



Joint inspection framework: secure training centres

Guidance about how secure training centres are inspected

The framework is for use from April 2019.

The guidance in this framework is designed to assist inspectors from the Office for Standards in Education, Children's Services and Skills (Ofsted), Her Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) when carrying out inspections of secure training centres (STCs).

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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), Her 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 and to inspect STCs jointly with HMIP and CQC under the Education and Inspections Act 2006,¹ which enables Her 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 the associated basic standards are not met, CQC can take enforcement action against the identified healthcare provider.
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.
4. One of Ofsted's Her Majesty's Inspectors (HMIs) leads all inspections. The inspection team includes a minimum of two Ofsted social care inspectors, two inspectors from HMIP, an Ofsted HMI for learning and skills and an inspector from CQC.

The inspection principles

5. Ofsted's corporate strategy outlines how we will carry out inspection and regulation that is:
 - intelligent: all of our work will be evidence-led and we will work to ensure that our evaluation tools and frameworks will be valid and reliable
 - responsible: our frameworks will be fair and we will seek to reduce inspection burdens and make our expectations and findings clear
 - focused: we will target our time and resources where they can lead directly to improvement.

¹ Education and Inspections Act 2006, Schedule 13, paragraph 7;
www.legislation.gov.uk/ukpga/2006/40/schedule/13.

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

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

7. 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.
8. 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

9. 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.
10. We use the same judgement structure and the same evaluation criteria, wherever possible, irrespective of where children live or receive help.
11. 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

12. We are committed to inspecting in a way that focuses our resources where they are needed most. 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.
13. 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

14. 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 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 whenever we give notice of inspection.

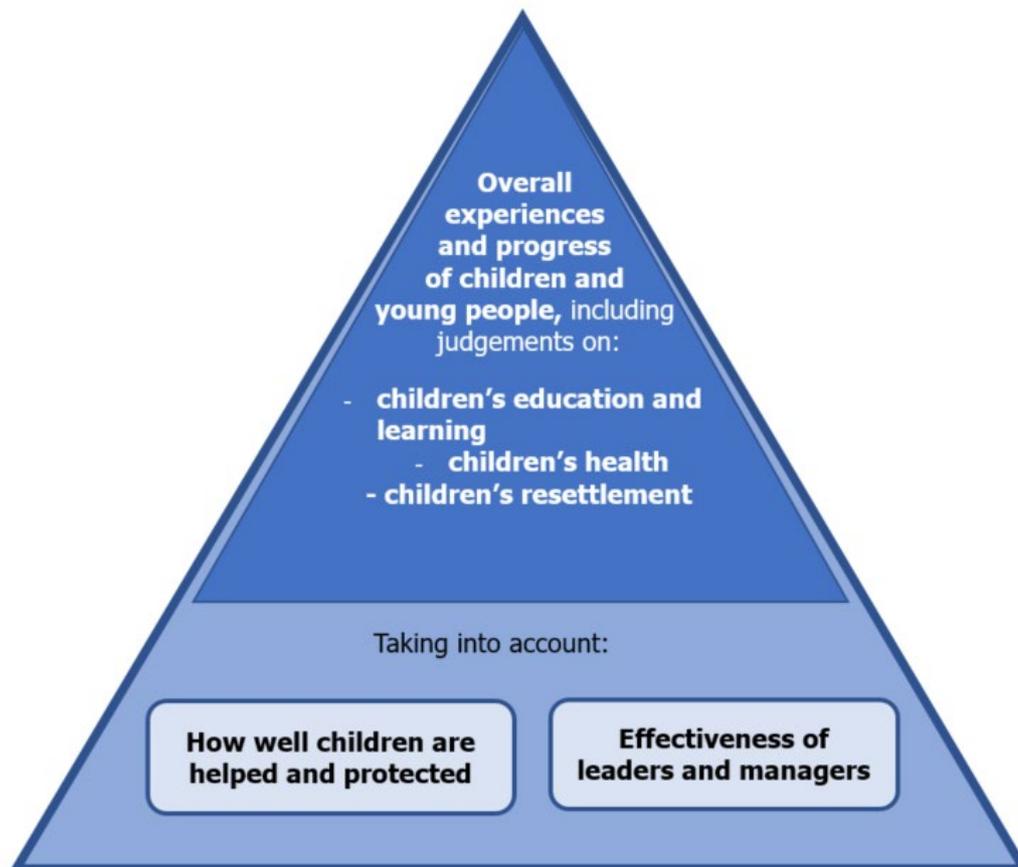
How inspectors make judgements

Judgement structure

15. Inspectors will follow a four-point scale (outstanding, good, requires improvement to be good and inadequate) to make judgements on the:
- overall experiences and progress of children and young people, including judgements on:
 - children's education and learning
 - children's health
 - children's resettlementtaking into account:
 - how well children and young people are helped and protected
 - the effectiveness of leaders and managers.

16. Figure 1 provides an illustration of the judgement structure.

Figure 1: the judgement structure



17. If the 'how well children and young people are helped and protected' is inadequate, then the 'overall experiences and progress' judgement will always be inadequate.
18. 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'.
19. Inspectors will make these limiting judgements first so that they can take them into account for the 'overall progress and experiences' judgement.
20. The 'overall progress and experiences' judgement will also take into account sub-judgements on children's education and learning, health and resettlement.

