain identifiable information and recording was delayed pending an information Sharing Agreement which was finalised in mid-February.

3.4 I decided not to interview young people as my time at Oakhill coincided with a G4S commissioned safeguarding review by the children's charity, Barnardo's, which incorporated structured consultation with children. At the time of writing, I have not had sight of the Barnardo's review.

3.5 Oakhill's new permanent director took up post in December 2021 and is still at the start of her own journey of improvements necessary to ensure that children are consistently well safeguarded.

### **4. Context**

4.1 Secure Training Centres (STCs) are purpose-built establishments subject to the Secure Training Centre Rules (<https://www.legislation.gov.uk/ukxi/1998/472/contents/made>). STCs are designed to accommodate between 60-80 boys and girls aged 12-17. STCs have a higher staff-to-children ratio compared to Young Offender Institutions (YOIs) and are used to accommodate children who are more vulnerable young people. STCs were set up to be run by private companies. The provision is split into units of 5-8 children and provides for 30 hours of education and training per week, following a school day timetable. Oakhill is the only STC currently operating and is run by G4S Care and Justice Services (UK) Ltd, under a contract, drawn up in 2003 under the auspices of Section 7 of the Criminal Justice and Public Order Act 1994. 'The Contract' is managed and monitored by the Youth Custody Service (YCS) and includes "without limitation the application of the Children Act to Trainees".

4.2 The Children Act 1989 (as referenced in 'The Contract' between The Secretary of Justice acting as part of The Crown and STC (Milton Keynes) Limited Page 17 STC Legislation)

applies to children and young people in the Secure Estate. The Children Act 2004 puts local authorities, and governors and directors of YOIs and STCs under a statutory duty to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children. Section 47 of the Children Act 1989 requires local authorities to make enquiries when they have reasonable cause to suspect that a detained child is suffering or is likely to suffer significant harm. If allegations of abuse relate to staff, they are referred to a Local Authority Designated Officer (LADO).

4.3 Children who are refused bail and remanded become looked after children (in care to their Home Local Authority), for the duration of their remand period (Section 104, Legal Aid Sentencing and Punishment of Offenders Act). The Local Area Safeguarding Children Partnership has oversight of the safeguarding arrangements within secure settings located in their area. For Oakhill, the local safeguarding partnership is known as Milton Keynes (MK) Together and it fulfils its duties under “Working Together to Safeguarding Children 2018” statutory guidance via its Assurance Board whose membership includes senior representatives from Milton Keynes Local Authority, Thames Valley Police and Milton Keynes Clinical Commissioning Group. Its responsibilities in respect of Oakhill include oversight of statutory safeguarding assurance duties, including an annual review of restraint, approval of Oakhill’s Section 11 (Children Act 2004) Self-Assessment and review of Oakhill’s Safeguarding Policy.

4.4 The Home Local Authorities of the children in custody and on remand at Oakhill retain or acquire corporate parenting duties (The Children Act 1989 guidance and regulations, Volume 2: care planning, placement and case review, July 2021), as well as specific duties for care leavers; for their pathways into housing, education, health and work. The local authority Youth Offending Team (YOT) is the main point of contact for STC staff throughout the young person’s detention. The main point of contact for the child is their local authority children’s social worker or personal adviser.

4.5 Of course, parents and other formal carers retain legal responsibility for their children whilst they are at Oakhill (Children Act 1989/2004). Staff at the STC share a duty with the child’s Home Local Authority to work in partnership with parents and carers to promote children’s safety, welfare and progress. Also, to ensure that children have opportunities for regular contact with family to sustain the relationships and connection to community so important to rehabilitation and reduction of recidivism for children.

4.6 G4S is duty bound to safeguard and promote the welfare of children at Oakhill, including prevention of harm from self, protection of harm from adults and protection of harm from peers. There has been a raft of enquiries and reviews over the past several years in response to concerns about harm inflicted on children in institutions and key recommendations have been made in respect of the provision for children in custody. Several point to some optimum conditions necessary to promote the safety and wellbeing of children:

- A child centred culture that makes the goal of achieving positive outcomes for them central to operations
- Access for children to relationships with trusted professionals
- An open approach to external scrutiny and involvement of family and community
- A management culture open to challenge from within and from outside the organisation
- Clarity for all regarding professional standards and expectations of roles in meeting the needs of children (children given practical information in an age-appropriate way)
- Clear safeguarding policies, processes and procedures embedded in practice.

