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Guidance

# Joint inspection framework: secure training centres

Updated 5 April 2024

## Applies to England

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## Introduction

1. This framework is designed to assist inspectors from the Office for Standards in Education, Children's Services and Skills (Ofsted), His Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) when carrying out inspections of secure training centres (STCs) in England. Ofsted is authorised to lead inspections of STCs and to inspect them jointly with HMIP and CQC under [Schedule 13, paragraph 7, of the Education and Inspections Act 2006](#), which enables His Majesty's Chief Inspector (HMCI) to act jointly with another public authority for the efficient and effective exercise of his/her functions.

2. CQC has regulatory responsibility under the [Care Act 2014](#) in relation to registered healthcare providers. If a registered healthcare provider does not meet the basic standards set out in the act, CQC can take enforcement action against it.

3. Inspections of STCs are commissioned under the terms of a service-level agreement between the inspectorates and the Ministry of Justice (MoJ). The service-level agreement reflects the requirements of the above legislation.

## The inspection principles

4. [Ofsted's corporate strategy](#) outlines how we will carry out inspection and regulation that is:

- intelligent
- responsible
- focused

5. Our approach is further underpinned by the following 3 principles that apply to all social care inspections.

## **To focus on the things that matter most to children's lives**

6. Ofsted has reached a general consensus with the main social care stakeholders that social care inspections should focus on the experiences and progress of children. We regularly ask children, and the adults who look after them, what matters most about children's experiences and progress.

7. Using this to guide us, we focus the criteria for our judgements on the difference that providers are making to children's lives. Adults can only support children well if they're given the time, resources and information they need to do this. Therefore, we also take account of the quality of the support that the adults who care for children receive.

## **To be consistent in our expectations of providers**

8. It's important that professionals and members of the public can compare services that do similar things. We make this possible by being consistent in what we expect from providers. We use the same judgement structure and the same evaluation criteria, wherever possible, irrespective of where children live or receive help.

9. Our inspection methods and published guidance only differ when there is a good reason. This includes taking a similar approach to deciding on the frequency of inspections.

## **To prioritise our work where improvement is needed most**

10. We are committed to inspecting in a way that focuses our resources where they are needed most.

11. If leaders and managers have shown that they can consistently deliver services for children well, we may decide to return less often or do a more proportionate inspection. However, we always take into account the risk to children of not inspecting as frequently. We use a broad range of information to tell us whether standards are slipping. We are always able to go back to good and outstanding providers more quickly if we have concerns.

## **The focus of inspections**

12. This framework has a consistent and clear focus on evaluating the impact of care and support on the experiences and progress of children, largely through case tracking and sampling. This means that:

- inspectors spend less time looking at policies and procedures and more time looking at the impact of services on children's lives

- we give the minimum or no notice of inspection, so that we can see settings as they are on a day-to-day basis, and so that the time providers may spend preparing for inspection is reduced as much as possible
- we have set out as clearly as possible the details of the information required by inspectors to assist their inspection. This will enable STCs to produce their best evidence

When applying this guidance, inspectors will take appropriate action to comply with Ofsted's duties under the Equality Act 2010.

## Legal context

13. The inspection of STCs is required in accordance with rule 43 of the [Secure Training Centre Rules 1998](#) (made under [section 47 of the Prison Act 1952](#), as amended). HMCI inspects STCs in accordance with a service-level agreement made following [section 146 of the Education and Inspections Act 2006](#).

14. The joint inspection framework with HMIP and CQC is permitted under paragraph 7 of schedule 13 of the Education and Inspections Act 2006, which enables HMCI to act jointly with other public authorities when appropriate.

15. The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment (OPCAT) requires that all places of detention are visited regularly by independent bodies that monitor the treatment of and conditions for detainees. This is known as the National Preventive Mechanism. Inspections of STCs carried out by Ofsted, HMIP and CQC contribute to the UK's response to its international obligations under OPCAT.

16. CQC is the independent regulator of health and adult social care. This includes the regulation of most types of healthcare for children. CQC ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages care services to improve. The [Health and Social Care Act 2008](#) and the [CQC \(Registration\) Regulations 2009](#) set out CQC's powers to monitor, inspect and regulate services. Where CQC finds poor care, it will use its powers to enforce compliance with the Act and the fundamental standards of care, as set out in [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#).

- [CQC \(Registration\) Regulations 2009](#)
- [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)
- [Healthcare standards for children and young people in secure settings](#)

## Implications of the Equality Act

17. [The Equality Act 2010](#) came into effect on 1 October 2010. The act makes it unlawful for an employer to ask a potential employee questions about their health or disability before they are offered employment, whether on a conditional or unconditional basis.

18. Inspectors will assess whether centres have a rigorous recruitment and vetting process in place that includes ensuring that their employees are mentally and physically fit before they start work.

## Types of inspection

19. We carry out the following types of inspection of STCs:

- a minimum of one full inspection carried out between 1 April and 31 March
- a minimum of one assurance inspection carried out between 1 April and 31 March
- monitoring visits, which are carried out when there are matters of concern and there is agreement between the inspectorates, the MoJ and/or the Youth Custody Service (YCS) that a visit should take place

## Scheduling

20. The scheduling of inspections takes account of:

- previous inspection findings
- 'point-in-time' survey responses from children
- information that has come to the attention of the inspectorates or been received from the Secretary of State, the MoJ and the YCS
- other relevant information received by Ofsted, HMIP or CQC

## Full inspections

21. Full inspections usually take place over 5 days, during 1 week.

22. The inspection team is usually led by a social care HMI from Ofsted, and includes a minimum of 2 Ofsted social care inspectors, 2 inspectors from HMIP, an Ofsted HMI for further education and skills and an inspector from CQC.

23. Researchers from HMIP may join for part of the on-site inspection to interview children. The number of researchers is agreed with the lead inspector before the on-site inspection begins, taking account of the number of children placed at the STC and any lines of enquiry.

## How inspectors make judgements at full inspections

24. Inspectors will follow a 4-point scale (outstanding, good, requires improvement to be good, and inadequate) to make judgements on the:

- overall experiences and progress of children, including judgements on:
- children's education and learning
- children's health
- children's resettlement

taking into account:

- how well children are helped and protected
- the effectiveness of leaders and managers

Figure 1 illustrates the judgement structure.

### Figure 1: the judgement structure



25. If the 'how well children are helped and protected' judgement is inadequate, then the 'overall experiences and progress' judgement will always be inadequate.

26. If inspectors judge the effectiveness of leaders and managers to be inadequate, this is likely to lead to a judgement of inadequate, and certainly no more than requires improvement to be good, for 'overall experiences and progress'.

27. Inspectors will make these limiting judgements first so that they can take them into account for the 'overall progress and experiences' judgement.

28. The 'overall progress and experiences' judgement will also take into account sub-judgements on children's education and learning, health and resettlement.

### Notice of full inspections

29. STCs are notified of a full inspection 4 days (including weekends) before the inspection begins. Notice will usually be given on a Thursday, before fieldwork starts on the next Monday morning.

30. Ofsted will usually give notice of a full inspection by 9am by email. The lead inspector will follow up as soon as possible with a telephone call to the director (or person in charge). The [email letter of notice](#) sets out practical arrangements for the inspection, including the information that the inspectors will require. The lead inspector's follow-up telephone call (and other calls between the centre and lead inspector that may be necessary during the period of notice) is an opportunity for the lead inspector to:

- outline the plan for the inspection

- discuss with the director practical requirements for the inspection team, such as workspace, access to files and information, and access for inspectors to relevant technology systems (such as the Youth Justice Application Framework, Comprehensive Health Assessment Tool or SystemOne); this will include a discussion on any staff support needed to access the systems
- ask the director to identify a link support person for the inspection; it is important that the link person has good access to the director so that they can respond promptly to the lead inspector's requests
- ask for a list of opportunities for inspectors to directly observe practice, for example individual children's reviews and scheduled internal meetings taking place during the week of the on-site inspection; in particular, the lead inspector will ask the director to identify activities that will enable inspectors to speak to children and to observe staff's interaction with them
- develop an inspection timetable for inspectors; the timetable will be kept under review during the on-site inspection week by the lead inspector, the nominated link person and/or the director, as appropriate
- ask the director to share any current information or sensitive issues relating to any of the children or members of staff that the inspectors need to be aware of during the inspection; all vulnerable children who pose a significant threat to themselves or to others should be highlighted for the inspectors' attention
- clarify whether there are any recent serious incidents that are awaiting notification or have been notified to the YCS/MoJ, local authority children's services or the local authority designated officer; these should include significant and current investigations (including police investigations), serious case reviews or issues of high media interest
- ask the director to provide a completed [Annex A](#) of the inspection framework and any additional essential supplementary information by 5pm on the day the inspection is announced; this will generate lines of enquiry and inform inspection findings (Annex A is not usually requested at an assurance inspection or monitoring visit).

## Preparing for a full inspection

### Analysis and planning

31. Pre-inspection analysis and planning are important parts of an STC inspection. At full inspections, the lead inspector is allocated 3 days to prepare. Team inspectors are allocated 1 day. They should use this time to review the information provided by the MoJ and YCS and held by the inspectorates, so that the fieldwork is properly focused and used to best effect in collecting first-hand evidence.

32. Inspectors look at:

- previous inspection reports
- information provided to the inspectorates by the YCS and MoJ
- 'point-in-time' survey responses from children
- any concerns and complaints received
- other information in the public domain, such as minutes of local safeguarding partnership meetings

33. The lead inspector analyses the available evidence and information and sets this out in a pre-inspection briefing for team members.

34. The pre-inspection briefing sets out lines of enquiry, any areas of apparent weakness or significant strength, and areas where further evidence needs to be gathered. The focus of the inspection may change during its course as further evidence emerges.

### **Point-in-time survey**

35. Researchers from HMIP carry out a 'point-in-time' survey of children. HMIP contacts the STC directly to arrange this activity. An inspector from Ofsted or HMIP will be available to the researchers 'off site' if they need any advice.