How inspectors use the evaluation criteria

21. 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 and impact of the care and support provided 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'.
22. 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'.
23. 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 young people and those who have special educational needs. Compliance with statutory requirements will not in itself lead to a judgment of good or outstanding.

Required evidence

24. 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 and young people

Areas of required evidence:

- 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 their families
- 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 prior attainment and their learning needs

- the quality of teaching provided, its impact on children's learning and the progress they make from their starting points
- how well children are engaged in learning
- the effectiveness of support to children with special educational needs and 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
Children are able 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 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 when 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 advisor.
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, irrespective of any disability they may have, enjoy access to a range of social, educational and recreational opportunities, including activities in the community if their plan provides for this. 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. 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 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

Children's overall experiences and progress are likely to require improvement to be good if:

The secure training centre is not yet delivering good help and care for children so that they receive positive experiences and make good progress.

There are no serious 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 are serious and/or widespread failures that mean children are not protected or their welfare is not promoted or safeguarded.

Their care and experiences are poor, and they are not making, or not likely to make, progress.

Outstanding

The 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

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

Good

Children receive a good quality of education. They make good progress from their educational starting points.

Initial assessments of children's educational and employability needs are accurate, rigorous and effective. Staff use this information well to plan effective learning programmes and inspire children to make good progress and meet their individual learning needs. When appropriate, children achieve qualifications that improve their future education, training and employability prospects.

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

Children value their education. They participate enthusiastically in education and related learning activities and understand how the skills they develop would help them on release. No groups of children are disadvantaged by low attendance.

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

Teaching staff manage poor behaviour and derogatory language effectively. They prevent and tackle bullying. Learning sessions and activities flow smoothly without unnecessary interruption. Children show respect for others' ideas and views.

Teaching staff have the necessary knowledge and skills to work effectively and sensitively with children who have complex and wide-ranging needs, including children with special educational needs and disabilities.

Teaching staff set appropriately challenging targets for children and are effective in making sure children achieve them.

Teaching staff provide regular and clear feedback to children on their progress. They involve children sensitively and appropriately in the planning of their individual learning programmes.

Teaching staff liaise regularly and effectively with relevant professionals and with children's parents/carers, as appropriate.

Teaching staff 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.

Teaching staff ensure that children's educational and wider learning 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

Children's education and learning are likely to require improvement to be good if:

Children's education and learning experiences are not yet good and they are not making, or are not likely to make, progress that is sufficiently good.

Inadequate

Children's education and learning are likely to be inadequate if:

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

Children's education and learning are likely to be outstanding if:

Teaching, learning and assessment practice consistently exceed the standard of good, providing excellent education and learning experiences for children.

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

Children's health

Good

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 mental, emotional and sexual health needs, as appropriate) are promptly assessed, planned for, accurately recorded and met by in-house or local health services 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, 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 is 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 require improvement to be good if:

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 inadequate if:

Healthcare is consistently poor.

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

Outstanding

Children's health is likely to be outstanding if:

Healthcare consistently exceeds the standard of good.

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

points.

Children's resettlement

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. Such 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 consistently high quality and address their 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, then 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.

Requires improvement to be good

Children's resettlement is likely to require improvement to be good if:

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

Inadequate

Children's resettlement is likely to be inadequate if:

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

Outstanding

Children's resettlement is likely to be outstanding if:

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 and young people are helped and protected

Areas of required evidence:

- 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 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
Children feel protected and are protected from harm, including neglect, abuse, sexual exploitation, accidents, self-harm, bullying and radicalisation. There is a strong, robust and proactive response from all those working with children that reduces actual harm or the risk of harm to them. 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, going missing, gang affiliations or being sexually exploited are known and understood by the adults who look after them. Individual, up-to-date risk assessments address effectively 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 and help and support are given to children about 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 whenever possible.
Sanctions and rewards are clearly recorded. The centre rules are fair and understood by children.
Restraint is used only in strict accordance with the legislative framework to protect the child or young person 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 or young person, 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 use of 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 explain those reasons to the children involved, any risk assessment, management oversight of the decision to undertake 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. When 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 sought in accordance with local procedures, unless doing so would increase the risk of or actual harm to a child.

Investigations into 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.

The centre has 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. The centre has 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 updated and comply with statutory requirements.

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 (MAPPA) 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. 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, i.e. 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 require improvement to be good if:

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 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 is likely to be judged outstanding if:

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:

- 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, high-quality induction and ongoing learning and developmental opportunities 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 centre is effectively and efficiently managed by a permanent, suitably experienced director/governor.
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. Robust 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 take steps to 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 actively 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. There is effective support and challenge, including through team and management meetings, to ensure that the professional development of staff and leaders results in the right environment for good practice to thrive. The emotional impact on staff of the work 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.

The staff team works collaboratively to provide consistency and stability. There are clear responsibilities and accountabilities and the staff team has 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 undertaken 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/governor 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 require improvement if:

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

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

Inadequate

The judgement on the effectiveness of leaders and managers will be inadequate if:

The experiences, progress or protection of children are inadequate, and leaders and managers do not know the strengths and weaknesses of the centre. They have been ineffective in prioritising, challenging 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:

The effectiveness of leaders and managers consistently exceeds the standard of good.