4.7 It is important that the STC draws on the support and challenge from all of those involved to keep itself accountable, to keep its operations and practices transparent and to prevent harm becoming hidden or prevalent.

4.8 In addition to input Oakhill is able to draw on from the local area Safeguarding Partnership (MK Together) under its Children and Social Work Act 2017 duties, Oakhill also has the support and challenge provided by the Youth Custody Service under its formal duties, including in the integral role of the Monitor assigned to Oakhill, the YCS Head of Safeguarding role and Contract Management arrangements.

I hope that my recommendations will provide some further assistance.

## **5. Analysis and Findings Against the Remit**

### **The effectiveness of all safeguarding processes within Oakhill STC**

5.1 Children at Oakhill are safer than they were when Ofsted issued its Urgent Notification in October 2021. Safeguarding processes are clearly outlined for staff and the role of the Safeguarding Team in investigating concerns is outlined in the Safeguarding Policy and is well understood. I looked at a selection of referrals made to local authority children's services which addressed a range of concerns that had been reported by a variety of staff, based on observation, information, or disclosures from children, including where children, other than those residing at Oakhill, could be at risk.

5.2 There is regular monitoring of actions involving use of force. This is done via routine review of video surveillance overseen by the Youth Custody Service appointed Monitor, as well as reviews of staff self-reporting incidents. The Safeguarding Team at Oakhill is made aware of such incidents requiring their follow up. I observed occasions where concerns about staff behaviour were followed up proactively, by removing the staff member from duty pending investigation and personnel processes. The Head of Safeguarding and Transition has implemented a focus on the experiences of a child during and after incidents of concern. The Safeguarding Team is ensuring that children are involved in what happens in terms of follow up after an incident of concern, their views are sought and there are examples of thoughtful, compassionate care taken to advocate for and communicate with children who may have been harmed by the actions and behaviours of adults, whether inside or outside of the organisation.

5.3 Although force and restraint are still used inappropriately at times, there is now consistent surveillance and appropriate responses, including disciplinary action. As the opportunities for mixing (association) have normalised since COVID restrictions have lifted, so too have the incidents of child-to-child aggressions. The difference now is that these are being diffused more professionally in line with the advice of experts in Minimising and Managing Physical Restraint (MMPR).

5.4 The Head of Safeguarding and Transition is dealing with the legacy of previous poor safeguarding practice at Oakhill and is using the learning from this to inform her improvement planning. She has improved a recording format for incidents of concern to support analysis and planning. She has implemented a system of tracking incidents of concern involving individual staff members, thus going some way to closing the loop on monitoring between the safeguarding function and the human resources function and allowing for a cumulative picture to emerge quickly to protect children and staff members. This important preventative mechanism was not previously in place, and at the point of writing I have not yet evidenced its impact on recent cases or how wholeheartedly this initiative brought in by the Head of Safeguarding and Transition, is embraced across G4S.

5.5 The Head of Safeguarding and Transition and her Safeguarding Manager, (an experienced front line social worker), are doing a good job of keeping on top of safeguarding concerns, by making sure they are progressed in accordance with 'Working Together'. They are

appropriately utilising the services of the Local Authority Designated Officer (LADO) for advice and consultation. All referrals, including those made to other Local Authorities, are reviewed regularly in consultation with the LADO, who also provides assurance by reviewing a sample of lower-level concerns where the decision has been made not to make a safeguarding referral.

## **6. The extent to which safeguarding is understood and supported by all the senior management team and relevant support systems**

6.1 Oakhill's new permanent Director says that she is determined to keep children safe and to create a culture of transparency across her team by engaging proactively with external partners and with the YCS. She told me that she values the leadership knowledge and skills of her Head of Safeguarding and Transition and other members of her Senior Management Team. She has nevertheless begun to make changes to her Senior Leadership Team. She has engaged external expertise in Minimising and Managing Physical Restraint (MMPR) and is using that expertise to upskill her Team. The Director has extended the MMPR contract to embed the changes she wishes to see. She has made sure to visibly support her Head of Safeguarding and Transition by managing her directly and giving her role the importance it needs to exert the necessary influence over safeguarding practices. The role of Head of Safeguarding and Transition carries heavy responsibility for improvement work, as well as business as usual operations for 2 key functions within the organisation. She is currently necessarily 'hands on' and there is danger that, without adequate infrastructure and sufficiently resourced expertise, this role could become a single point of failure.