36. When HMIP researchers arrive on site, they meet with the director (or, in the director's absence, the most senior manager) to explain their methodology and agree a suitable way forward that enables all the children to participate in the survey, if they so wish, while minimising any disruption to their education and other scheduled tasks and activities.

37. We ask the STC to provide details of the children's ages, gender and ethnicity, and any relevant information that will help them to participate in the survey, such as their literacy and comprehension levels. In particular, the STC should identify children who are due for release during the next 2 weeks. This basic information about children will be used by the HMIP researchers.

38. Children who pose a significant threat to themselves or to others should be highlighted for the researchers' attention.

39. The researchers should ensure that any children with communication difficulties or who speak English as an additional language are helped to complete the survey. Surveys are used as inspection evidence and will inform lines of enquiry.

### **Request for information at a full inspection**

40. STCs can download a copy of [Annex A](#) and keep it updated in preparation for their inspection. They can send this electronically to the inspector during the inspection. No personal data is stored.

41. Inspectors use Annex A data to generate lines of enquiry about the safety and welfare of children.

## **On-site activity**

### **The start of the inspection**

42. At the start of the inspection, inspectors confirm their identity by producing their inspector authorisation and identity badge. They do not need to carry paper copies of their Disclosure and Barring Service (DBS) checks.

43. The lead inspector usually meets with the director (or, in their absence, the most senior manager). The lead inspector will:

- outline the plan for the inspection
- provide an opportunity for the director to explain the centre's context, key strengths and challenges
- clarify practical arrangements for the inspection team, such as workspace, access to files and information technology systems, including any staff support needed to access the systems
- clarify the link support person for the inspection
- clarify the timetable, the list of internal meetings, the individual children's reviews that are taking place during the week of the on-site inspection and times when inspectors can speak with relevant managers and stakeholders, as appropriate
- outline any lines of enquiry for the inspection
- provide further information about the scope of the inspection, if necessary
- agree arrangements to meet regularly with the director, including the scope, timing and frequency of 'keep-in-touch' (KIT) meetings
- arrange the time that verbal feedback will be given and who will attend the feedback meeting
- check the director's welfare, and whether any steps need to be taken to ensure their well-being. The inspector should ascertain how to contact whoever is responsible for the director's welfare on a day-to-day basis, so that they can pass on well-being concerns when appropriate and necessary
- provide the opportunity to raise any issues or concerns, or to seek clarification about the inspection, and explain how the centre can raise any matters during the inspection itself
- discuss and clarify any other matters, such as how relevant local area services, such as the safeguarding hub and the local safeguarding partnership, are operating

44. The inspection team will meet at 12.30pm on day 1 of the on-site inspection. The purpose of this meeting is to:

- discuss information arising from the preparatory work, including any lines of enquiry
- share knowledge of the local area and local priorities
- confirm tasks and responsibilities, ensuring that team members are supported and able to challenge each other
- agree practicalities and arrangements for team meetings and KIT meetings with the director
- confirm health and safety and security requirements
- discuss the inspection timetable that has been agreed with the centre

### **Case tracking and sampling**

45. Evaluating the experiences and progress of children at an STC is a core inspection activity. This is largely based on evidence from case tracking and sampling.

46. For tracked cases, inspectors take an in-depth look at the quality of the help, care and protection that individual children have experienced. For sampled cases, inspectors look at elements of practice within individual cases, usually to follow lines of enquiry.

47. We take into account individuals' starting points and circumstances during inspections. We

recognise that even slight progress in a particular aspect of their lives may represent a significant improvement for some children. We also recognise that for some children, because of their experiences of trauma, abuse or neglect, progress is not always straightforward. Progress in one area may result in deterioration in another as they work through the impact of their past experiences.

48. Children's overall experiences and progress are, in part, a result of how well they are helped and protected and the effectiveness of leaders and managers. Inspectors consider the 'help and protection' and 'leadership and management' judgements first so that they can take these and the other judgements into account when reaching the 'overall experiences and progress' judgement.

49. Inspectors will track the experiences and progress of a representative sample of children.

50. Inspectors may also sample elements of further cases to follow specific lines of enquiry. The size of the provision and the nature of any lines of enquiry determine how many cases are tracked and sampled.

51. Cases should be selected by the lead inspector from the list provided by the STC and will usually include (when relevant):

- children who have recently been admitted
- children with long sentences
- children with short sentences
- children on remand
- children ready to transfer or leave
- children at risk of self-harm

52. Inspectors also usually assess the management of a recent serious incident (when relevant). This is so that they can understand how the staff team responds to complex and difficult circumstances and whether the actions and responses of leaders, managers and staff focus on promoting and safeguarding children's welfare.

53. Case files (either electronic or paper-based) are usually discussed with the allocated key worker and/or caseworker (unless on leave), using their knowledge of the case, file structure and recording systems. If the allocated key worker and/or caseworker is absent, a suitable colleague will be asked to assist.

54. Case files are only one aspect of tracking the child's journey. The inspector also learns about the child's experience by observing practice and evidence from the child themselves, their carers, family (when appropriate), social worker, youth offending team worker, health and education professionals and other practitioners involved in their care. When tracking the case of a looked-after child, the inspector may consult the independent reviewing officer and social worker.

55. The inspector examines, discusses and evaluates cases in line with the criteria set out in the evaluation schedule. They look for evidence that the STC has had a positive impact on the experiences and progress of children and how managers and staff know they are making a difference to children's lives.

56. The detail of activities carried out and discussions held varies depending on the lines of enquiry for each individual inspection.

## **Listening and talking to children**

57. The views of children in STCs provide important evidence of their experiences and progress.

58. Inspectors assess how well the STC consults with children. Children's views that have been gathered by the centre are taken into account as part of the inspection evidence.

59. Inspectors always try to meet with children during the inspection. They may make alternative arrangements to speak to children, such as telephone calls at a pre-arranged time. Sometimes, inspectors will spend time observing activities and situations when children are present rather than engaging in direct communication with them. This is to limit any stress caused to children. These approaches will be discussed throughout the inspection as necessary.

60. Many of the experiences of children living at the centre take place after the normal education day and it is therefore essential that inspectors are present at this time.

61. Inspectors should involve the children in inspection activity whenever they can.

62. Opportunities to gather children's views and experiences may include:

- asking children to show inspectors around their unit
- holding structured meetings (as a general guideline, a meeting should not include more than 4 children)
- having individual conversations
- joining in leisure activities, such as computer or console games
- preparing snacks or drinks
- spending mealtimes with children
- outdoor activities

## **Communication methods**

63. Inspectors should take into account the limits of verbal consultation with some children, particularly those who are disabled or have complex healthcare needs, in their evaluation. In these cases, they would expect to see appropriate alternative means of gathering children's views and providing them with feedback about the impact of their consultation.

64. Inspectors must take into account the specific communication needs of individual children. For some children, inspectors may request the assistance of staff or an independent person who knows and understands the child's preferred means of communication, particularly if this is unique to the child. In other instances, it may also be appropriate for inspectors to spend time observing children and how they interact with staff and respond to their environment.

65. Inspectors can ask for an interpreter to join the inspection. This is helpful when the children are fluent in British Sign Language. Inspectors request this service through the inspection support team and give 2 weeks' notice when possible.

66. Children, including those with limited or no verbal communication, may wish to share their views in a letter to inspectors.

#### 67. Inspectors demonstrate safe and sensitive practice by:

- agreeing with staff where conversations with children will take place and who will be involved
- being sensitive to the fact that some children may not want to be involved in the inspection
- ensuring that children's permission is asked for inspectors to attend any formal meetings, such as remand- or sentence-planning reviews
- explaining to children that they will not include comments that will identify them in the inspection report or in feedback to staff working in the STC without their permission
- ensuring that staff are aware of any arranged meetings with children and that children may leave the meeting at any time
- where appropriate, explaining to children that information suggesting that they or another child is at risk of harm will be passed by inspectors to an appropriate person able to take necessary action about that concern

68. Inspectors always respect privacy and the confidentiality of personal information. They always involve staff in any decisions about children's involvement in the inspection.

#### **Observing activities**

69. Inspectors can use the STC's scheduled activities as opportunities to observe its work and follow lines of enquiry. These activities could include:

- staff handover between shifts
- children's meetings
- staff meetings or briefings

#### **Gathering views of other professionals**

70. Inspectors consult with professionals to inform the inspection findings. This may not always take place on site and may be through a telephone call during the inspection. These professionals may include:

- advocacy services
- youth offending teams
- the YCS
- social workers
- independent reviewing officers
- professionals from local authority children's services and the designated officer
- representative(s) of the local safeguarding partnership

71. Inspectors ask for the relevant contact details through [Annex A](#).

72. Inspectors should always take account of the need for privacy and confidentiality when talking to stakeholders during the inspection.

#### **Discussions with managers and staff**

73. Individual interviews are held by inspectors with the director/managers and other staff. The

lead inspector may talk to external line managers from the managing organisation.

74. The interview with the director usually covers:

- issues that have arisen from pre-inspection information and early lines of enquiry
- the director's evidence of the effectiveness of the centre and its impact on the experiences and progress of the children living there and those who have recently left; this includes how the centre works with individual children to meet their needs and the help on offer to support them to make and sustain attachments with adults
- questions about the director's theoretical and professional understanding of and approach to working with vulnerable and upset children
- a summary of the needs of the children at the centre, including how incidents and concerns are managed and the action taken to prevent similar situations or difficulties arising
- discussions about how regular routines are established for children around mealtimes, bedtimes, education and weekend activities
- the director's knowledge and understanding of the centre's strengths and weaknesses and plans for future development, and how they lead the team effectively and promote a culture of continuous improvement
- discussions about helping children to have safe contact with their families and other people who are important to them
- follow-up discussions on progress in responding to previous inspection recommendations
- the quality and effectiveness of practice-related supervision received by the director and given by managers to staff
- challenge and enquiry about the centre's relationship with other professionals, services and agencies
- plans for staff development
- discussions about the recruitment and selection of staff and any further evidence that the director may wish to highlight to the lead inspector

75. In most cases inspectors will want to have confidential conversations with staff and will usually ask to speak to them alone so that staff can express their views freely. However, individuals may ask to have a colleague present to support them if they prefer.

