Safeguarding children with disabilities and complex health needs in residential settings

Overview of CSPR Panel's Reports

PHASE 1 (Oct 22) & PHASE 2 (May 23)

NCASP

NORTHUMBERLAND CHILDREN AND ADULTS SAFEGUARDING PARTNERSHIP

Summary..

THE CHILD SAFEGUARDING PRACTICE REVIEW PANEL

COUNCIL FOR DISABLED CHILDREN

A national review into safeguarding children with disabilities and complex health needs has revealed serious failures at 3 residential special schools registered as children's homes.

The independent review looks at the experiences of 108 children and young adults living at ***Fullerton House***, ***Wilsic Hall*** and ***Wheatley House***, located in Doncaster and operated by the Hesley Group.

The children affected were placed at these homes from 55 local authorities across the country

Complex abuse investigation underway by the Doncaster Safeguarding Partnership (Operation Lemur Alpha), includes a concurrent criminal investigation by South Yorkshire Police.

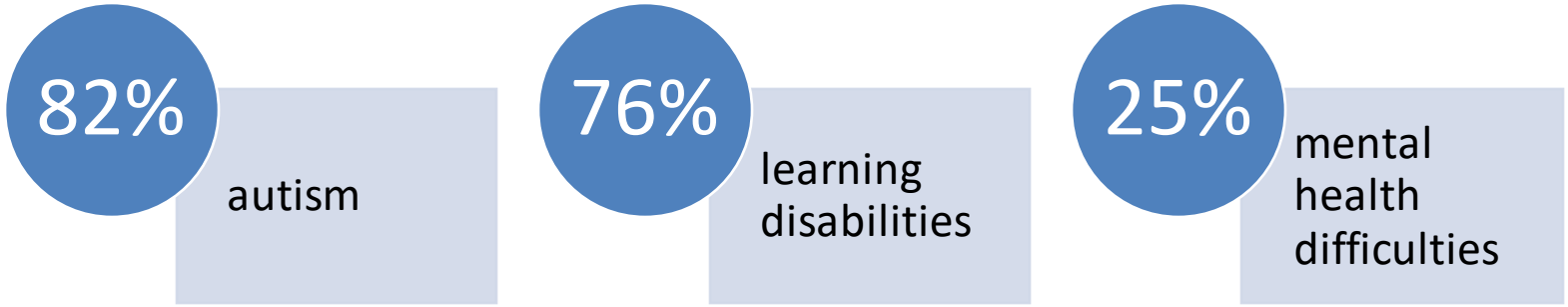
The children placed at Hesley's children's residential settings..

Children functioned significantly below their chronological age and exhibited behaviour that challenges.

Many of the children had profound difficulties with receptive and expressive communication, but were not supported when they displayed behaviours, signs and symptoms that were indicative of child abuse.

They were among the most vulnerable children in society, yet they experienced systematic and sustained physical abuse, emotional abuse and neglect.

Children diagnosed with complex needs including:



Phase 1 report sets out:

what happened to the children and young adults placed in these settings

why it happened

urgent action to be taken by LAs (by November 2022)

- to provide assurance about the safety and care of children who may be residing in similar specialist settings

wider systemic issues raised by the findings from phase 1

- to be explored in depth in phase 2 and completed by spring 2023.

Phase 1: key lines of enquiry

1. How were children placed and what procedures and practices were in place to ensure that they were safe and well?
2. How was the quality of care for each child kept under review?
3. How did concerns arise and what was the quality of the response?
4. Is what happened to these children reflective of practice more generally and how could the safeguarding system be improved?
5. In the light of the findings, identify any urgent action required to assure the safety and care of children placed in similar specialist settings.
6. Identify key issues for further exploration and the development of national recommendations in Phase 2 of the review.

Key findings from phase 1..

Finding 1

- Children experienced sustained, significant abuse and harm over an extended period of time
- The voices of the children and young adults were not heard

Finding 2

- Placement far from home increased the children's vulnerability

Finding 3

- Some children were placed at the settings inappropriately

Finding 4

- Leadership and management inadequate and failed to meet statutory requirements, resulting in a culture of poor practice and misconduct by care staff

Finding 5

- High staff turnover and vacancies, as well as poor-quality training, support and supervision - significant factors affecting quality of care

Key findings cont..

Finding 6

- Significant weaknesses in compliance with statutory reporting requirements under the Children's Homes (England) Regulations 2015.
- Inaccurate and inconsistent record keeping and statutory reporting meant OFSTED and the placing Las often had a false pictureof the care, safety and progress of the children.

Finding 7

- Quality assurance processes in the Las placing children were inconsistent and did not enable them to have a full picture of the children's progress, welfare and safety.

Finding 8

- Major failings in operation of the LADO function, resulting in allegations about the conduct of staff not being investigatedto a satisfactory standard.

Finding 9

- National regulatory arrangements had a limited impact on identifying and responding to the many concerns and complaints about children's safety and wellbeing. Children were left at continuing risk of harm.

Finding 10

- in-depth analysis of the journeys into residential care of 12 children highlights key challenges in current provision for children with disabilities and complex health needs that limit their access to the right support at the right time.

The panel requested LAs and Ofsted to undertake urgent action:

Quality and safety reviews to be completed for all children currently living in residential specialist schools registered as children's homes;

Referrals, complaints and concerns relating to the workforce in these settings need to be reviewed;

Ofsted should conduct an analysis of their evidence around suitability, training and support.

Quality and Safety Review of Children's placements in Northumberland:

Northumberland took a decision to widen the scope of the review to include all disabled children in any type of residential placement including those placed in Independent Supported Living (ISL) placements.

- 14 children in total were reviewed.