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

They 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.

They know their strengths and weaknesses well and can provide evidence of

improvement over a sustained period.

Their working relationships with partner agencies ensure the best possible care, experiences and futures for children.

Legal context

25. 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).² HMCI inspects STCs in accordance with a service-level agreement made following Section 146 of the Education and Inspections Act 2006.³
26. 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.
27. When inspecting STCs, due consideration will be given to the United Nations Convention on the Rights of the Child (UNCRC).⁴ All inspections carried out by Ofsted, CQC and HMIP contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).⁵ OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – that monitor the treatment of and conditions for detainees.
28. CQC is responsible under the Health and Social Care Act 2008 to regulate registered healthcare providers. If providers fail to meet the requirements of the Act and its associated regulations, CQC can take enforcement action against the identified healthcare provider. Inspectors take into account the Act and its associated regulations.⁶

² Secure Training Centre Rules 1998; www.legislation.gov.uk/uksi/1998/472/contents/made.

³ The Education and Inspections Act 2006; www.legislation.gov.uk/ukpga/2006/40/section/146.

⁴ Convention on the Rights of the Child; www.unicef.org/crc.

⁵ Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, Office of the High Commissioner for Human Rights, 2006; www.ohchr.org/EN/ProfessionalInterest/Pages/OPCAT.aspx.

⁶ CQC (Registration) Regulations 2009; www.cqc.org.uk/file/4981; The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; www.legislation.gov.uk/ukdsi/2014/9780111117613/contents; Healthcare of Children and Young People in Secure Settings; www.rcpch.ac.uk/cypss.

Types of inspection

29. We carry out the following types of inspection of STCs.

- A full inspection is carried out annually in accordance with a service-level agreement with the MoJ. Inspectors will normally be on site for up to five days.
- When an STC is judged inadequate for 'the overall experiences and progress of children and young people', we have agreed with the MoJ that we will always carry out some inspection activity (usually within eight weeks) to ensure that children are safe, either as a monitoring visit or a full inspection.
- When there are matters of sufficient concern, the MoJ may request that the inspectorates carry out a monitoring visit to an STC (see paragraphs 128–145).

Notice

Notice of an inspection

30. STCs are notified of an inspection four days (including weekends) before the inspection. Notice will usually be given on a Thursday before the fieldwork starts on the next Monday morning.

31. Ofsted will usually give notice by 9am by email. The lead inspector will follow up as soon as possible with a telephone call to the governor/director. The email letter of notice⁷ sets out practical arrangements for the inspection, including the information requirements. 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) will provide the opportunity for the lead inspector to:

- outline the plan for the inspection
- discuss with the governor or director practical requirements for the inspection team such as work space, access to files and information, access for inspectors to relevant technology systems (such as the Youth Justice Application Framework, Comprehensive Health Assessment Tool, SystemOne), including any staff support needed to access the systems

⁷ <https://www.gov.uk/government/publications/inspecting-secure-training-centres-framework>

- request that the governor or director identifies a link support person for the inspection; it is important that the link person has good access to the governor to be able to 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 governor to identify activities that enable inspectors to speak to children and to observe staff's interaction with children
- make arrangements to 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 governor as appropriate
- ask the governor 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 or dangerous 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 Youth Custody Service (YCS)/MoJ, local authority children's services or the local authority designated officer; this should include significant and current investigations (including police investigations), serious case reviews or issues of high media interest
- ask the governor to provide 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.

Request for information at an inspection

32. The email letter of notice will include a copy of Annex A of the inspection framework. STCs should send the lead inspector a completed Annex A by 5pm on the day of notice. The Annex A information supports the inspection process and informs the inspection findings.
33. STCs can download a copy of Annex A and keep this updated in preparation for their inspection and send this electronically to the inspector during the inspection. No personal data is stored.
34. Inspectors use Annex A data to generate lines of enquiry about the safety and welfare of children.

Scheduling and the inspection team

Frequency and type of inspections

35. STCs are inspected annually.
36. When there are matters of sufficient concern, the MoJ may request that the inspectorates carry out a monitoring visit.
37. When an STC is judged inadequate for 'the overall experiences and progress of children and young people', we will return promptly (usually within eight weeks) to ensure that children are safe, either as a monitoring visit or a full inspection.

Scheduling

38. The scheduling of inspections takes account of:
 - previous inspection findings
 - 'point-in-time' survey responses from children
 - information received from the Secretary of State, the MoJ and the YCS
 - other relevant information received by Ofsted, HMIP or CQC.

Length of inspection

39. Annual inspections usually take place over five days, during one week.
40. The timing, duration and number of inspectors for monitoring visits is determined by the nature of the matters leading to the inadequate judgement at the full inspection, or the nature of concerns that has led to a request by the MoJ for an additional monitoring visit. Specific arrangements for monitoring visits are agreed in consultation with the MoJ.

Deferrals

41. 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 when 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 or 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.
42. Decisions about deferrals are agreed by the responsible Ofsted senior manager, in consultation with senior staff in partner inspectorates.