76. If inspectors see that a staff member is upset or distressed at any point during the inspection, inspectors will respond sensitively. Where appropriate, inspectors will consider suitable adjustments to enable the staff member to continue. Where appropriate, inspectors will inform those responsible for the person's well-being. The inspector will also contact their manager/regional duty manager to take advice. There may be exceptional occasions when we need to consider pausing an inspection. We will consider these on a case-by-case basis according to our published [guidance on pausing inspections](#).

77. During the inspection, the lead inspector (and usually another team member) holds daily KIT meetings with the director to share headline summaries of emerging findings. To help the director understand how the inspection is progressing, and to continue the constructive professional dialogue where meetings are held to keep them informed of emerging findings, the director can be accompanied by a colleague, where appropriate. This will allow them to raise any issues or concerns or to seek clarification, including related to the conduct of the inspection.

78. These meetings also provide opportunities for the lead inspector, when necessary, to discuss what the team may wish to consider later in the inspection. This is so that the director can prepare or direct inspectors to any specific information or evidence required.

79. Inspectors should bring any shortfalls that could have an immediate impact on the safety of staff or children to the lead inspector's attention without delay. The lead inspector will in turn share the relevant information with the director.

80. Inspectors want to establish that the monitoring systems in the centre are robust enough to identify any strengths and weaknesses in practice. Inspectors should be prepared to alter interview arrangements if staff have to attend to the needs of children.

### **Examining records, policies and procedures**

81. Inspectors do not routinely examine all policies and procedures. Inspectors examine documents when they may inform a line of enquiry for that individual inspection.

82. Inspectors focus on the impact of documents, such as risk assessments, and how they work in practice rather than the format. What matters is that they are fit for purpose and provide enough information to all relevant people so that they can care for the children safely and appropriately. When paper or electronic staff records are maintained, inspectors may ask to see those records, if they are included in the lines of enquiry for the inspection.

83. Inspectors look at the list or electronic records that summarise the vetting and recruitment checks for staff. These records could be maintained in checklist or spreadsheet formats. Managers must be able to provide evidence that they are satisfied that all staff working at the STC are fit to do so. When the STC uses the DBS update service to check the status of an individual's DBS certificate, the centre should be able to demonstrate how it manages and records details of any check it carries out. If any lines of enquiry require additional information, then inspectors may ask for sample of full personnel records to be made available at the inspection visit.

84. When members of staff are subject to transfer of undertakings (protection of employment) (TUPE) arrangements, we recognise that the new employer relies on the previous employer for all recruitment records relating to those staff. Therefore, in some instances, we recognise that the provider may not have all the information. If this is the case, we still expect the new employer to hold enough relevant information to make sure staff are suitable, including DBS record checks or vetting records. If there are any gaps in requirements, the new employer should have taken steps to assure itself that the person is suitable to work in their role. This would include reference to employment records such as appraisals.

### **How inspectors use the evaluation criteria**

85. Inspectors will use the descriptions of what 'good' looks like as the benchmarks against which to grade and judge performance. The judgement, however, is not derived from a checklist. It is a professional evaluation of the effectiveness of the care and support provided and their impact on the experiences and progress of children. Failure to meet all of the criteria for 'good' will not automatically lead to a judgement of 'requires improvement to be good'.

86. Inspectors judge a setting to be good if they conclude that the evidence sits most appropriately with this finding. We call this the 'best fit'.

87. STCs must meet statutory requirements, including those in the [Secure Training Centre Rules 1998 \(Statutory Instrument 1998/472\)](#) and those in relation to disabled children and those who have special educational needs. Compliance with statutory requirements will not in itself lead to a judgement of good or outstanding.

## Required evidence

88. There are areas of required evidence that inspectors must gather to be able to reach their judgement. These areas of required evidence are set out in the bullet points at the beginning of the evaluation criteria for each judgement.

## Evaluation criteria

### The overall experiences and progress of children

Areas of required evidence are:

- the quality of children's experiences on a day-to-day basis
- the quality of individualised care and support provided and the influence and impact of the centre on the progress and experiences of children
- the quality of relationships between professionals and children and parents
- how well children's views are understood and taken into account, and how their rights and entitlements are met
- how well the centre ensures that the needs of children who live far from their home area are met
- the timeliness and quality of the centre's initial assessment of children's starting points in education and their learning needs
- the quality of education provided, its impact on children's learning and the progress they make from their starting points
- how well children learn
- the effectiveness of support to children with special educational needs and/or disabilities
- the extent to which teaching staff actively promote equality, tolerance and diversity
- whether children have good access to the health services that they need, at the intensity required and for as long as it is required
- the progress children make in relation to their physical, emotional and mental health
- how well children are prepared for their futures and how well transitions are managed

- the quality of resettlement work

## Good

The experiences and progress of children are likely to be judged good if there is evidence of the following:

Children are enabled to build trusted and secure relationships with adults who are looking after them. Staff know the children well, listen to them, invest time in them, protect them and promote their welfare. They make progress and have a range of positive experiences.

Children, including those who communicate non-verbally, are supported to actively participate in day-to-day and more complex decisions about their lives, as appropriate. They are sensitively helped to understand when it may not be possible to act on their wishes and why other action is taken that is in their best interests. Children have access to, and are actively encouraged to involve, an independent advocate and, when appropriate, an independent visitor and/or legal adviser.

Children know how to complain. The setting's complaints policy is easy to understand, accessible and child-focused. Children understand what has happened as a result of their complaint. Their complaints are treated seriously and are responded to clearly. Urgent action is taken and practice and services improve accordingly.

Children enjoy access to a range of social, educational and recreational opportunities, including activities in the community if their plan provides for this, irrespective of any disability they may have. They are supported to engage in faith-based activities if they wish.

Any specific type or model of care delivered or commissioned by the centre is provided by staff who are suitably trained, experienced, qualified and supervised. There is evidence of benefits to children and the care is reviewed regularly.

Children who are new to the centre are welcomed sensitively and with careful and considered planning. They are given the opportunity to contact their parents and carers. They are promptly provided with information about life in the centre in ways that suit their individual needs and level of understanding.

Children arrive at the centre at a time of day that assists them to settle in well. The transport used for children is safe, timely and non-stigmatising.

Children develop skills and strategies to manage their own conflicts and difficult feelings through developing positive relationships with staff. There are clear, consistent and appropriate boundaries for children.

Children are treated with dignity and respect. They experience care and help that are sensitive and responsive to their identity and family history, including age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation. The care and help assist them to develop a positive self-view and to increase their ability to form and sustain attachments and build emotional resilience and a sense of their own identity. The care and help also assist them to overcome any previous experiences of neglect and trauma.

Staff always place the well-being of individual children at the centre of their practice, irrespective of the challenges they may present. All their achievements are celebrated and appropriately rewarded. Their day-to-day needs are met, such as routine, privacy, personal space and enjoyable mealtimes.

### **Requires improvement to be good**

The overall experiences and progress of children are likely to be judged requires improvement to be good when there is evidence of the following:

The secure training centre is not yet delivering good help and care for children so that they receive positive experiences and make good progress. However, there are no serious and/or widespread failures that result in their welfare not being safeguarded and promoted.

### **Inadequate**

The overall experiences and progress of children are likely to be judged inadequate if there is evidence of the following:

There are serious and/or widespread failures that mean children are not protected or that result in children's welfare not being promoted or safeguarded. Their care and experiences are poor and they are not making, or not likely to make, progress.

## Outstanding

The overall experiences and progress of children are likely to be judged outstanding if, in addition to meeting the requirements of a good judgement, there is evidence of the following:

Professional practice consistently exceeds the standard of good and results in sustained improvement to the lives of children, even when they have complex or challenging needs. There is significant evidence of change and improvement because of the excellent help and care provided. The progress of children is exceptional, taking into account their starting points.

The experience of living at the centre enhances children's life chances. For children with the most complex needs, staff are able to evidence the sustained benefit to the lives of children in their care. There are examples of excellent practice that are worthy of wider dissemination.

Research-informed practice, some of which may be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children.

## Children's education and learning experience

In making this judgement, the principles set out in [paragraphs 4 to 7](#) of this guidance apply.

The judgement on the overall experiences and progress of children takes into account the judgement on children's education and learning.

For additional information, STCs can refer to the [education inspection framework](#) and [inspecting education, skills and work activities in prisons and young offender institutions](#).

## Good

The quality of children's education and learning experience is likely to be judged good if there is evidence of the following:

Children have access to a well-designed, planned, sequenced and challenging curriculum. This embodies the decisions that leaders, managers and teaching staff have made about the knowledge, skills and behaviours that the children need to fulfil their aspirations for learning, employment and independence. This includes English (in particular reading) and mathematics.

Teachers teach the curriculum well. They help children to embed key concepts in their long-term memory and apply them fluently and consistently. They use accurate and effective initial and regular assessment to check understanding and inform learning ensuring that children use knowledge fluently.

Teachers involve children sensitively and appropriately in the planning of their individual learning programmes. They provide regular and clear feedback to children on their educational progress supporting them effectively to achieve their learning goals.

Teaching staff have the necessary knowledge and skills to work effectively and sensitively with children who have complex and wide-ranging needs. They are confident in an environment where individual children may be angry or traumatised and where group dynamics can require careful and sensitive intervention.

Teaching staff liaise regularly and effectively with relevant professionals and with children's parents/carers, as appropriate. They understand, and take account of, wider plans for children and any other factors in children's lives that may have an impact on their learning.

Children develop positive relationships with staff that helps to build their resilience and helps them to engage fully and actively in learning.