The review was coordinated by the Senior Manager for Disabled Children (with oversight from the Head of Service and the Service Director for Children's Social Care).

- Each child was assigned a 3-person review team (SW, Health, Education), who completed an agreed proforma and identified any actions.

The review found that all of the children and young people were appropriately placed within placements that met their needs and kept them safe.

- No changes to placements were required as a result of the review.

Some minor actions were identified as required and these will be undertaken over the next 3 months. These will be monitored and reviewed at the end of March 2023 to ensure completion.

- None of these required actions impacted upon the safety of placement of the welfare of any individual child or young person.

Phase 2: the residential special school and care system

Phase 2: key lines of enquiry
• What needs to happen to ensure the voices of children with complex health needs and disabilities are listened to and heard, and their rights are respected and upheld? • What are the respective roles of different professionals in keeping children with the most complex needs safe? What changes, if any, are required to improve their effectiveness? • What are the conditions for efficient and effective commissioning so that children with complex health can access the very best support to meet their needs in a timely way?

Phase 2 report was published in May 2023

Priority areas for improvement identified in phase two

Promoting the voices and rights of children

- Children in residential settings are dependent on their care givers to recognise and respond to their needs, but often have difficulty communicating their wishes.
- Leadership needs to set an expectation that children with disabilities will have their voices heard.
- Staff need to be given the skills required to support children's communication.
- Regular contact with children's families should be facilitated, and professionals appointed to roles specifically designed to advocate for children and help their families navigate the "system".

Effective strategic commissioning

- A shortage of appropriate local support means that some children are placed a long way from home.
- Some children are inappropriately placed in residential settings because of a lack of local community support.
- Statutory guidance should be strengthened to ensure best practice and consistency in commissioning services.
- In the interim, local authorities and integrated care boards (ICBs) should evaluate their commissioning practices and make changes to ensure children's needs are met.

Improving the quality of provision

- There is a lack of support available in the community and in schools for parents of children with disabilities.
- A lack of openness combined with high staff turnover and weaknesses in training, induction, support and supervision have led to problems with practice. There needs to be increased range and flexibility of provision in schools and the community.
- There needs to be improved leadership in residential settings, and concerns around sufficiency and development of the workforce need to be addressed.

Strengthening quality assurance and regulation

- An over-reliance on reports from providers and lack of challenge and triangulation of information sources reduced service providers' accountability.
- There was a lack of consistency in the approach of LADOs in different local authority areas. The systems in place to share information; identify risk, and to ensure monitoring, oversight, quality assurance and inspection have an impact on service provision need to be improved.

National recommendations

All children with disabilities and complex health needs should have access to independently commissioned, non-instructed advocacy from advocates with specialist training to actively safeguard children and respond to their communication and other needs.

Where an admission to a residential placement for 38 weeks or more is being considered, children, young people and their parents should have access to advice and support through their local Special Educational Needs and Disability Information Advice and Support Service. Where necessary, a 'navigator' should be allocated to work with the family.

Local authorities and integrated care boards (ICBs) should be required in Department for Education (DfE) and NHS England statutory guidance to jointly commission safe, sufficient and appropriate provision for children with disabilities and complex health needs aligned with local inclusion plans and planning for care through Regional Care Cooperatives.

The DfE, Department for Health and Social Care (DHSC) and NHS England should co-ordinate a support programme for commissioners in local authorities and ICBs, focusing on improving forecasting, procurement and market shaping.

Local initiatives to improve the quality and range of provision for children with disabilities and complex health needs should be priorities for inclusion in the government's pathfinder programmes in children's social care and special educational needs and disabilities (SEND).

National recommendations

The government should commission the development of an integrated strategy for the children's workforce in residential settings, to include leadership development, workforce standards and training.

National leadership and provider investment is needed to address challenges in recruiting, retaining and developing the workforce.

Host local authorities and ICBs should be given an enhanced role in the oversight of residential settings.

The DfE and DHSC should review and revise the regulatory framework for residential settings to reduce complexity and improve the impact of current arrangements; and take immediate steps to establish arrangements for joint inspection by Ofsted and CQC of residential settings for children with disabilities and complex health needs.

Local initiatives to improve the quality and range of provision for children with disabilities and complex health needs should be priorities for inclusion in the government's pathfinder programmes in children's social care and special educational needs and disabilities (SEND).

Recommendations to be addressed by national implementation plans or local partnerships

1. Local authorities, health services and residential settings should review their current systems, procedures and practice to determine their readiness for meeting the requirements for legally compliant practice in relation to Deprivation of Liberty Safeguards

2. The specification for the Regional Care Cooperative pathfinders should include measures to improve commissioning for children with disabilities and complex health needs.

3. The Families First for Children pathfinders should include programmes focused specifically on the development of integrated provision in the community and in schools for children with disabilities and complex health needs.

4. All children with disabilities and complex health needs who are on a pathway for admission to residential placement longer than 38 weeks per year should be part of a Care, Education and Treatment Review process. No decision should be made without multi-agency agreement and commitment.

Recommendations to be addressed by national implementation plans or local partnerships

5 Statutory guidance about the risks from "closed cultures" should be included in Working together to safeguard children and Keeping children safe in education.

6 Practice leadership should form the basis for a national programme of leadership development for leaders and senior managers in residential settings for children and young people.

7 A SEND practice guide for practitioners working with children with disabilities and complex health needs should be one of the first three SEND practice guides produced under the SEND/alternative provision (AP) Improvement Plan.

8 The process for developing national SEND standards should be aligned with the work already underway relating to standards in children's social care so that they are completed in a timely way for residential special schools as well as children's homes.

Links..

- Safeguarding children with disabilities and complex health needs in residential settings: phase 1 report
- Safeguarding children with disabilities and complex health needs in residential settings: phase 2 report