Timeframe

Day	Inspection activity
1 (usually a Thursday)	The lead inspector telephones the STC and announces the inspection – initial telephone meeting with governor to begin set-up; lead starts preparation
2	Team preparation day
3–6	Team on site
7	Lead inspector and quality assurance manager (QAM) deliver feedback, including provisional judgements (QAM usually on site days 6–7)
8–11	Report writing
12	Report sent to QAM at Ofsted
12–16	Report amendments
16–23	Draft report sent to relevant senior managers in Ofsted, HMIP and CQC for quality assurance and return
24	Report sent to STC and MoJ/YCS for factual accuracy check (FAC); CQC shares report with the health care provider, notifying it of timescale for any FAC; CQC collate joint FAC and return to Ofsted
29	FAC comments returned by STC and MoJ/YCS to Ofsted
30–37	Multi-inspectorate sign-off
38	The final report sent under embargo to the STC and MoJ/YCS
39	The final report published

Preparing for an inspection

Analysis and planning

43. Pre-inspection analysis and planning are important parts of STC inspections. The lead inspector is allocated three days to prepare for a full inspection. Team inspectors are allocated one day for preparation. This time should be used 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.
44. 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 Local Safeguarding Children Board/Partnership minutes.
45. The lead inspector carries out an analysis of the available evidence and information and sets this out in a pre-inspection briefing for team members.
46. The pre-inspection briefing sets out lines of enquiry, any areas of apparent weakness or significant strength, or areas when further evidence needs to be gathered. The focus of the inspection may change during its course as further evidence emerges.

Questionnaires

47. Researchers from HMIP carry out a 'point-in-time' survey with children. HMIP contacts the STCs directly and makes suitable arrangements to carry out this activity.⁸
48. When HMIP researchers arrive on site, they meet with the governor or director (or, in their absence, the most senior manager) to outline 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.
49. We ask the STC to provide details of children's ages, gender, ethnicity and any other relevant information that will assist with their participation in the survey, such as their literacy and comprehension levels. The STC should, in particular, identify those children who are due for release during the next two weeks. This basic information about children will be used by the HMIP researchers.
50. All vulnerable or dangerous young people who pose a significant threat to themselves or to others should be highlighted for the researchers' attention.
51. The researchers should ensure that any child with communication difficulties or for whom English is not their first language are assisted to complete the survey. Surveys are used as inspection evidence and inform lines of enquiry.

⁸ In the first 12 months after implementation of this framework, there are likely to be some variances in the timing of the questionnaire as we move from one system to another.

The on-site inspection

The start of the inspection

52. At the start of all inspections, inspectors confirm their identity by producing their Ofsted inspector authorisation and identifications card and identity badge. They do not need to carry paper copies of their Disclosure and Barring Service (DBS) checks.
53. The lead inspector usually meets with the STC governor (or, in their absence, the most senior manager). The lead inspector will:
- outline the plan for the inspection
 - provide an opportunity for the governor to explain the centre's context, key strengths and challenges
 - clarify practical arrangements for the inspection team such as work space, 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, list of internal meetings, individual young people's reviews taking place during the week of the on-site inspection and for inspectors to 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 governor, 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
 - discuss and clarify any other matters, such as how relevant local area services, such as the safeguarding hub and the local safeguarding children's board/partners, are operating.
54. The inspection team will meet in the morning on day one 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 governor
- confirm health and safety and security requirements
- discuss the inspection timetable that has been agreed with the centre.

Case tracking and sampling

55. 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.
56. 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.
57. 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.
58. 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 consideration when reaching the 'overall experiences and progress' judgement.
59. Inspectors will track the experiences and progress of a representative sample of children.
60. The inspector may also sample elements of further cases to follow specific lines of enquiry. The size of the provision and the nature of any line of enquiries determines how many cases are tracked and sampled.
61. 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.
62. Inspections also usually assess the management of a recent serious incident (when relevant) 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 are focused on promoting and safeguarding the welfare of children.
63. 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. In the absence of the allocated key worker and/or caseworker, a suitable colleague will be asked to assist.
64. Case files are only one aspect of tracking the child's journey. The inspector increases their understanding of the child's experience through evidence from other sources. These sources include observation of 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.
65. The inspector examines, discusses and evaluates cases in line with the evaluation 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.
66. 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 and young people

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

68. 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.
69. Inspectors always meet with children during inspections. Inspectors must take into account the specific communication needs of individual children. For some children, inspectors may request the assistance of staff who know and understand the child's preferred means of communication, particularly if this is unique to the child. In other instances, it may also be appropriate for the inspector to spend time observing children and how they interact with staff and respond to their environment.
70. The inspector may request, via the Inspection Support Team, the services of an interpreter to join the inspection. Opportunities to gather the views and experiences of children may include:
- asking children to show inspectors around their unit
 - holding structured meetings (as a general guideline, a meeting should not include more than four children)
 - having individual conversations
 - joining in leisure activities such as computer or console games
 - preparing snacks or drinks
 - spending mealtimes with children
 - outdoor activities.
71. Children, including those with limited or no verbal communication, may wish to share their views in a letter to inspectors.
72. Inspectors demonstrate safe and sensitive practice by:
- telling staff where conversations with children are taking place and who is 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
- when 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.

Observation of activities

73. Inspectors can use the STC's scheduled activities as opportunities for observing and following lines of enquiry. These activities could include:
- staff handover between shifts
 - children's meetings
 - staff meetings or briefings.
74. The privacy and confidentiality of personal information are respected at all times by inspectors. Inspectors always try to strike a balance between the time taken to observe an activity and the significance of the likely evidence to be gained.