Children develop detailed knowledge across the curriculum and, as a result, achieve well across all areas of their study. They make substantial and sustained progress from their identified starting points taking into account specific needs identified in their plans.

Children are well prepared for their next stage of education, training or employment at each stage of their learning. They advance to their next steps in terms of qualifications and other achievements in a timely and effective way. They are progressing to appropriate educational and employment destinations.

Children value their education. They participate enthusiastically in education and related learning activities. No groups of children are disadvantaged by low attendance.

Children receive help and support from teachers to manage their behaviour and feelings safely. Teachers understand children's experiences, respond with appropriate boundaries about what is safe and acceptable for each child and seek to understand the triggers for behaviour. Teachers prevent and tackle bullying. Learning sessions flow smoothly without unnecessary interruption. Children show respect for others' ideas and views.

Children are helped to develop personal skills that promotes their independent living skills, increase their employability and prepare them to contribute positively to wider society.

Teaching staff ensure that children's educational needs are addressed effectively in transition planning. High-quality, impartial careers guidance helps children prepare for the next stage of their education, employment or training.

### **Requires improvement to be good**

The quality of children's education and learning experience is likely to be judged requires improvement to be good if there is evidence of the following:

Children's education and learning experiences are not yet good considering their starting points.

### **Inadequate**

The quality of children's education and learning experience is likely to be judged inadequate if there is evidence of the following:

Children's education and learning experiences are consistently poor and they are not making, or are not likely to make, sufficient progress, taking into account their starting points.

## Outstanding

The quality of children's education and learning experience is likely to be judged outstanding if, in addition to meeting the requirements of a good judgement, there is evidence of the following:

Children are making, or are likely to make, exceptional progress, taking into account their starting points.

## Children's health

In making this judgement, the principles set out in [paragraphs 4 to 7](#) of this guidance apply.

### Good

Children's health is likely to be judged good if there is evidence of the following:

Children are in good health or are being helped to improve their health or to manage lifelong conditions, taking into account any risks to the child. Their individual health needs (including their oral, physical, mental, emotional and sexual health needs, as appropriate) are promptly assessed, planned for, accurately recorded and met by in-house or local health services, including dentists, in a timely way. All staff involved with the child work together to promote good health and effective multi-disciplinary working and to manage risk.

Commissioners and health providers ensure the provision of appropriate and high-quality healthcare for children in secure settings, which is delivered by suitably skilled and experienced staff.

Children receive good continuity of care and treatment through effective arrangements with external health providers and other agencies throughout their time at the centre and after they leave. When services are not available, or children are waiting for a long time for help, the centre is proactive in challenging and escalating concerns.

The physical, emotional and mental health of children are actively and effectively promoted during their time in the centre, leading to clear improved health outcomes. Health improvement and healthy lifestyle choices are supported by a centre-wide approach, informed by national health promotion initiatives that are based on the health needs of the current population. Children are encouraged to enjoy regular exercise and a balanced diet.

Arrangements for managing medication are safe and effective. When appropriate, children are enabled to manage their prescribed medication independently, in preparation for leaving the centre. This is supported by an up-to-date risk assessment to ensure their safety and that of others.

Pregnant young women and their babies are fully supported and provided with a safe and comfortable environment. Their health and well-being are maintained or improved by staff who are suitably skilled to deliver appropriate care to both mother and baby and to promote the baby's development.

Good health outcomes are achieved, driven by and monitored against a comprehensive, up-to-date health strategy and policies and procedures. These promote improved practice and cover:

- physical health, substance misuse and emotional and mental health
- early identification of and response to risk of self-harm and suicide ideation
- medicine management
- communicable disease
- infection control
- safeguarding
- information-sharing
- emergency plans

Health services provided in the centre meet CQC regulations and, as a minimum, current healthcare standards for children in secure settings.

### **Requires improvement to be good**

Children's health is likely to be judged requires improvement to be good if there is evidence of the

following:

Healthcare does not yet meet the standard of good, although the shortfalls in meeting children's physical, emotional and/or mental health needs are not serious and/or widespread.

### **Inadequate**

Children's health is likely to be judged inadequate if there is evidence of the following:

Healthcare is consistently poor. There are serious and/or widespread shortfalls in meeting children's physical, emotional and/or mental health needs.

### **Outstanding**

Children's health is likely to be judged outstanding if, in addition to meeting the requirements of a good judgement, there is evidence of the following:

Healthcare consistently exceeds the standard of good.

Children's health shows exceptional progress, taking into account their starting points.

### **Children's resettlement**

Children's resettlement is likely to be judged good if there is evidence of the following:

#### **Good**

Effective resettlement is a priority for all children. The planning for their successful resettlement begins at the point of their admission. The centre actively challenges the responsible authorities when staff have concerns about any aspect of the future plans for children.

Reoffending rates of children who have been released are monitored effectively in order to assess the impact on children of the offending behaviour interventions used within the centre. Interventions are refined and improved as a result.

Children have appropriate, carefully assessed, supported contact (direct and/or indirect) with their family, friends and other people who are important to them, such as previous carers. This contact supports children's successful return to the community and reduces the likelihood of reoffending. There are no unnecessary restrictions in place. Staff work proactively and positively with parents and former carers to promote meaningful and safe contact and continuity of care, when appropriate.

Assessment and planning for children, including care and resettlement plans and development of their independence, are of a consistent high quality and address children's individual needs. Effective planning reduces the likelihood of reoffending. Plans are regularly reviewed and updated.

Children are supported to develop their independence according to their individual needs.

Authorised visits out of the centre are used effectively and appropriately to help prepare children for their return to the community.

Meetings and formal reviews are attended by the right people, set clear targets for improvement and result in improved outcomes for children. Well-established links between the centre and external providers of services contribute to effective care and resettlement.

The centre works productively with relevant agencies to ensure that children are discharged to suitable, sustainable and safe accommodation that meets their needs.

When children leave the centre, work promotes positive endings. When endings are unplanned, the welfare and well-being of children remain paramount and staff act at all times with this in mind. The needs and feelings of other children living in the centre are

taken into account.

The centre identifies children who are looked after or who are care leavers. All plans for these children ensure that they are aware of, and receive, their full entitlement from statutory services.

Resettlement plans take account of the needs of children subject to remand, including those children who may not be entitled to post-release local authority support as a looked after child or care leaver.

Children's resettlement is likely to be judged requires improvement to be good if there is evidence of the following:

### **Requires improvement to be good**

Resettlement practice is not yet good. There are, however, no serious and/or widespread failures to promote good outcomes for children when they leave the centre.

Children's resettlement is likely to be judged inadequate if there is evidence of the following:

### **Inadequate**

Resettlement practice is consistently poor. There are serious and/or widespread failures to promote good outcomes for children when they leave the centre.

Children's resettlement is likely to be judged outstanding if, in addition to meeting the requirements of a good judgement, there is evidence of the following:

### **Outstanding**

Resettlement practice consistently exceeds the standard of good.

Children are making, or are likely to make, exceptional progress, taking into account their starting points. There is clear and sustained evidence that children's reoffending has reduced as a result of the centre's practice.

## How well children are helped and protected

Areas of required evidence are:

- how well risks are identified, understood and managed and whether the support and care provided help children to become increasingly safe
- the response to children who may be at risk of harm, including from exploitation, neglect, abuse, self-harm, bullying and radicalisation
- how well staff and carers manage situations and behaviour and whether clear and consistent boundaries contribute to a feeling of well-being and security for children
- how effectively the use of restraint, single separation<sup>[\[footnote 1\]](#)</sup> and searches of children are managed and minimised
- whether safeguarding arrangements to protect children meet all statutory and other government requirements, promote their welfare and prevent radicalisation and extremism

### Good

The help and protection offered to children are likely to be judged good if there is evidence of the following:

Children feel protected and are protected from harm, including neglect, abuse, sexual exploitation, accidents, self-harm, bullying and radicalisation. There is a strong and proactive response from all those working with children that reduces actual harm or the risk of harm to them, including from self-harm. That response includes regular and effective contact and planning with relevant professionals and agencies and the child's family, when this is appropriate, and in accordance with plans for their future. The use of closed-circuit television and body-worn cameras effectively promotes children's safety.

Children can identify a trusted adult they can talk to about any concerns. They report that adults listen to them, take their concerns seriously and respond appropriately.

Any risks associated with children offending, misusing drugs or alcohol, self-harming, absconding, being affiliated with gangs or being sexually exploited are known and understood by the adults who look after them. Individual up-to-date risk assessments effectively address any known vulnerabilities for each child and set out what action should

be taken to address the risks. There are plans and help in place that are reducing actual harm or the risk of harm and there is evidence that these risks are being minimised.

Children are protected and helped to keep themselves safe from bullying, homophobic behaviour, racism, sexism, radicalisation and other forms of discrimination. Any discriminatory behaviours are challenged. Children are taught how to treat others with respect.

Children receive help and support to manage their behaviour and feelings safely. Staff respond with clear boundaries about what is safe and acceptable and seek to understand the triggers for behaviour.

Positive behaviour is consistently promoted. Staff use effective de-escalation techniques and creative alternative strategies that are specific to the needs of each child and planned in consultation with them, where possible.

Sanctions and rewards are clearly recorded. The centre's rules are fair and understood by children.

Restraint is used only in strict accordance with the legislative framework to protect the child and those around them. Restraint techniques involving the intentional use of pain are not used. All incidents are reviewed, recorded and monitored and the views of the child, dependent on their age and understanding, are sought and understood.

Conflict management is effective and includes the appropriate use of restorative practices that improve relationships, increase children's sense of personal responsibility and reduce the need for formal police intervention.

Staff understand the risks that using the internet may pose for children, such as bullying, sexual exploitation and radicalisation. They have well-developed strategies in place to keep children safe and to support them in learning how to keep themselves safe.