6.2 I consider that the Senior Leadership Team understands the importance of safeguarding and are working together co-operatively with the Safeguarding Team under their new Director. I observed some good multi-disciplinary discussions and saw and heard that the advice of the Safeguarding Team is sought and is valued. Work is needed to distribute the knowledge and skills developed in the Safeguarding and Resettlement Teams amongst the other areas of delivery, particularly the Residential Team, who would benefit from support from safeguarding leads being more embedded where the children are, on the units. It is particularly important that those with a social work role within the organisation make themselves known to children and to staff given the particular responsibilities and practice standards required under the terms of their professional registration. This would support knowledge sharing and on the job reflection of dilemmas in practice, as well as support the development of ongoing good practice. I noted only one qualified social worker in the safeguarding manager role, whose specific professional duties are identifiable. This expertise is too thinly spread across the organisation to have the maximum impact on safeguarding prevention practice.

### **RECOMMENDATIONS:**

6.2.1 In the context of a children's service, social workers are considered to have a specific professional role in the safeguarding of children; I recommend that social workers are considered as such by Oakhill. G4S should ensure that there are enough qualified social workers to meet the needs of children and to deliver against the contract. This includes a suitably trained and qualified social worker always on call and available to speak to a child confidentially when needed or requested by a child, his family member, advocate or member of staff. Each social worker must have regular professional supervision, training and appropriate continuing professional development (CPD). Social workers, as a professional group need to be integral to and contribute to the Senior Leadership Team.

6.2.2 G4S to ensure that the Head of Safeguarding and Transitions role is given a range of appropriate resources to strategically develop the Safeguarding and Resettlement Service, to maximise its effectiveness, influence, and impact on outcomes for children.

## **7. The extent to which a safeguarding culture is embedded in all departments across the site**

7.1 Development of a safeguarding culture throughout the organisation is in its infancy and under new leadership. Some of the conditions are in place, but work is needed to develop a coherent cross cutting strategic approach to the welfare and safety of children

7.2 Oakhill is operating clear safeguarding processes and procedures. These are becoming embedded into everyday practice and their consistent adherence is overseen by the Head of Safeguarding and Transition with the challenge and support of the Director, who regularly reviews decisions.

7.3 Oakhill's Head of Safeguarding and Transition and her team are improving the safeguarding of children at Oakhill. She is well respected within the organisation and is able to challenge her colleagues on their practice. She and her team are a visible, reassuring presence in Oakhill, including for children, whose concerns are now responded to with improved timeliness and consistency.

7.4 Oakhill's vision and values statement helpfully accords with the United Nations Convention on the Rights of the Child (UNCRC) and points to the importance of professional relationships with children which focus on achieving outcomes for them:

### **7.5 OAKHILL C.A.R.E.S.**

- *Creates a COMMUNITY that is safe and supportive of all who live and work her*
- *Aspires to be an environment where staff and young people are encouraged to achieve their full potential*
- *Respectful relationships achieved through positive role modelling*
- *Empower our young people to make better life choices.*
- *Supportive environment, which enables rehabilitation*

*THE VISION: At Oakhill we are determined to create a community that is safe and supportive for both young people and staff. We strive to build meaningful professional relationships in a multi-disciplinary environment that produces outcomes for all. By promoting the welfare and rights of our young people, we ensure they grow as individuals and are encouraged to take social responsibility*

7.6 What is lacking for the Senior Leadership Team is an overarching strategic plan which outlines that vision for children and articulates the journey the organisation will need to embark on to achieve defined aspirational outcomes in terms of their safety, their health, their education, employment and training, and their rehabilitation.

### **RECOMMENDATIONS:**

7.6.1 In order to implement a sustainable shift towards a culture of safeguarding, I recommend that G4S develops for Oakhill a common set of safeguarding principles and makes explicit commitment to safeguarding within its vision and values. These principles and commitment to inform ways of working and behaving for all staff.

7.6.2 G4S for Oakhill should define the outcomes it aspires to achieve for children generally in a way that translates into aspirational and dynamic individual care plans for children. Staff must be supported to develop these aspirational outcomes for children via training, supervision and in meetings with children, their family, and their professional networks.

7.6.3 G4S to develop a data set to track priority outcomes across the cohort of children to show improvement in terms of their safety, their health, their education, employment and training and their rehabilitation. Also, to signal any deterioration in progress and to communicate and celebrate achievements.

