

Annex A. Request for information on notification of an inspection of a residential family centre (2024–25)

Important note: Unless specified otherwise, all information provided should cover the period since the centre’s last inspection.

No.	Item	Answer
1	Name of residential family centre	
2	Unique reference number (URN)	
3	All addresses where the centre operates from.	
4	Name of person completing this form	
5	Date completed	

Section 1. Information about families		
No.	Item	Answer
6	Number of family assessments in progress on the date of inspection	
7	Number of families not subject to assessment currently being accommodated	
8	Total number of family assessments completed	
9	Number of assessments that have taken longer to complete than the timescale agreed at the beginning of the assessment	
10	Number of family assessments where the family left the centre before the assessment was completed	
11a	Number of families that remained in the centre after the assessment was completed.	
11b	Please provide the dates between the court judgement and when the family left the centre	
12a	Number of families accommodated who were not subject to family assessment	
12b	Please explain the reason for placement	
13	Number of complaints from parents living in the centre	
14	Number of complaints from, or on behalf of, children living in the centre	
15	Number of complaints from others	
16	Number of allegations made against staff	
17	Number of child protection referrals to local authority children's social care team where the centre is located	

Section 1. Information about families		
No.	Item	Answer
18	Number of vulnerable adult referrals to local authority children's social care team where the centre is located	
19	Does your centre use surveillance?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
19.1	If 'yes' how many families have you used surveillance for?	

Section 2. Information about staff		
No.	Item	Answer
20	Initials of the social worker who carries out the family assessments	
20.1	Social worker's registration number with Social Work England	
21	Qualifications of the registered manager, and date achieved	
22	Number of staff who have left	
23	Number of new staff employed	
24	How many times have agency or other non-permanent staff been used in a care role.	
25	How many different members of agency staff or other non-permanent staff have been used in a care role?	
Please answer the questions below referring only to current staff at the time of inspection.		
No.	Item	Answer
26	Total number of permanent care staff currently employed	
27	Total number of other professionals currently employed (please specify)	
28	Number of qualified staff (Level 3 Children and Young People's Workforce Diploma)	
29	Number of staff working towards the diploma.	
30	Number of staff with level 3 award or certificate in Work with Parents or level 4 award in Work with Parents.	
31	Number of staff at the centre who have a first-aid qualification	
32.1	Please list staff training completed: online training	

Section 2. Information about staff		
No.	Item	Answer
32.2	Please list staff training completed: face to face training	

Section 3. Dates of most recent checks and other records		
No.	Item	Answer
33	Date statement of purpose was last updated	
34	Date families' guide was last updated	
35	Name any policies that have been updated	
36	Date of last gas installations check	

37	Date of last portable appliance testing (PAT) check	
38	Date of last health and safety risk assessment	
39	Date of last health and safety check of the premises	
40	Date of last two fire drills – day and time	1. 2.
41	Public liability insurance – valid until:	

Section 4. Information about education provision for school-age children currently living in the centre

42. Please list the placing authority and education placement for all school-age children.

Child's initials	Age	Date admitted to the home	Name of placing local authority	Name of educational provision (the main provision if there is more than one)	Postcode of educational provision	If no education provision please enter 'Y' below

Please continue on an additional copy of this sheet if required.

Section 5. Information on key professionals for each family

43. Please provide contact details of just the **key professionals** for each family currently on roll. This includes, for example, social worker, looked after children nurse, missing coordinator for the police, youth offending service/youth offending team workers, health visitors, child and adolescent mental health service worker, independent advocate, drug and alcohol worker.

Note that this does not need to be an exhaustive list of everyone in the family's life.

Child/ family's initials	Name	Role	Organisation	Office phone number	Mobile number	Email address

Please continue on an additional copy of this sheet if required.

Section 6. Further information		
No.	Item	Answer
44	Please provide details of any actions you have taken as a result of feedback from parents and/or children	
45	Please provide the dates of all Regulation 25 registered provider visits in the last 12 months	
46	Example of changes made as a result of the Regulation 25 visit	

Section 7. Organisational details		
No.	Item	Answer
47	Has there been any change to the name or status of the organisation since the last full inspection?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
48	If 'yes', please give details	

49. For organisations and partnerships, please give the names of the current directors, secretary and other officers of the organisation or names of current partners of the company below.

Role	Name
Responsible individual (RI)	

Section 8: Additional information

If needed, use this section to provide additional information



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Piccadilly Gate
Store Street
Manchester
M1 2WD

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

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