Any searches of children or their rooms and possessions are carried out sensitively by appropriately trained staff with due consideration given to the children's need to feel safe and to have their dignity and needs respected. All searches are appropriately recorded, including the reasons for the search, efforts to seek the child's consent, any risk assessment, management oversight of the decision to carry out a search, and outcomes.

Careful recruitment and regular monitoring of staff and volunteers prevent unsuitable people from being recruited and having the opportunity to harm children or to place them at risk. The relevant authorities and professional bodies are informed of any concerns about inappropriate adults.

Staff working within the centre are clear about and follow procedures for responding to concerns about the safety of a child, including whistle-blowing procedures. Any child protection concerns are immediately shared with the host local authority and other agencies responsible for the child as required. A record of that referral is retained.

There is evidence that staff follow up the outcome of the referral quickly and that appropriate action has been taken to protect the child from further harm. If the centre is not satisfied with the response from either the local authority where the setting is situated or other agencies responsible for the child, it escalates its concerns appropriately.

Children are informed about any action that adults take to safeguard them. Parents and carers are made aware of concerns and their consent is sought in accordance with local procedures, unless doing so would increase the risk of or actual harm to a child.

Allegations or suspicion of harm are shared with the appropriate agencies and are handled fairly, quickly and in accordance with statutory guidance. Children are supported and protected. Support is given both to the person making the allegation and the person who is the subject of the allegation.

Staff have effective links with local authorities, designated officers and other important safeguarding agencies. There is good communication about safeguarding issues, such as any injuries sustained during restraints or allegations against staff.

Staff have good relationships with relevant local voluntary sector organisations that may be

able to offer specialist support to children in keeping themselves safe.

The physical environment for children is safe and secure and protects them from harm or the risk of harm. Risk assessments are regularly reviewed and staff understand and implement strategies to keep children safe.

The risks that some children may present to the public on their release are assessed and managed robustly during their time in the centre, during discharge planning and on release. Multi-agency public protection arrangements are in place when necessary and take full account of all information known about the child, including all relevant aspects of their behaviour while at the centre.

Effective contingency plans are in place for emergencies and serious incidents to ensure the safety of children and staff. These plans are regularly tested and reviewed, and any learning identified and actioned. All staff are confident in fulfilling their responsibilities set out in these plans. Up-to-date and effective arrangements are in place between the centre and the local emergency services to ensure that children, staff and visitors are fully protected in the event of an emergency.

Any use of single separation or separation from peers is for the minimum amount of time necessary in strict accordance with the legislative framework, such as when the child's immediate safety, or the safety of others, is at risk. Clear and robust records are kept, which explain the reasons for the separation, justify any ongoing use and include the views of the child involved. Children are made fully aware of the reasons for the separation and are given the opportunity later to discuss incidents with a suitable member of staff or independent person.

Security information is acted on promptly and appropriately to keep children safe. Staff at all levels understand the procedures for sharing security information. Recording systems are confidential, auditable and tamper-proof.

Observation, monitoring or surveillance of children ensures that they are not subject to unnecessary invasions of their privacy, such as when they are dressing, washing or using the toilet. Any observations that are potentially intrusive are recorded and agreed in the child's plan and in any risk assessment that is linked to their safety, welfare or well-being.

They are authorised and monitored by senior managers.

Handcuffs are only used when there is a clear rationale based on a robust risk assessment and it is in the child's best interests. The rationale is clearly recorded.

### **Requires improvement to be good**

The help and protection offered to children are likely to be judged requires improvement to be good if there is evidence of the following:

Children are not yet receiving good enough help and protection, but there are no serious and/or widespread failures that leave them either being harmed or at risk of harm.

### **Inadequate**

The help and protection offered to children are likely to be inadequate if there is evidence of the following:

There are serious and/or widespread failures that leave children being harmed, at risk of harm or their welfare not being safeguarded.

### **Outstanding**

The help and protection offered to children are likely to be judged outstanding if, in addition to meeting the requirements of a good judgement, there is evidence of the following:

Professional practice results in sustained improvement to the lives of children. Highly effective planning manages and minimises risks inside and outside of the centre. When children are new to the centre, any risks are well understood and are significantly reducing. Proactive and creative safeguarding practice means that all children, including the most vulnerable, have a strong sense of safety and well-being, leading to positive improvements in their behaviour. Children are involved in creating ways to de-escalate situations and finding creative alternative strategies that are effective.

Research-informed practice, some of which may be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children.

## The effectiveness of leaders and managers

Areas of required evidence are:

- whether leaders and managers show an ambitious vision, have high expectations for what all children can achieve and ensure high standards of individualised care, health and education
- whether leaders and managers have a clear understanding of the progress children are making in respect of the plan for them and take effective action when necessary
- whether leaders and managers provide the right supportive environment for staff through effective supervision and appraisal and high-quality induction and training programmes that are tailored to the specific needs of the children
- how well leaders and managers know and understand the centre's strengths and weaknesses, prevent shortfalls, identify weaknesses and take decisive and effective action
- whether the centre is achieving its stated aims and objectives
- the quality of professional relationships to ensure the best possible all-round support to children in all areas of their development
- whether leaders and managers actively challenge when the responses from other services are not effective
- the extent to which leaders and managers actively promote tolerance, equality and diversity
- the impact of children's views and participation

### Good

The effectiveness of leaders and managers is likely to be judged good if there is evidence of the following:

The centre is effectively and efficiently managed by a permanent, suitably experienced director.

Leaders and managers are visible and accessible to both staff and children.

The centre is properly staffed and resourced to meet the needs of the children. Staff are suitably vetted and qualified and are able to deliver high-quality services to children. Arrangements for recruitment and appraisals are robust.

Leaders and managers actively and regularly monitor the quality of education, health and care provided.

Leaders and managers use learning from practice and feedback to improve the experiences and care of children, including, for example, direct testimony from children, parents, carers, other professionals and other stakeholders. They learn from complaints, staff feedback, placement successes and breakdowns, and any serious events. They identify strengths and areas for improvement and implement clear development plans that continually improve the experiences of children.

Action is taken to address all issues of concern, including any concerns or complaints from children. Proper investigations are carried out. External agencies are engaged as necessary. Effective action has been taken to address all recommendations from previous inspections.

Leaders and staff work proactively with the local community, including neighbours, faith groups, leisure organisations and local businesses.

Leaders and managers ensure that plans are reviewed with responsible authorities and the family (when this is appropriate). They challenge effectively and take action when they are concerned that responsible authorities and other relevant agencies are not making decisions that are in children's best interests.

Leaders and managers understand the plans for the children and drive the achievement of important milestones, goals and permanence for their futures.

Leaders and managers monitor the progress that individual children make, including their progress in education, employment and training. They can demonstrate the positive impact that living at the centre has had on individual children's progress and life chances.

Managers and staff receive regular and effective supervision that is focused on children's experiences, needs, plans and feedback. Supervision is recorded effectively.

Staff and leaders receive effective support and challenge, including through team and management meetings, to ensure that their professional development results in the right

environment for good practice to thrive. The emotional impact of the work on staff is recognised and managed well by leaders and managers.

Training, development and induction activities are effective. They are focused on ensuring that staff can meet the specific needs of the children who they are responsible for. Activities are evaluated to ensure that they lead to effective practice. Leaders, managers and staff are up to date with current practice in their specialist area.

Staff work collaboratively to provide consistency and stability. There are clear responsibilities and accountabilities and staff have a sense of shared ownership about its practice. Staff report that they are well led and managed, and there is other evidence to support this.

The statement of purpose, which is kept under review, clearly sets out the aims of the centre and how they are to be achieved.

Leaders and managers ensure that the physical environment is maintained to a high standard and meets the needs of children. Any damage or wear and tear is quickly and regularly repaired.

Case records reflect children's everyday lives and the work that is carried out with them. They reflect their achievements and clearly relate to the plans for their futures. Records are shared with children who are able to contribute to them with appropriate support.

Volunteers who work with children at the centre are trained, supervised and supported to carry out their roles appropriately and to provide a high-quality service that enhances the experiences of children.

The director takes the necessary action following any significant incident to ensure that the child's needs are met and that they are safe and protected. The centre ensures that relevant authorities and agencies, and families when appropriate, are notified of all significant events relating to the welfare and protection of children living at the centre.

The culture of the centre is characterised by high expectations and aspirations for all children. The ethos and objectives of the centre are demonstrated in practice.

Leaders and managers regularly review and act on any known risks to children, taking advice and guidance from local partners and agencies.

Comprehensive information is shared between all parts of the centre, contributing to demonstrable improvements in the well-being of children. Written records are made and held securely. Those records are shared appropriately when necessary and with the necessary consent.

### **Requires improvement to be good**

The effectiveness of leaders and managers is likely to be judged requires improvement to be good if there is evidence of the following:

The characteristics of good leadership and management are not in place.

Where there are weaknesses in practice, leaders and managers have identified the issues. They have plans in place to address them or they are less serious and there is capacity to take the necessary action.

### **Inadequate**

The effectiveness of leaders and managers will be judged inadequate if there is evidence of the following:

The experiences, progress or protection of children are inadequate, and leaders and managers do not know the strengths and weaknesses of the centre.

Leaders and managers have been ineffective in prioritising and making improvements.

The centre fails to work effectively in partnership with others in the best interests of children.

## **Outstanding**

The effectiveness of leaders and managers is likely to be judged outstanding if, in addition to meeting the requirements of a good judgement, there is evidence of the following:

Leaders and managers are inspirational, confident and ambitious for children and influential in changing the lives of those in their care.

Leaders and managers create a culture of high aspiration and positivity and they have high expectations of their staff to change and improve the lives of the children they are responsible for. They lead by example, innovate and generate creative ideas to sustain the highest quality care for children.

Leaders and managers know their strengths and weaknesses well and can provide evidence of improvement over a sustained period.

Leaders and managers have working relationships with partner agencies to ensure the best possible care, experiences and futures for children.