Gathering views of other professionals

75. Inspectors consult with professionals to inform the inspection findings. This is usually through discussions or a telephone call during the inspection and may not always take place on site. These professionals may include:
- advocacy services
 - youth offending teams
 - the YCS
 - social workers
 - independent reviewing officers
 - professionals from local authority children's services and designated officer
 - representative(s) of the Local Safeguarding Children Board/Partnership.
76. Inspectors ask for the relevant contact details via Annex A. Inspectors should always take account of the need for privacy and confidentiality when talking to stakeholders during the inspection.

Discussions with managers and staff

77. Individual interviews are held by inspectors with the director/governor/managers and other staff. The lead inspector may talk to external line managers from the managing organisation.
78. The interview with the director/governor usually covers:
- issues that have arisen from pre-inspection information and early lines of enquiry
 - the director/governor's evidence of the effectiveness of the centre 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 theoretical and professional understanding and approach to work with vulnerable children
 - a summary of the needs of the children at the centre, including how any incidents or concerns are managed and the action taken to prevent similar situations or difficulties arising
 - discussions about how regular routines are established for children around meal times, bed times, education and weekend activities
 - the director/governor's knowledge and understanding of the strengths and weaknesses of the centre and plans for future development and how they effectively lead the team 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
 - progress in response to previous inspection recommendations
 - the quality and effectiveness of practice-related supervision received by the director/governor and given by managers to staff
 - challenge and enquiry about the relationship of the centre 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/governor may wish to highlight to the lead inspector.

79. During the inspection, the lead inspector (and usually another team member) holds daily KIT meetings with the director/governor to share headline summaries of emerging findings.
80. 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 governor can prepare or direct inspectors to any specific information or evidence required.
81. 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/governor.
82. 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

83. Inspectors do not routinely examine all policies and procedures. Documents are examined when it is a line of enquiry for that individual inspection.
84. 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 personnel records are maintained, inspectors may ask to see those records, if they are included within the lines of enquiry for the inspection.
85. 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 request that a sample of full personnel records are made available at the inspection visit.
86. When members of staff are subject to Transfer of Undertakings (Protection of Employment) (TUPE) arrangements, we recognise that the new employer is reliant on the previous employer for all recruitment records relating to those

staff and in some instances may not be able to access all the information. When this is the case, we still expect the new employer to hold enough relevant information to make sure staff are suitable, including criminal record checks or vetting records. When 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.

Implications of the Equality Act

87. The Equality Act 2010 ('the Act') (www.legislation.gov.uk/ukpga/2010/15/contents) 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.
88. Inspectors assess whether centres have a rigorous recruitment and vetting process in place, including ensuring that their employees are mentally and physically fit before they start work.

How inspectors record the evidence

89. Throughout the inspection, inspectors maintain a record of their evidence. Summarised 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.
90. Inspectors record their evidence in notebooks. These are retained by individual inspectors until the inspection report has been published. When the inspection report has been published, all inspectors must send their evidence notebooks to Ofsted's evidence collection team.
91. 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.
92. Inspectors' evidence should be clear, evaluative and sufficient to support the judgements.
93. 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.

94. The inspector can record direct quotes from children and other interested parties in evidence to support judgements.
95. The record should clearly indicate the source of the evidence (for instance, 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.
96. Evidence may be scrutinised for quality assurance and will be considered in the event of any complaint.

Feedback at the end of the inspection

97. At the end of the inspection, the lead inspector will give verbal feedback of the main findings and provisional judgements. A QAM from one of the inspectorates will be present. This feedback will usually be given to the director/governor. 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.
98. The inspector 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
 - confirm when the report will be sent to the director/governor for comments on factual accuracy (see 'timeframe')
 - inform 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 that they will also issue a requirement letter (Annex C) once the requirements have been agreed.
99. 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

100. Inspectors should give feedback to children, as appropriate to their age and understanding. Inspectors should make every effort to address areas for improvement raised by children.

Making recommendations

Recommendations

101. Inspectors make recommendations when necessary to improve practice.
102. Recommendations should be sufficiently detailed and specific to ensure that the director/governor know what needs to change.
103. Inspectors may make recommendations in relation to relevant statutory guidance, or other practice guidance, such as:
- 'Working together to safeguard children', Department for Education, 2018:
www.gov.uk/government/publications/working-together-to-safeguard-children--2.
 - 'Healthcare standards for children and young people in secure settings', Royal College of Paediatrics and Child Health, 2013:
www.rcpch.ac.uk/resources/children-young-people-secure-settings.
104. 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 that matter. However, they may refer to it in the leadership and management section of the report.
105. If the STC has not acted on recommendations made at the previous inspection, inspectors should consider carefully the impact of this on children. They should reflect this in their judgments and specifically on the judgement on the effectiveness of leaders and managers.

Inadequate judgements: next steps

Urgent notification process

106. Inspectors follow the HMIP urgent notification process⁹ when an STC is judged as inadequate. Ofsted will write formally on behalf of the partner inspectorates to the Secretary of State for Justice setting out their shared concerns (the letter will include reference to paragraphs 109–112). This letter is published. The Secretary of State has 28 days to publicly outline what they intend to do in response.
107. The inspectorates may also choose to follow the urgent notification process when there are other matters of sufficient concern.