## **8. How the provider facilitates an environment that nurtures the well-being of vulnerable adolescents and actively encourages the child's voice as is appropriate to their age, understanding and authority**

8.1 Children, by virtue of being in custody at Oakhill, are able to access the benefits of consistent education, health care, therapies and advocacy. I heard how some children are receiving education and health services such as dentistry or mental health support for the first time. Others have received assessments of their learning difficulties, and some are trying new vocational activities such as hairdressing or cookery.

8.2 Advocacy services are provided on site by Barnardo's Children's Charity and contact with Barnardo's is encouraged and written into policy. I saw examples of assertive advocacy from the Resettlement Team on behalf of young people at Oakhill. One example of a secure care officer referring a matter of concern about an unprofessional exchange between a youth offending team worker and a child during a visit, was tenaciously followed up by the Safeguarding Team.

8.3 To improve the effectiveness of behaviour management at Oakhill, G4S has commissioned expertise in 'Minimising and Managing Physical Restraint' with the aim of reducing the use of force and restraint. This resource is beginning to have a positive impact on the skills and confidence of secure care officers and their managers, according to the commissioned expert and the YCS Monitor. At point of writing, there had been no pain inducing techniques used since the end of January. The weekly Operational Summary of incidents submitted by The Monitor for the week 3 to 9 March was RAG rated mostly green. This is significant progress which must be robustly maintained.

8.4 G4S has commissioned a forensic psychology service from YCS. The health team has access to Forensic Child and Adolescent Mental Health Services (FCAMHS) which supports safer transitions and information sharing between custody and community. There are on site substance misuse workers, speech and language therapists and a clinical psychologist, all contributing to the potential for an effective, holistic, intervention and prevention service to address the needs of this complex, vulnerable cohort of children.

8.5 There is, however, a lack of clarity as to professional roles, remits and the clinical and professional governance of those working within Oakhill or providing services on a sessional basis (e.g., psychiatric input). Ownership of outcomes and ongoing planning for a child is not clear. How the various interventions are brought together into one care plan for a child is not clear; different managers give different accounts of what assessments or interventions are applied when and by whom. It is important that children understand what they can expect from adult professionals and for this to be communicated to them clearly.

8.6 Resettlement files are the most comprehensive source of information about a child. These files are unnecessarily complicated to update and repetitive. Resettlement workers are diligent in maintaining records, but the system does not provide ease of access to information on planning, on outcomes tracking, or to support ongoing regular analysis of needs and risk.



8.7 Resettlement workers are tenacious in supporting children and work hard to secure good transitions and opportunities for them, but outcomes for children are not routinely defined, collated and shared, thus missing opportunities to acknowledge good outcomes and to identify poor outcomes that could be improved upon. I heard workers express pride in children for making progress. I also heard that workers sometimes only get to know how a child has fared post custody when that child sadly returns to custody.

## **RECOMMENDATIONS:**

8.7.1 G4S to set out the remit, responsibilities, and ways of working for each professional group working in Oakhill. The different contributions each person makes to delivering better outcomes for a child should be clearly articulated. The Director and her Senior Leadership Team to focus on building teams around the child who are clear about and embrace their different roles, disciplines and professional standards and who hold each other to account for high standards of practice.

## **9 Whether decisions made in relation to safeguarding make a positive difference to children**

9.1 I am aware that decisions made in relation to allegations against staff have had a positive impact on children at Oakhill in that immediate actions have been taken and concerns about members of staff who may present a risk to children have been investigated under statutory child protection procedures and followed up with disciplinary action where necessary. I am aware of incidents of inappropriate use of force that have been picked up as a result of regular surveillance and have been followed up to make children safer.

9.2 For children to feel safe they need to feel seen and heard, to know that they are taken seriously and that adults uphold the rules. Also, that there are consequences for unprofessional behaviour. During the time I was at Oakhill, children will have seen safeguarding in practice, including efforts being made by managers and staff to improve their safety and wellbeing, to improve training for custody staff, to increase visibility of senior managers, including the Director, and to increase direct involvement from the Safeguarding Team in following up on safeguarding incidents.

## **10 Whether relationships with safeguarding partners are steeped in professional curiosity and respectful challenge, and timely and appropriate escalation is made in the interests of children**

10.1 From the evidence I was privy to in respect of engagement with safeguarding partners, I deduced that relationships have not been as well developed or effective as they could be and Oakhill has not made timely demands on partners for their intervention in important matters of safeguarding. The Police Lead on the MK Together Safeguarding Partnership could have been prevailed upon earlier to help clear up outstanding matters in respect of allegations against staff. The Safeguarding Partnership could have been prevailed upon earlier to support Oakhill in producing a relevant and useful Section 11 Assessment Tool. The Safeguarding Partnership could have been prevailed upon by Oakhill to more actively support a review of its Safeguarding Policy.