## **End of the full inspection and feedback**

89. Evidence-gathering usually ends at 2pm on Thursday of the on-site week. Inspectors then leave the site.

90. The remainder of Thursday off site gives inspectors time to reflect on their evidence and finalise their evaluation of practice. This is in time for the team meeting at the start of Friday morning (usually 8.30am). To support a focused discussion in the team meeting, all inspectors will have written their headline evaluative statements before the meeting to share with the team.

91. The lead inspector will chair the inspection team meeting to discuss and agree the inspection

judgements and the final feedback.

92. The lead inspector, further education and skills HMI and the inspector from CQC will give verbal feedback on the main findings and provisional judgements. A QAM from one of the inspectorates will usually be present. This feedback will usually be given to the director. If the feedback is likely to be challenging or is likely to raise sensitive issues, the inspector will be sympathetic to the implications of this feedback. The inspector will discuss with the director which other people, for example senior staff, should attend to ensure the necessary support is given. Attendance at the feedback meeting is voluntary and any attendee may leave at any time. The day of feedback is counted as the last day of the inspection.

93. The inspectors should:

- cover the main findings of the inspection, including both strengths and weaknesses
- clearly communicate the likely judgements
- use the grade descriptors and the evidence to clearly indicate how the judgements have been reached
- ensure that the centre has the opportunity to raise any issues or concerns, or to seek clarification about the inspection, and can contact Ofsted on the working day after the end of the inspection, if necessary
- confirm when the report will be sent to the director for comments on factual accuracy (see the [timeframe section](#))
- inform the centre that, if the healthcare provider has not met the required standards, CQC will confirm this and provide a requirement notice ([Annex B](#)) for the relevant healthcare provider for comments on factual accuracy at the same time as the draft report
- confirm that, when CQC has issued a requirement notice, it will also issue a requirement letter ([Annex C](#)) once the requirements have been agreed

94. If there is a judgement of inadequate, the lead inspector confirms that the inspectorates will consider whether the urgent notification process will be followed. This decision is made as set out in [paragraphs 167 to 178](#) .

95. Inspectors will not provide a written summary of the inspection or written feedback in advance of the inspection report being sent. STCs may choose to take their own notes at the feedback meeting. They may share the provisional inspection outcome and findings with whoever they deem appropriate, though may need to be cautious/sensitive to the risk of provisional outcomes that may be subject to change potentially being shared with children when this could create uncertainty for them. Inspection outcomes may be shared, in confidence, with others who are not involved with the setting. This may include leaders' colleagues, family members, medical advisers and/or wider support group. However, the information should not be made public.

## Feedback to children

96. Where possible, inspectors should give feedback to children, as appropriate to their age and understanding. Inspectors will make efforts to address areas for improvement raised by children.

## The full inspection report

97. Inspectors will include the following information in the inspection report:

- brief contextual information about the STC
- judgements made and a single sentence that is standardised according to the overall judgement
- the date and judgement of the last inspection
- recent inspection history
- areas for improvement and recommendations
- details of the judgements made
- information about this inspection – what we have looked at and information about the legal basis for the inspection
- information on the provider running the service

98. The inspection report is written by the lead inspector, with report-ready contributions to the health and education sections from the CQC inspector and the further education and skills HMI. The report should be succinct and evaluative. It should concisely explain the main reasons for the overall judgement. Inspectors' analysis must be supported by clear evidence.

99. Reports for STCs that have several weaknesses or that are found to be outstanding may require more detailed explanations for the judgements but should still focus on the main issues only.

100. We will send the draft inspection report to the STC within 19 working days of the end of the inspection.

101. The STC will have 5 working days to comment on the draft report, process and findings.

102. We will consider all comments and we will respond to the comments when we share the final report with the STC. This will be within a maximum of 30 working days after the inspection.

103. We expect managers to share the inspection outcome and findings with whoever they deem appropriate.

104. Following the inspection, we will ask providers for feedback about the inspection through a post-inspection survey. This is sent to the STC when it receives the final inspection report. We will use feedback from providers to improve the quality of inspections.

## Child-friendly summaries

105. The lead inspector will complete a child-friendly summary and make a voice recording of that summary following every full inspection of a secure training centre. The summary and recording will not be published. Both will be sent to the director of the STC with the final full inspection report so that the director can ensure that these are shared with all the children. If children need an

adapted form of summary, the summary should be sent to the provider with a request for the document to be adapted into a suitable format.

106. We anticipate that secure training centre staff will translate the child-friendly summary, if necessary, for those children who speak English as an additional language and for those who use alternative systems of communication. The summary can set out an expectation that staff will help children to understand their letter from Ofsted.

## Timeframe – full inspections

Day	Inspection activity
1 (usually a Thursday)	The lead inspector telephones the STC and announces the inspection; initial telephone meeting with director to begin set-up; lead starts preparation
2	Team preparation day
3–6	Team on site (quality assurance manager (QAM) may be on site at any time)
7	Team meeting off site. Inspectors and QAM deliver feedback (on site), including provisional judgements
8	Lead inspector, CQC and further education and skills report writing
9	Lead inspector collates and finalises the report
10	Report sent to QAM at Ofsted
11	Internal consistency panel
12–16	Report amendments
16–17	Draft report sent to HMIP and CQC for quality assurance
18	Quality assurance review
19	Draft report sent to the STC (copied to the MoJ and YCS) within 18 working days from the end of the inspection. The STC then has up to 5 working days to send in comments on the draft report or submit a formal complaint. CQC shares the report with the healthcare provider, notifying the provider of the timescale for return; CQC and health provider comments collated
24	STC returns the report with comments or submits a formal complaint within 5 working days
25	Review of the STC's response

26–28	Multi-inspectorate sign-off
29	Final report sent under embargo to the STC, MoJ, YCS and Youth Justice Board
34	The final report will be published on the <a href="#">Ofsted reports website</a> 5 days after it is sent to the STC

**Figure 2: Ofsted’s post-inspection and complaints procedure**



[View this information in an accessible format.](#)

## Assurance inspections

107. Assurance inspections are carried out according to the general principles of the inspection framework. They focus on the safety and welfare of children and the effectiveness of leaders and managers. They will assess action taken by STCs to address the recommendations made at the last inspection and the impact for children.

108. The inspection team is usually led by a social care HMI from Ofsted, with a minimum of one Ofsted social care inspector, one inspector from HMIP, and one inspector from CQC.

### Preparing for an assurance inspection

#### Analysis and planning

109. At assurance inspections, the lead inspector is allocated half a day to prepare. They should use this time to review:

- any information provided by the MoJ and YCS and held by the inspectorates so that the fieldwork is properly focused and used to best effect in collecting first-hand evidence
- the previous inspection report
- point-in-time survey responses from children
- any concerns and complaints received

110. The lead inspector analyses the available evidence and information and sets this out in a pre-inspection briefing for team members. The pre-inspection briefing sets out lines of enquiry, any areas of apparent weakness or significant strength, and areas where further evidence needs to be gathered. The focus of the inspection may change during its course as further evidence emerges.

## Notice

111. Assurance inspections are unannounced.

## On-site activity

112. When inspectors arrive at an STC (usually around 8.45am), they will meet with the director or person in charge to:

- outline the plan for the inspection
- discuss practical requirements for the inspection team
- ask the director to identify a link support person for the inspection; it is important that the link person has good access to the director so that they can respond promptly to the lead inspector's requests
- ask about opportunities for inspectors to observe activities that enable inspectors to speak to children and to observe staff's interaction with children
- ask the director to share any current information or sensitive issues relating to any of the children or members of staff that the inspectors need to be aware of during the inspection; all children who pose a significant threat to themselves or to others should be highlighted for the inspectors' attention
- clarify whether there are any recent serious incidents that are awaiting notification or have been notified to the YCS, MoJ, local authority children's services or the local authority designated officer; these should include significant and current investigations (including police investigations), serious case reviews or issues of high media interest
- provide an opportunity for the director to discuss and/or give us information on potential equalities duties, including reasonable adjustments for individuals

113. Shortly after meeting with the director, the inspection team will meet briefly to:

- discuss information arising from the preparatory work, including any lines of enquiry
- confirm tasks and responsibilities, ensuring that team members are supported and able to challenge each other
- agree practicalities and arrangements for team meetings and KIT meetings with the director
- confirm health, safety and security requirements

114. Inspectors always try to meet with children during the inspection, spending time observing activities and situations when children are present.

115. Many of the experiences of children living at STCs take place after the normal education day and it is therefore essential that inspectors are present at this time.

116. Opportunities to gather the views and experiences of children may include:

- asking children to show inspectors around their unit
- having individual conversations
- joining in activities

- spending mealtimes with children

## Evaluation criteria

117. Inspectors will use the following descriptors as the benchmarks against which to evaluate practice. Our findings, however, are not derived from a checklist. Some criteria will have less relevance than others because of the nature of the setting and the needs of the children. Inspectors will look for evidence in the following 3 areas:

### The care of children

Children have trusted and secure relationships with staff.

Children's social, physical, emotional, educational and mental health needs are well understood and promoted effectively.

Children's views are understood and taken into account and their rights and entitlements are promoted and met.

### The safety of children

Risks are identified, understood and managed effectively.

Staff are well prepared and supported to respond appropriately to children who may be at risk of harm.

Staff are well prepared and supported to manage challenging situations and unsafe behaviour effectively.

### The effectiveness of leaders and managers

Leaders and managers use the findings from internal and external monitoring to improve the progress and experiences of children.

Leaders and managers take robust action to address complaints or issues of concern.

Leaders and managers ensure that there are sufficient suitably trained and experienced staff to meet children's individual needs.

Leaders and managers have responded effectively to the recommendations made at the last inspection.

118. Assurance inspections will result in a single judgement based on the finding of the inspection. The judgement will be either:

- there are significant and/or widespread concerns, or
- there are no significant and widespread concerns

## End of the assurance inspection and feedback

119. Evidence-gathering usually concludes at the end of the second day.

120. The lead inspector will chair a meeting of the inspection team to discuss and agree the inspection judgement and feedback.