Urgent reviews

108. Alongside the urgent notification process, Ofsted as lead inspectorate must immediately inform the MoJ and YCS when an STC receives an inadequate overall judgement, and an urgent review meeting should be convened.
109. An urgent review meeting should always be held with the MoJ following a judgement of inadequate to confirm the urgent notification process has been initiated and to determine what further action is needed.
110. We usually return to carry out some inspection activity within eight weeks to ensure that children are safe and adequate steps have been taken to safeguard and protect the welfare of children.
111. Any agreed actions will take account of the nature of the serious concerns that led to the inadequate judgement and, when relevant, the Secretary of State's response to the urgent notification process.
112. The specific timing and nature of subsequent inspection and monitoring visits following a judgement of inadequate is agreed on a case-by-case basis. A monitoring visit usually results in a published report, although the inspectorates in agreement with the MoJ and YCS may decide not to publish monitoring reports in very exceptional circumstances.

⁹ HM Inspectorate of Prisons; www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/urgent-notifications.

The inspection report

113. 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.
114. 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. Inspectors should ensure that the reports are long enough to say what needs to be said and no longer.

Content of the report

Information about the STC	Brief contextual information about the STC
Judgements	The judgements made and a single sentence that is standardised according to the overall judgement
Date and judgement of last inspection	The date and overall judgement of the last inspection
Recent inspection history	Inspection judgements from recent years
Areas for improvement	Any recommendations
Inspection judgements	The judgements made and accompanying text
Information about this inspection	What we have looked at and information about the legal basis for the inspection
Service details	Information on the provider running the service

Quality assurance

115. The lead inspector is responsible for the quality of the report. The lead inspector will check the completed report carefully before submitting it to the relevant manager(s) for sign-off and publication.
116. A QAM from either Ofsted, CQC or HMIP with responsibilities for quality assurance will usually visit inspection teams on site. 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, inspectors' individual evidence notebooks

- attend the inspectors' final judgement meeting.
117. After the draft report has been produced, each inspectorate will agree the report for factual accuracy checking and 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 three inspectorates will appoint a suitable manager to resolve it. This process should not delay the publication timeline.
118. Following each inspection, Ofsted will send an evaluation form to the director/governor. Feedback received will be used to improve the quality of inspections.

Conduct during inspections

Conduct of inspectors

119. Inspectors must uphold the highest professional standards in their work. The code of conduct requires inspectors to:
- evaluate objectively, be impartial and inspect without fear or favour
 - evaluate the STCs in line with the inspection and legal frameworks
 - base all evaluations on clear and robust evidence
 - have no connection with the STC that could undermine their objectivity
 - report honestly and clearly, ensuring that judgements are fair and reliable
 - carry out their work with integrity, treating all those they meet with courtesy, respect and sensitivity
 - endeavour to minimise the stress of inspection on those involved
 - act in the best interests and well-being of children
 - maintain purposeful and productive dialogue with those being inspected and communicate judgements clearly and frankly
 - respect the confidentiality of information, particularly about individuals and their work
 - respond appropriately to reasonable requests
 - take prompt and appropriate action on any safeguarding or health and safety issues.

Expectations of STCs

120. For inspection to be productive and beneficial, inspectors and STCs must establish and maintain a professional working relationship that is based on courtesy and professional behaviour. Inspectors are expected to uphold the code of conduct, but we also expect STCs to:

- be courteous and professional
- apply their own codes of conduct in their dealings with inspectors
- allow inspectors to carry out their visit in an open and honest way
- allow inspectors to evaluate the STCs in line with frameworks, STC rules, standards and other relevant statutory guidance
- provide evidence that will enable inspectors to report honestly, fairly and reliably about their provision
- work with inspectors to minimise disruption, stress and bureaucracy
- ensure the health and safety of inspectors while on their premises
- maintain a purposeful dialogue with the inspection team
- draw any concerns about the inspection to the attention of inspectors promptly and in an appropriate manner
- respect the fact that inspectors need to observe practice and talk to staff and users without the presence of a manager.

Concerns or complaints about an inspection

Concerns

121. 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.
122. This provides an opportunity to resolve the matter before the inspection is completed. Any concerns about the factual accuracy of the findings in the report can be raised after the inspection.
123. If the STC is unable to resolve the matter with the lead inspector, it should speak with the visiting QAM.

Complaints

124. If it has not been possible to resolve concerns, a formal complaint can be raised under Ofsted's complaints procedure (www.gov.uk/government/publications/complaints-about-ofsted).
125. Complaints can be submitted to Ofsted at any stage during an inspection and should be submitted no more than 10 working days after publication of any report or letter. We do not normally withhold publication of an inspection report or withdraw a published inspection report while we investigate concerns.
126. Complainants must send their concerns using the online complaints form available on the Ofsted website (www.gov.uk/government/organisations/ofsted/about/complaints-procedure).
127. If there are special circumstances that prevent the submission of a complaint online, complaints can be sent in writing to:

Ofsted
National Complaints Team
Piccadilly Gate
Store Street
Manchester
M1 2WD

Email: enquiries@ofsted.gov.uk

Monitoring visits

128. Monitoring visits are carried out according to the general principles of the inspection framework. Monitoring visits are undertaken following an inadequate inspection, or when there are other matters of sufficient concern and the MoJ requests that the inspectorates carry out a monitoring visit to an STC.