10.2 From the perspective of safeguarding partners and all strategic stakeholders, Oakhill must not be left to itself to care for this vulnerable, complex group of children. It seems that disconnectedness may have been a feature of its past, particularly during the pandemic lock downs. Continued scrutiny is needed from diverse perspectives to drive

improvements and deliver meaningful change. It is therefore too early to conclude that improvements can be built upon and sustained.

- 10.3 It is incumbent on the Director, supported by G4S and YCS, to reach out to the full range of partners inviting their involvement in supporting and challenging her and her senior leadership team to operate safely and to the highest standards of care for children. I think the Director has a golden opportunity, being new, to develop these relationships and to draw on the expertise and resources of safeguarding partner agencies, including children's Home Local Authority social care and youth offending teams.

#### **RECOMMENDATIONS:**

- 10.3.1 Re-set relationships with local strategic safeguarding partners (MK Together) to develop more meaningful engagement at both practice and strategic levels, e.g. looking at safe practices in recruitment, training, management of complaints, allegations, concerns and whistleblowing, accessibility of advocacy, management and treatment of self-harm and quality assurance of priority outcomes for children.
- 10.3.2 Under 'Working Together to Safeguard Children 2018' statutory guidance, the Safeguarding Children Partnership (MK Together) is required to review the use of restraint annually. It would make this a more effective exercise if Oakhill were to submit quarterly information on the data, quality assurance and learning around restraints as well as the monitoring undertaken by the national Independent Restraint Review Panel.
- 10.3.3 G4S to outline what it needs and expects from home local authorities and community services in order to care for children well, including before placement, during placement and after release. G4S should develop a monitoring system to ensure that local authorities responsible for children in Oakhill share timely and appropriate information and fully execute their statutory duties. Where this does not occur G4S to take prompt and evidenced action to ensure there is joint accountability to meet the child's needs and achieve the required outcomes for the child.
- 10.3.4 G4S must proactively share records of safeguarding incidents with Home LAs/YOT and make it clear when it considers action is required on the part of the LA, including in respect of any medical or CAMHS follow up.
- 10.3.5 It is vital that accurate records are kept after every safeguarding incident in formats that can be easily shared with safeguarding partners and with the child's Home Local Authority social care and YOT teams. After every safeguarding incident a review of a child's needs should take place, including the child's views and feelings about the incident and observations of how custody is affecting a child's wellbeing.
- 10.3.6 Record keeping in safeguarding will be improved by maintaining one contemporaneous chronological version of events relating to the incident and the investigation as it progresses. Evidence and ongoing analysis should be made available to the LADO and other professionals involved in the investigation as appropriate.
- 10.3.7 G4S must ensure that its safeguarding training is up to date for all staff who work with children in Oakhill. The YCS must ensure that the training is high quality, relevant and delivered regularly.
- 10.3.8 The YCS must ensure that Monitoring Team have sufficient knowledge, capability and expertise to ensure that they can support and improve the safeguarding of children at Oakhill.

## **11 The extent to which partnership agencies work together and provide appropriate professional challenge to safeguard children within Oakhill**

- 11.1 Engaging with partners requires real commitment of effort from senior leadership and openness to advice, professional challenge and to change. I was struck that I could not see evidence of any dynamism in relationships with partners or examples where a challenge from partners, apart from the important LADO role, had resulted in improvements for children in terms of their potential outcomes.
- 11.2 The Contract provides, evidently well intentioned, requirements in respect of partnership working across agencies. The Contract does not outline what difference working in the prescribed partnership forums is expected to make for children. There is an opportunity for the Director to develop Oakhill's outward facing profile and strategy, aligned with the organisation's vision, values and outcomes the organisation aspires to for children (Appendix 1 Recommendations 3., 4., and 5.)