121. The lead inspector will give verbal feedback on the main findings and provisional judgement. A QAM from one of the inspectorates will usually be present. This feedback will usually be given to the director. Additional senior staff may also attend, if agreed in advance with the lead inspector. The day of feedback is counted as the last day of the inspection.

122. The lead inspector should:

- cover the main findings of the inspection, including both strengths and weaknesses and any improvement or lack of progress since the last inspection
- clearly communicate the likely judgement
- use the grade descriptors and the evidence to clearly indicate how the judgement has been reached
- confirm when the report will be sent to the director for comments on factual accuracy [see the timeframe section](#)
- inform the centre that, if the healthcare provider has not met the required standards, CQC will confirm this and provide a requirement notice [Annex B](#) for the relevant healthcare provider for comments on factual accuracy at the same time as the draft report
- confirm that, when CQC has issued a requirement notice, it will also issue a requirement letter [Annex C](#) once the requirements have been agreed
- ensure that the provider understands that the overall judgement from the previous full inspection has not changed, although progress and improvements may have been made

123. If there is a judgement that there are serious and/or widespread concerns, the lead inspector confirms that the inspectorates will consider whether the urgent notification process will be followed. This decision is made as set out in [paragraphs 160 to 165](#).

124. Inspectors will not provide a written summary of the inspection or written feedback in advance of the inspection report being sent. STCs may choose to take their own notes at feedback.

## Feedback to children

125. Where possible, inspectors should give feedback to children, as appropriate to their age and understanding.

## The assurance inspection report

126. Assurance inspections will lead to a concise narrative report. The report will clearly state whether inspectors identified any serious and/or widespread concerns as a result of practice that:

- places children at risk of inadequate protection or significant harm
- leads to children’s welfare not being safeguarded and promoted

127. The report will set out:

- whether children are safe and well cared for, including any shortfalls in the quality of care being provided and their impact on children’s experiences
- the effectiveness of leaders and managers and any improvements that the provider has made since the last inspection, and the impact of this on the safety and welfare of children
- recommendations for improvement, as necessary

128. We will publish the report on Ofsted’s reports website.

## Timeframe

Day	Inspection activity
1	Preparation day
2	On-site inspection
3	On-site inspection
4 to 5	Report writing
6 to 7	Draft report sent to QAM/report quality-assured
8	Report amends
9 to 10	Draft report sent to HMIP and CQC for quality assurance

11	Report amendments
12	Draft report sent to the STC (copying in MoJ and YCS) within 18 working days from the end of the inspection. The provider then has up to 5 working days to send in comments on the draft report or submit a formal complaint.
17	STC returns the report with comments or submits a formal complaint within 5 working days
18 to 19	Review of the STC's response
20 to 21	Multi-inspectorate sign-off
22	Final report sent under embargo to the STC, MoJ, YCS and Youth Justice Board within 30 working days of the visit (longer if there has been a complaint)
27	The final report will be published 5 days after it is sent to the STC

**Figure 2: Ofsted's post-inspection and complaints procedure**



[View this information in an accessible format.](#)

## Monitoring visits

129. Monitoring visits are usually unannounced and carried out according to the general principles of the inspection framework. They are carried out following an inspection judgement of inadequate or serious and/or widespread concerns, or when there are other matters of sufficient concern and the MoJ requests that the inspectorates carry out a monitoring visit. Visits will usually be led by an Ofsted social care HMI and the team make-up determined by the nature of the concerns.

### Timing and frequency

130. The decision to carry out a monitoring visit is decided by a meeting between the inspectorates, MoJ and YCS. Timing is determined by the nature of the concerns.

## Preparing for the monitoring visit

131. When preparing for a monitoring visit, inspectors take into account:

- the reason for the monitoring visit
- the last inspection report
- recommendations set out in the last inspection and/or monitoring report
- any other available information, such as information from the MoJ and YCS

## On-site activity

132. The monitoring visit should:

- focus on the safety and welfare of children and the effectiveness of leaders and managers.
- identify whether there are any additional concerns
- determine the STC's capacity to sustain the changes made
- consider any further action that may need to be taken, including the urgent notification process ([paragraphs 167 to 178](#))
- determine whether the STC's effectiveness has declined or improved
- determine the impact of any improvement or decline in practice on the welfare and outcomes for children
- set out any further action that may need to be taken

## Listening and talking to children

133. Inspectors always try to meet with children during the monitoring visit, spending time observing activities and situations when children are present.

134. Many of the experiences of children living at STCs take place after the normal education day and it is therefore essential that inspectors are present at this time.

135. Opportunities to gather the views and experiences of children may include:

- asking children to show inspectors around their unit
- having individual conversations
- joining in activities
- spending mealtimes with children

136. Inspectors should judge how the STC has improved the experiences and progress of children.

137. To demonstrate the necessary improvement, STCs need to show that their actions have had a significant impact in achieving clear and sustainable progress. Good intentions and an aspirational outlook or a recent change of director following a period of poor leadership do not in themselves give enough proof of the provider's ability to sustain improvement.

138. The inspectorates may decide on further action, and what this action is, if it becomes clear that there are further issues of concern. Issues of concern can develop if the STC has let other aspects of provision slip while addressing the actions from the last inspection and children are at risk of harm or are not making sufficient progress as a result. Further action includes making new recommendations, considering the urgent notification process ([paragraphs 167 to 178](#)) and/or arranging a further urgent meeting with the MoJ ([paragraph 175](#)) to consider what further action is required.

### **How inspectors gather evidence in a monitoring visit**

139. The inspectors will question how effective the provider's actions are in:

- meeting the recommendations set at the last inspection
- improving the experiences and progress of children

140. The evidence should reflect the areas for improvement that were identified in the inspection report. This section should include evidence of the most significant strengths and weaknesses and any new areas of improvement or recommendations that need to be taken forward. Inspectors must decide whether the setting has let other aspects slip so that there is now cause for concern in different areas.

141. Inspectors must decide whether the centre demonstrates its capacity to sustain any improvements it has made. Inspectors should also decide whether the improvements are having a marked and sustained impact on all areas of weakness.

### **End of the monitoring visit and feedback**

142. The lead inspector provides verbal feedback to the director at the end of the visit. The lead inspector must:

- be clear about the evidence base that the judgement of improvement or continued concern is based on
- make clear any new issues to take forward
- ensure that the director is clear about the outcome of the visit and what the next steps will be, especially if a new issue has arisen or improvement is inadequate
- explain that the outcome of a monitoring visit is published in the form of a report on the Ofsted website
- make clear that the text of the report may differ slightly from the oral feedback, but that the substance of the issues will not change
- ensure that the provider understands that the overall judgement from the previous full inspection has not changed, although progress and improvements may have been made

143. Immediately after any monitoring visit following a judgement of inadequate, the lead inspector must contact the MoJ to advise it about:

- the findings of the monitoring visit and the nature and effectiveness of any improvements

- whether the original concerns remain and/or new ones have emerged

## The monitoring visit report

144. Ofsted will publish all monitoring reports on its reports website, although the inspectorates may decide not to publish a monitoring report in exceptional circumstances, with agreement of the MoJ.

145. The report must:

- set out the reason for the visit
- evaluate when progress has been made and when progress has not been made
- clearly state the impact of continued concerns on children, and any other actions that the inspectorates are taking
- set out clearly when and what further action is needed

146. Inspectors must use clear language to indicate the level of concern, for example, ‘this visit has raised serious concerns about care and practice in [the centre]’.

## How inspectors record the evidence: all inspection types

147. Throughout inspections, inspectors maintain a record of their evidence. Summarised and evaluated evidence must be sufficient to support the judgements and any recommendations. Inspectors must ensure that the provider understands the evidence that the judgements are based on and any recommendations that stem from the judgements.

148. Inspectors record most of their evidence in notebooks. Supplementary evidence, which includes evaluative statements derived from the collective evidence, is recorded electronically. Notebooks are retained by individual inspectors and electronic evidence is retained by the lead inspector until the inspection report has been published. When the inspection report has been published and the timeframe for complaints has ended, all inspectors send their notebooks to Ofsted’s evidence collection team. The lead inspector arranges with Ofsted’s inspection support team for appropriate secure storage of the electronic evidence.

149. Inspectors must analyse the information they gather on inspection and use their professional judgement to assess the impact on the experiences and progress of children.

150. Inspectors’ evidence should be clear, evaluative and sufficient to support the judgements.

151. The evidence should tell the story of the experiences and progress of children. Evidence should not include information that could identify individuals unless it is necessary to protect a child or to support further action. In these instances, inspectors can use individuals’ initials.

152. The inspector can record direct quotes from children and other interested parties in evidence

to support judgements.

153. The record should clearly indicate the source of the evidence (for example, whether the evidence is from observation, a written record or a face-to-face interview). If evidence comes from an interview, the record must indicate the time of the interview and the interviewee's job title or relationship to the child.

154. Evidence may be scrutinised for quality assurance purposes, and will be considered in the event of any complaint.

## **Making recommendations: all inspection types**

155. Inspectors make recommendations when necessary to improve practice.

156. Recommendations should be sufficiently detailed and specific to ensure that the director knows what needs to change.

157. Inspectors may make recommendations that relate to relevant statutory guidance, or other practice guidance, such as:

- Working together to safeguard children
- Healthcare standards for children and young people in secure settings

158. If, during an inspection, STC managers rectify a minor administrative error that has minimal impact on the experiences and progress of children, inspectors may not need to make a recommendation about it. However, they may refer to it in the inspection report.

159. If the STC has not acted on recommendations made at the previous inspection, inspectors should carefully consider the impact of this on children. They should reflect this in their judgements.

## **Quality assurance, factual accuracy and comments: all inspection types**

160. The lead inspector is responsible for the quality of inspection reports. The lead inspector will check the completed report carefully before submitting it to the relevant manager(s) for sign-off and publication.