Timing and frequency

129. The decision to carry out a monitoring visit is decided by an urgent meeting between the inspectorates, MoJ and YCS. Timing is determined by the nature of the concerns.
130. Monitoring visits are usually unannounced.

Preparing for the monitoring visit

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

- 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.

How inspectors carry out monitoring visits

132. The monitoring visit should:

- determine the impact of any completed recommendations on the welfare and outcomes for children
- identify whether any additional concerns exist
- determine the capacity of the STC to sustain the changes required
- consider any further action that may need to be taken, including the urgent notification process (paragraphs 106–107)
- determine whether the effectiveness of the STC 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.

133. Inspectors should judge how effective the improvement is and how the STC has improved the experiences and progress of children.

134. 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/governor following a period of poor leadership do not in themselves give enough proof of the ability of the provider to sustain improvement.

135. If it becomes clear that there are further issues of concern or that in tackling the actions from the last inspection the STC has let other aspects slip so that children are at risk of harm or are not making sufficient progress, then the inspectorates should decide what further action needs to be taken. This includes making new recommendations, considering the the urgent notification process (paragraphs 106–107) and/or arranging a further urgent meeting with the MoJ (paragraphs 108–112) to consider what further action is required.

How inspectors gather evidence in a monitoring visit

136. The key questions inspectors investigate are:

- How effective is the action taken by the STC to meet the recommendations set at the last inspection?
- How effective is the action the centre has taken to improve the experiences and progress of children?

137. Evidence should be recorded in the inspection notebooks. 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 there is now cause for concern in different areas.

138. 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.

Feedback at the end of the monitoring visit

139. The lead inspector provides verbal feedback to the director/governor 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 issue(s) to take forward
- ensure that the director/governor is clear about the outcome of the visit and what the next step 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 annual or full inspection has not changed (when relevant), although progress and improvements may have been made.

140. Immediately after any monitoring visit following an inadequate judgement, 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
and/or
- whether the original concerns remain or new ones have emerged.

Monitoring report

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

142. 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, alongside any other actions that the inspectorates are taking
- set out clearly when and what further action is needed.

143. 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]'.

Review and factual accuracy check of the report

144. Monitoring reports are reviewed by a QAM before they are sent to the STC or published. The director/governor has an opportunity to check the factual accuracy of a monitoring report.

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

Safeguarding and child protection concerns

146. 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/governor 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.

147. 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.
148. If the concerns relate to allegations against staff, they are referred to the local authority designated officer.
149. The lead inspector should contact their manager if they need advice.

The 'Prevent' duty

150. 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/governor or person in charge.
151. 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

152. Since 31 October 2015, when section 5B of the Female Genital Mutilation Act 2003 (www.legislation.gov.uk/ukpga/2003/31), inserted by section 74 of the Serious Crime Act 2015 (www.legislation.gov.uk/ukpga/2015/9/section/74/enacted) 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.
153. 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.
154. If a child or young person 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/governor.

Annex A: request for information at inspection

Name of secure training centre:	
Name of person completing the form:	
Designation:	
Date:	

The information outlined at (1), (2) and (3) is required by 12 noon on the first day of site inspection activity.

Details of children at the centre and those recently left	
1	The current population of centre by: unique identifier, age, gender, ethnicity, legal status, sentence type and duration, home area, date of release – particularly highlighting those due for release during the inspection period or shortly thereafter. This should specifically highlight those children who have an identified learning disability or other learning style requirement
2	A list of all case ID numbers for children who have left the centre in the past four months
3	Timetable of significant events during the inspection including: any children's planning meetings and reviews; child protection meetings and conferences; planned admissions, discharges; and details of any family or professional visits
Staffing	
4	Current organisation structure of the secure training centre with names of all senior staff and job titles, including staffing structures for health and education, and any vacancies
5	Staff sickness rates during the previous 12 months
6	Total number of staff employed and contracted; details of staff vacancies and turnover rate in both categories
7	Number of current disciplinary actions, including the number and details of any suspended staff
8	Number of staff who have left and those started since the last inspection. State if any leavers were dismissed or left while capability or disciplinary issues were being actively considered
The functioning and activities of the centre	
9	Any improvement action plan(s) since the previous inspection
10	The centre's strategic plan(s)