### **RECOMMENDATIONS:**

- 11.2.1 In order to embed herself in key partnerships working together to safeguard and promote the needs of children, the Director must meet regularly with Directors of Children's Services and their representatives for all children under her care in Oakhill.
- 11.2.2 I recommend that the Director develops the partnership forums prescribed by the G4S Contract. Making these forums effective will provide Oakhill senior leadership access to expertise, support and challenge to continue to improve and develop services. These forums include:
- **The Professional Forum** – will meet at least four times a year to discuss criminal justice issues relating to the function of the STC and Trainees (now referred to as Children).  
Membership: staff and employees, practitioners, management representatives in education, police, local social services, the YOT and voluntary agencies.
  - **The Education Advisory Group** – to meet twice per year and include a member of advisory services of the Local Education Authority, 2 people from a secondary school and/or schools in the area – visit the STC to observe education and vocational training and to advise.
- 11.2.3 YCS should ensure that G4S fully executes its duties under The Children Act 2004 and ensure that partnership working is effective and makes a positive difference to children's outcomes.

## **12 Whether casework that overlaps into the community is handed over appropriately and with children's needs at the forefront of thinking**

- 12.1 I saw evidence that Oakhill's Safeguarding Team has an open and straightforward approach to the sharing of information. The relationship with the LADO exemplifies this approach. The LADO described having received information in an unstructured way on occasions. This is an important area that needs greater focus for the Head of Safeguarding and Transition whose teams could benefit from advice from the local

authority safeguarding team on the best formats to use to log the progress of an investigation, for example: separating factual reporting from speculation and opinion and avoiding assumptions.

- 12.2 I saw evidence of good engagement between the Resettlement Team and the child's YOT workers and considerable care taken for children who were transitioning on to another custody setting or moving into the community.
- 12.3 There is more work for Oakhill to do in this area and recommendations 7., 9., 11., 12., and 13 as outlined in Appendix 1 apply.

### **13. Whether lessons are learned from individual cases and through themes arising from the safeguarding systems to improve safety for all children and staff**

- 13.1 I have heard and seen in records that practitioners, officers and managers speak respectfully and compassionately about the children at Oakhill. There are committed, caring professionals working at Oakhill who really want to do the best for the children in their care and custody.
- 13.2 I have seen evidence that the Head of Safeguarding and Transitions is very willing, is taking on board learning from casework, and is modifying the practice of the team in response. She has developed recording practices and sign off processes to improve accountability. She has fed learning on safe practices into the recent induction training for new staff (e.g. on bedroom management) and has created a system to ensure concerns about staff are tracked over time. However, I am concerned that she may not have sufficient resource in terms of expertise in quality assurance and policy and practice development to ensure Oakhill keeps on top of the learning available to it internally and externally from examples of good, safe, effective practice.
- 13.3 The YCS is working in partnership with Oakhill to develop an agreed 'business as usual' safeguarding reporting mechanism. This is in the early stages but, when aligned with the rest of the Youth Secure Estate, will allow for earlier identification of concerns and trends. In the meantime, it is heartening to see that the challenge and support provided by the YCS Safeguarding Manager is valued and utilised.

#### **RECOMMENDATIONS:**

- 13.3.1 G4S to ensure that Oakhill's new permanent Director is given the full range of resources and support she needs to drive continuous improvement towards excellent, safe, nurturing care for children in custody.
- 13.3.2 In order to embed and continue to drive improvements in practice, progress on all recommendations must be subject to regular planning, audit and review.

### **14 Conclusion**

- 14.1 This review was commissioned with the overall objective to address concern about the capacity of G4S to ensure that sound practice in safeguarding is embedded and can be sustained within Oakhill. I have concluded that children are safer now than they were in 2021, but that improvements are early in development. There is a lot of work for G4S and Oakhill's Director to do and the key will be for G4S, the YCS and all relevant partners, to equip the Senior Leadership Team with ongoing support, challenge, resources and

expertise to enable them to continually attract and develop an effective children's workforce, and to continually strive to improve outcomes for children. An approach to safeguarding which prioritises a child's need to feel safe and well cared for, over a primary focus on control and punishment, and holds children in mind as both perpetrators and victims, will support a more child centred culture.

- 14.2 The landscape of governance and oversight arrangements at child level, local level and national level is complex and it takes systems knowledge, understanding and leadership and a good deal of support to navigate. Oakhill does, however, have the learning from other areas of the Secure Estate to draw from, as well as the expertise available from its partner agencies in the Local Authority, Health, The Police, and Education and Youth Justice Board colleagues. There is benefit for all from the learning and sharing of good practice and an openness to scrutiny and challenge. Important to the development of a safe culture at Oakhill is to make sure that children and their families know their rights and the various avenues open to them to be heard, and for Oakhill to respond to those concerns, consistent with a rights-based approach.