161. Monitoring reports will usually be published within 28 working days of the visit.

162. A QAM with responsibilities for quality assurance from either Ofsted, CQC or HMIP will usually visit inspection teams on site during full inspections and may do so during assurance inspections and monitoring visits. The QAM will:

- discuss the inspection with the lead inspector, inspection team members, managers and other staff and, when possible, children and other stakeholders
- attend any inspection team meetings taking place during their visit
- seek views from the STC on the conduct of the inspection
- scrutinise the way that evidence has been gathered and used by reviewing, as necessary, electronic evidence and inspectors' individual evidence notebooks
- attend the inspectors' final judgement meeting

163. After the draft report has been produced, each inspectorate will check the report for factual accuracy and agree to final publication. It is anticipated that, on most occasions, this process will be completed without difficulty. However, in the event of a failure to agree, each of the 3 inspectorates will appoint a suitable manager to resolve the disagreement. This process should not delay the publication.

164. Following each inspection, Ofsted will send an evaluation form to the director. We will use the feedback received to improve the quality of inspections.

## **Deferrals: all inspection types**

165. Inspections will not normally be deferred. Absence or unavailability of important staff, or accommodation issues, such as refurbishment, will not usually be reasons for deferral. An inspection will only be deferred if it might place children or others at risk if it goes ahead or if the ability to gather secure evidence is severely restricted. These conditions might include:

- serious weather conditions that make access to sites difficult, dangerous or both
- a serious incident where the presence of an inspector would have an adverse impact on the safety and well-being of children or adults

166. Decisions about deferrals are agreed by the responsible Ofsted senior manager, in consultation with senior staff in partner inspectorates.

## **Inadequate or serious and/or widespread concerns judgements: next steps**

### **Notification**

167. When an STC is judged inadequate at a full inspection or there are serious and/or widespread concerns at an assurance inspection or a monitoring visit, the lead inspector or quality assurance manager will notify senior managers at HMIP, Ofsted and CQC.

168. Representatives from the YCS may attend inspection feedback if they are available and invited by the STC director. If YCS representatives are present, it is expected that they will notify senior YCS managers and the MoJ of the inspection findings. If YCS representatives are not present for the inspection feedback, Ofsted will inform the MoJ and YCS senior managers of the judgement, and that the inspectorates will meet to consider whether the urgent notification process will be invoked as set out in [paragraphs 169 to 174](#). The lead inspector or quality assurance manager will be clear that the judgement is provisional as the inspection is still subject to quality assurance processes.

## Urgent notification

169. The urgent notification process is set out in [the protocol between HMIP and the MoJ](#). The steps described here are in line with that process but take account of Ofsted as the lead inspectorate and the joint nature of the STC framework.

170. Where inspection feedback conveys a judgement of inadequate at a full inspection, or that there are serious and/or widespread concerns at an assurance inspection or a monitoring visit, HMCI Ofsted, in conjunction with HMCI Prisons and CQC's Chief Inspector of Primary Medical Services and Integrated Care, will meet as soon as possible to decide whether to invoke the urgent notification process. The lead inspector and/or the quality assurance manager will share with the chief inspectors the evidence that led to the inadequate or serious and/or widespread failures judgement.

171. If the chief inspectors decide to invoke the urgent notification process, Ofsted, as lead inspectorate, will write to the Secretary of State for Justice on behalf of partner inspectorates setting out the concerns. The letter will be sent to the Secretary of State at least 24 hours before it is published, and it will be published within 7 calendar days of the inspection feedback to the STC. The STC director will also receive a copy of the letter at the same time as it is sent to the Secretary of State. This letter is published on GOV.UK.

172. The STC will be aware of the serious nature of the concerns, as these will have been shared during KIT meetings with the director (see [paragraphs 77 to 79](#)), and through the inspection feedback. The lead inspector will inform the STC of the chief inspector's decision at the earliest opportunity, as set out in paragraph 162, but as the letter requires the Secretary of State to consider urgent actions, there is no opportunity for STCs to make representations about the content of the letter. This does not affect the post-inspection arrangements. The STC has the opportunity to make comments about the draft report before it is published. The Secretary of State has 28 days to publicly set out what they intend to do in response to the published letter.

173. In exceptional circumstances, the inspectorates may also choose to follow the urgent notification process when there are other matters of sufficient concern.

174. If the decision is not to invoke the urgent notification process, Ofsted as the lead inspectorate will usually write to the Secretary of State for Justice on behalf of partner inspectorates, copied to the STC director, to make the Secretary of State aware of the concerns that led to the inadequate judgement. This letter is not published.

## Urgent review

175. An urgent review meeting will always be held with the MoJ following a judgement of inadequate at a full inspection or where serious and/or widespread concerns are found at an assurance inspection or a monitoring visit. This is irrespective of whether the urgent notification process is invoked. If the provision is not run by the public sector, this meeting will include the YCS. The purpose of the meeting is for the lead inspector and/or the quality assurance manager to confirm the basis for the inadequate judgement, and to confirm whether the inspectorates are invoking the urgent notification process or writing an unpublished letter to the Secretary of State. This meeting is to determine next steps for the inspectorates and for the MoJ to determine what further action is needed.

## Follow-up activity

176. We usually return to carry out some inspection activity within 8 weeks to ensure that children are safe and that adequate steps have been taken to safeguard and protect the welfare of children.

177. Any agreed actions will take account of the nature of the serious concerns that led to the inadequate or serious and/or widespread concerns judgement and, when relevant, the Secretary of State's response to the urgent notification process.

178. The specific timing and nature of subsequent inspection and/or monitoring visits following a judgement of inadequate or serious and/or widespread concerns, are agreed on a case-by-case basis.

## Conduct during inspections

179. [Ofsted's code of conduct](#) sets out the expectations for both inspectors and providers. At the start of the inspection (usually during the preparatory conversations), the lead inspector will explain these expectations and will ask providers to read the code. Inspectors will work constructively with providers and staff, demonstrating professionalism, courtesy, empathy and respect at all times.

## Concerns or complaints about an inspection

### Concerns

180. Most of the inspectorates' work is carried out smoothly and without incident. If concerns do arise during an inspection, they should be raised with the lead inspector as soon as possible during the inspection visit. This provides an opportunity to resolve the matter before the inspection is completed. Any concerns raised, and actions taken, will be recorded in the inspection evidence.

181. If, during the inspection, the STC is unable to resolve the matter with the lead inspector, it should speak with the visiting QAM.

182. If an issue remains unresolved, the centre can contact Ofsted on the working day after the end of the inspection. This will be an opportunity for the provider to raise informal concerns about the inspection process or outcomes, ask about next steps or highlight information they feel was not fully considered during the inspection.

183. The centre also has another opportunity to raise concerns about the inspection process and findings when they receive the draft report.

## Complaints

184. If it has not been possible to resolve concerns during the inspection, shortly after the inspection or through submitting comments in response to the draft report, a formal complaint may be lodged by the centre when it receives the final report. [Information about how to complain](#) is available on GOV.UK.

## Safeguarding and child protection concerns

185. If serious issues of concern arise during the inspection, such as a failure to follow child protection procedures or if a child is discovered to be at immediate risk of harm, inspectors must notify the lead inspector as soon as possible. The director or the person in charge must then be notified as soon as possible by the lead inspector. If that may compromise a child's safety, the lead inspector must ensure that the appropriate authorities are notified immediately.

186. The lead inspector ensures that the referral is made to the relevant local authority children's services and relevant professionals, including the child's allocated social worker and youth offending team worker.

187. If the concerns relate to allegations against staff, they are referred to the local authority designated officer.

188. The lead inspector should contact the quality assurance manager if they need advice.

## The 'Prevent' duty

189. Extremism may be a line of enquiry during STC inspections. Inspectors should be alert to signs of risks of extremism, such as literature, posters, videos or DVDs. Initial enquiries about the possibility of extremism must be directed to the director or person in charge.

190. Inspectors should note the detail of any relevant concerns or referrals made by the STC and how effective the multi-agency response has been.

## Female genital mutilation: the duty to notify police

191. Since 31 October 2015, when [section 5B of the Female Genital Mutilation Act 2003](#), inserted by [section 74 of the Serious Crime Act 2015](#), came into force, specified regulated professionals (including social workers) must report to the police any cases of female genital mutilation in girls under 18 that they come across in their work.

192. The duty applies when the professional either:

- is informed by the girl that an act of female genital mutilation has been carried out on her
- observes physical signs that appear to show an act of female genital mutilation has been carried out and has no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth

193. If a child discloses information regarding female genital mutilation to an inspector, the inspector should inform the lead inspector as soon as possible, who will in turn inform the director.

## Reporting concerns about the administration and management of controlled drugs

Providers must report incidents related to controlled drugs (including loss or theft) to their local NHS controlled drugs accountable officer at NHS England. They should also report incidents to the police, if necessary.

## Annex for figures

### Ofsted's post-inspection and complaints procedure

Steps	Description
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Step 1	The provider should raise any concerns during an inspection with the lead inspector in the first instance
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Step 2	If an issue remains unresolved, the provider can ring Ofsted during the inspection or on the working day after
Step 3	We will normally send a draft report to the provider within 18 working days of the end of the inspection
Step 4	Within 5 working days of us sending a draft report, the provider can raise minor points about the report or submit a formal complaint
Step 5a	We will consider minor points of clarity or factual accuracy quickly so that the report can be published promptly
Step 5b	We will respond to any formal complaint before we finalise and send the report to the provider
Step 6	We will normally send the final report to the provider within 30 working days of the end of the inspection (longer if there has been a complaint). The report will be published on our website 5 working days later

[See Figure 2.](#)

1. A child is locked into their room or other area on their own as a measure of control to prevent the child from causing significant harm to themselves or to any other person or causing significant damage to property. Single separation is only used when all other appropriate methods of control have been applied without success. A child is released from the room or locked area as soon as there is no longer a significant risk of harm or damage. [↩](#)

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