11	Copies of the centre's current policies in relation to: safeguarding; searching; restraint; handcuffing; separation (or equivalent term in use within the centre); rewards and sanctions scheme; and use of anti-ligature clothing
12	Minutes of the three most recent internal safeguarding (or equivalent body) meetings
13	Any other reports on safeguarding issues produced since the last inspection
14	Copies of any reports/analysis on restraint including the most recent annual report
15	Copies of any reports/analysis of assaults on staff/other children
16	Copies of any reports/analysis of complaints and grumbles including the number of complaints from children and number of children involved
17	Copies of any reports/analysis of allegations made against staff including the number and type of allegations made against staff and number of children involved
18	Number and type of referrals to the local authority's children's services department
19	Number and type of referrals to the local authority designated officer (LADO)
20	Copies of any reports/analysis of time spent alone by children – also clarify terminology used to describe this and the circumstances in which it is enforceable
21	Copies of any reports/analysis of bullying and anti-bullying approaches
22	Copies of any reports/analysis of the rewards and sanctions scheme
23	Details of quantity, purpose and type of time spent outside the centre by children, specifying if temporary release
24	Numbers/volume of visits over past 12 months; including any specific types such as 'enhanced', 'family' or 'specific/special visits'
25	Numbers/volume of use of anti-ligature clothing over past 12 months
26	Numbers/volume of use of handcuffing within the centre over the past 12 months
27	Copies of any reports/analysis of resettlement activity
28	Any other regular meetings held within the centre not mentioned in this Annex – copies of minutes over last three months/three sets of minutes (whichever is most applicable)
Education and training data requirements	
29	Position statement (this can take the form of a business plan, a self-evaluation form or a self-assessment report)
30	Staffing lists and what they teach/train
31	Timetables for education and training
32	Units of accreditation
33	Complete programme/course accreditation

34	Performance information, which sets out the individual educational progress of children
Health	
35	Health needs assessment
36	Clinical schedule (all services)
38	Governance meeting minutes since previous inspection
39	List of mandatory and associated training
Other information	
40	Any other issues that we need to take into consideration during the inspection

Annex B: CQC requirement notice

<p>Provider:</p> <p>XXXX</p> <p>Registered location: XXXX, XXXX</p> <p>Location ID: XXXX</p> <p>Regulated activity:</p>	
<h1>Requirement notice</h1>	
<p>Action we have told the provider to take</p>	
Regulation	
How the regulation is not being met:	
Regulation	
How the regulation is not being met:	
Regulation	
How the regulation is not being met:	
Regulation.	
How the regulation is not being met:	
Regulation	
How the regulation is not being met:	

Annex C: CQC requirement letter



CQC HSCA Compliance
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616172

www.cqc.org.uk

Our reference: XXXXX

XXXXX
Nominated individual
Director of Governance and Corporate Development
XXXX Partnership NHS Foundation Trust
XXXXX
XXXXX
XXXX
XXXX

Care Quality Commission Health and Social Care Act 2008

Date/month/year

XXXXX NHS Foundation Trust
Registered location: XXXXX
Location ID: XXXX

Regulated activities: XXXXXX

Dear XXXXXX

Joint inspection of XXXXX in week commencing XX XXXXX



We are now in a position to provide you with outcome information from the joint inspection of Secure Training Centre (STC) XXXX, led by Ofsted during the week commencing date/month/year. We are sending you this information in advance of the joint inspection report because we found areas of practice where the trust needs to make improvements and we felt it would be helpful to you to have this now. You will be provided with an opportunity to respond to the detailed findings when you receive the draft inspection report from Ofsted.

When the inspection reporting and factual accuracy processes are complete, we intend to issue requirement notices as attached to this letter, which set out the action XXXX NHS Foundation Trust **must** take to improve. For your information, we have also provided a summary of the evidence that supports these requirements; 'How the regulation was not being met'. These areas for improvement were explained to dental staff during the inspection on date/month/year. Any further recommendations for improvement will be listed in the joint inspection report.

If you have any questions about this letter, you can contact our National Customer Service Centre using the details below. Please include our reference number **XXXXXX** in any communication in relation to this letter as it may cause a delay if you do not:

Telephone: 03000 616161
Email: health-and-justice-inspection-team@cqc.org.uk
Write to: CQC Health & justice Inspections
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Yours sincerely

Health and Justice Manager

Requirement notices

<p>Provider: XXXX NHS Foundation Trust Registered Location: XXXX. Location ID: RH5AA Regulated activities: e.g. Treatment of disease, disorder, or injury, diagnostic and screening and surgical procedures.</p>	
<p>Action we have told the provider to take The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.</p>	
<p>Treatment of disease of disorder, or injury diagnostic and screening procedures surgical procedures.</p>	<p>We found that the registered provider had not assessed the risk of, or prevented, detected or controlled the spread of infections. This was in breach of regulation 12(2)(a)(b) and 15(1)(a)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>How the regulation was not being met:</p>	
<p>Treatment of disease, disorder, or injury diagnostic and screening procedures surgical procedures.</p>	<p>We found that the registered person had not assessed the risk of, or prevented, or detected or controlled the spread of infections. This was in breach of regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>How the regulation was not being met:</p>	

<p>Treatment of disease, disorder, or injury diagnostic and screening procedures surgical procedures.</p>	<p>We found that the registered person had not assessed the risk of, or prevented, or detected or controlled the spread of infections. This was in breach of regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>How the regulation was not being met:</p>	
<p>Treatment of disease, disorder, or injury diagnostic and screening procedures surgical procedures.</p>	<p>We found that the registered person had not established and operated effective systems and processes to monitor and provide assurance about the safety and quality of services. This was in breach of regulation 12(1)(2)(a)(b) and 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>How the regulation was not being met:</p>	
<p>Treatment of disease, disorder, or injury diagnostic and screening procedures surgical procedures.</p>	<p>We found that the registered person did not protect patients against the risks of receiving unsafe care and treatment by the proper management of medicines. This was in breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>How the regulation was not being met :</p>	



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