## APPENDIX I

### Recommendations

1. In the context of a children's service, social workers are considered to have a specific professional role in the safeguarding of children; I recommend that social workers are considered as such by Oakhill. G4S should ensure that there are enough qualified social workers to meet the needs of children and to deliver against the contract. This includes a suitably trained and qualified social worker always on call and available to speak to a child confidentially when needed or requested by a child, his family member, advocate or member of staff. Each social worker must have regular professional supervision, training and appropriate continuing professional development (CPD). Social workers, as a profession, need to be integral to and contribute to the Senior Leadership Team.
2. G4S to ensure that the Head of Safeguarding and Transitions role is given a range of appropriate resources to strategically develop the Safeguarding and Resettlement Service, to maximise its effectiveness, influence, and impact on outcomes for children.
3. In order to implement a sustainable shift towards a culture of safeguarding, I recommend that G4S develops for Oakhill a common set of safeguarding principles and makes explicit commitment to safeguarding within its vision and values. These principles and commitment to inform ways of working and behaving for all staff.
4. G4S for Oakhill should define the outcomes it aspires to achieve for children generally in a way that translates into aspirational and dynamic individual care plans for children. Staff must be supported to develop these aspirational outcomes for children via training, supervision and in meetings with children, their family, and their professional networks.
5. G4S to develop a data set to track priority outcomes across the cohort of children to show improvement in terms of their safety, their health, their education, employment and training and their rehabilitation. Also, to signal any deterioration in progress and to communicate and celebrate achievements.
6. G4S to set out the remit, responsibilities, and ways of working for each professional group working in Oakhill. The different contributions each person makes to delivering better outcomes for a child should be clearly articulated. The Director and her Senior Leadership Team to focus on building teams around the child who are clear about and embrace their different roles, disciplines and professional standards and who hold each other to account for high standards of practice.
7. Re-set relationships with local strategic safeguarding partners (MK Together) to develop more meaningful engagement at both practice and strategic levels, e.g. looking at safe practices in recruitment, training, management of complaints, allegations, concerns and whistleblowing, accessibility of advocacy, management and treatment of self-harm and quality assurance of priority outcomes for children.
8. Under 'Working Together to Safeguard Children 2018' statutory guidance, the Safeguarding Children Partnership (MK Together) is required to review the use of restraint annually. It would make this a more effective exercise if Oakhill were to

submit quarterly information on the data, quality assurance and learning around restraints as well as the monitoring undertaken by the national Independent Restraint Review Panel.

9. G4S to outline what it needs and expects from home local authorities and community services in order to care for children well, including before placement, during placement and after release. G4S should develop a monitoring system to ensure that local authorities responsible for children in Oakhill share timely and appropriate information and fully execute their statutory duties. Where this does not occur G4S to take prompt and evidenced action to ensure there is joint accountability to meet the child's needs and achieve the required outcomes for the child.
10. G4S must proactively share records of safeguarding incidents with Home LAs/YOT and make it clear when it considers action is required on the part of the LA, including in respect of any medical or CAMHS follow up.
11. It is vital that accurate records are kept after every safeguarding incident in formats that can be easily shared with safeguarding partners and with the child's Home Local Authority social care and YOT teams. After every safeguarding incident a review of a child's needs should take place, including the child's views and feelings about the incident and observations of how custody is affecting a child's wellbeing.
12. Record keeping in safeguarding will be improved by maintaining one contemporaneous chronological version of events relating to the incident and the investigation as it progresses. Evidence and ongoing analysis should be made available to the LADO and other professionals involved in the investigation as appropriate.
13. G4S must ensure that it's safeguarding training is up to date for all staff who work with children in Oakhill. The YCS must ensure that the training is high quality, relevant and delivered regularly.
14. The YCS must ensure that Monitoring Team have sufficient knowledge, capability and expertise to ensure that they can support and improve the safeguarding of children at Oakhill.
15. In order to embed herself in key partnerships working together to safeguard and promote the needs of children, the Director must meet regularly with Directors of Children's Services and their representatives for all children under her care in Oakhill.
16. I recommend that the Director develops the partnership forums prescribed by the G4S Contract. Making these forums effective will provide Oakhill senior leadership access to expertise, support and challenge to continue to improve and develop services. These forums include:
  - **The Professional Forum** – will meet at least four times a year to discuss criminal justice issues relating to the function of the STC and Trainees (now referred to as Children).
  - Membership: staff and employees, practitioners, management representatives in education, police, local social services, the YOT and voluntary agencies.

