

# Summary of Safeguarding children with disabilities and complex health needs in residential settings

**Key points from the Child Safeguarding Practice Review Panel's reports into safeguarding disabled children in residential care**

**May 2023**

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## Introduction

The Child Safeguarding Practice Review Panel published two reports as part of a national safeguarding practice review into safeguarding children with disabilities and complex needs in residential settings in England (Child Safeguarding Practice Review Panel, 2023).

- The phase one report, published in October 2022, looked at allegations of abuse and neglect to children in private residential settings located in Doncaster operated by the Hesley Group.

- The phase two report, published in April 2023, looked at systemic issues arising from the first report, and from this identified priority areas for improvement, and recommendations to improve the lives of children with disabilities and complex health needs living in residential settings.

## Issues identified in the phase one report

### Voice of the child

The wishes and feelings of children were not routinely sought. Children received little support to help them participate in review meetings or report the abuse they had experienced.

### Leadership and management

A “closed culture” led to incidents of abuse and neglect going unreported or being covered up. Leaders and managers did not develop learning from safeguarding incidents or take sufficient action to prevent further incidents.

### Staffing levels and support

High levels of vacancies and staff turnover impacted on the quality of care provided to children. Some staff received a limited induction, and some had training records which were out of date. These issues were compounded by a lack of supervision and support.

### Quality assurance procedures

Local and national arrangements for oversight and accountability were complex and fragmented. There was a lack of robust professional curiosity and challenge.

### Provision of support

A lack of local community or residential support resulted in some children being placed in settings a long way from home, increasing their vulnerability.

### Information sharing

The information held by professionals in different roles was not brought together to build a clear picture of what was happening. The local authority designated officer (LADO) function did not effectively bring together information, and there were issues liaising between the LADO function in the local authority where the residential settings was located and the local authorities the children came from.

### Physical restraints and restrictive interventions

Restraints were over-used, and there was a disproportionate use of temporary confinement. Not all staff were properly trained in the restraint techniques they used.

## 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).
- 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.

## Recommendations to be addressed by national implementation plans or local partnerships

- 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
- The specification for the Regional Care Cooperative pathfinders should include measures to improve commissioning for children with disabilities and complex health needs.
- 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.
- 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.
- Statutory guidance about the risks from “closed cultures” should be included in Working together to safeguard children and Keeping children safe in education.
- 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.

- 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.
- 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.

## References

Child Safeguarding Practice Review Panel (2023) **Safeguarding children with disabilities in residential settings**. [Accessed 20/04/2023]

<<https://www.gov.uk/government/publications/safeguarding-children-with-disabilities-in-residential-settings>>

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