- **The Education Advisory Group** – to meet twice per year and include a member of advisory services of the Local Education Authority, 2 people from a secondary school and/or schools in the area – visit the STC to observe education and vocational training and to advise.
17. YCS should ensure that G4S fully executes its duties under The Children Act 2004 and ensure that partnership working is effective and makes a positive difference to children's outcomes.
  18. G4S to ensure that Oakhill's new permanent Director is given the full range of resources and support she needs to drive continuous improvement towards excellent, safe, nurturing care for children in custody.
  19. In order to embed and continue to drive improvements in practice, progress on all recommendations must be subject to regular planning, audit and review.



## APPENDIX II

### Reference Documents

Legal Aid, Sentencing and Punishment of Offenders Act 2012	<a href="https://www.legislation.gov.uk/ukpga/2012/17">Legal Aid, Sentencing and Punishment of Offenders Act 2012 (legislation.gov.uk)</a>
Review of Custodial Remand for Children January 2022	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1050218/youth-remand-review.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1050218/youth-remand-review.pdf</a>
Youth Custody Service Safeguarding Review October 2019	<a href="https://www.gov.uk/government/publications/youth-custody-service-safeguarding-review">https://www.gov.uk/government/publications/youth-custody-service-safeguarding-review</a>
MK Together Safeguarding Annual Report 2020-2021	<a href="https://www.google.com/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;source=web&amp;cd=&amp;ved=2ahUKEwjGqJatq6X3AhWNa8AKHbXXAJkQFn0ECAgQAQ&amp;url=https%3A%2F%2Fwww.mktogether.co.uk%2Fwp-content%2Fuploads%2F2021%2F11%2FFINAL-Annual-Report-2020-21-Approved-MKTMB-191121.pdf&amp;usq=AOvVaw30DO5S63maYkUxTE_VGu_9">https://www.google.com/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;source=web&amp;cd=&amp;ved=2ahUKEwjGqJatq6X3AhWNa8AKHbXXAJkQFn0ECAgQAQ&amp;url=https%3A%2F%2Fwww.mktogether.co.uk%2Fwp-content%2Fuploads%2F2021%2F11%2FFINAL-Annual-Report-2020-21-Approved-MKTMB-191121.pdf&amp;usq=AOvVaw30DO5S63maYkUxTE_VGu_9</a>
Findings and Recommendations of the Youth Custody Improvement Board 24 February 2017	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/594448/findings-and-recommendations-of-the-ycib.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/594448/findings-and-recommendations-of-the-ycib.pdf</a>
'Punishing Abuse' Children in the West Midlands Criminal Justice System – 2021 – West Midlands Combined Authority, Dr Alex Chard	<a href="https://www.wmca.org.uk/media/4678/punishing-abuse.pdf">https://www.wmca.org.uk/media/4678/punishing-abuse.pdf</a>
Abuse in children's institutional settings: How much is known? December 2021	<a href="https://article39.org.uk/wp-content/uploads/2021/12/Abuse-in-institutional-settings-how-much-is-known-2021-Final-15-Dec-2021.pdf">https://article39.org.uk/wp-content/uploads/2021/12/Abuse-in-institutional-settings-how-much-is-known-2021-Final-15-Dec-2021.pdf</a>

Sexual Abuse of Children in Custodial Institutions:2009-2017 February 2019	<a href="https://www.iicsa.org.uk/reports-recommendations/publications/investigation/custodial">https://www.iicsa.org.uk/reports-recommendations/publications/investigation/custodial</a>
A Youth Justice System that Works for Children: A Joint Policy Position Paper by Service, Strategic and Political Leaders in Local Government November 2021	<a href="https://www.local.gov.uk/publications/youth-justice-system-works-children">https://www.local.gov.uk/publications/youth-justice-system-works-children</a>
Child sexual abuse in contemporary institutional contexts: An analysis of Disclosure and Barring Service discretionary case files July 2021	<a href="https://www.iicsa.org.uk/reports-recommendations/publications/research/csa-contemporary-institutional-contexts">https://www.iicsa.org.uk/reports-recommendations/publications/research/csa-contemporary-institutional-contexts</a>
The Government Response to Charlie Taylor's Review of the Youth Justice System December 2016	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576554/youth-justice-review-government-response-print.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576554/youth-justice-review-government-response-print.pdf</a>
Secure Training Centre Rules 1998	<a href="https://www.legislation.gov.uk/uksi/1998/472/contents/made">https://www.legislation.gov.uk/uksi/1998/472/contents/made</a>

**END OF REPORT**