

**CORPORATE PARENTING BOARD**

**9 January 2023**

**Response to the Urgent Action Required in response to the ‘Safeguarding children with disabilities and complex health needs placed in residential settings’ Phase 1 Report Letter**

**The Child Safeguarding Practice review Panel and Council for Disabled Children 2022**

**1 Introduction**

This report outlines the approach and findings from the deep dive of children with complex needs and disabilities experience of living away from their families in residential settings. It provides the assurance sought in the National Panel’s letter (23 August 2022) and complies with the required instructed action to be taken by Local Authorities. The report includes the second element of the request relating to the Local Authority Designated Officer activities, referred to in TfC as the Designated Officer (who operates on behalf of the LA through the alternative delivery model that is Together for Children).

It summarises the methodology applied, the children’s needs and characteristics, examples of children’s voice, learning points and recommendations for action. The report attempts to embody the Change the Language campaign in Sunderland and uses the language of: cared for children, children’s homes, care accommodation or care arrangements.

In November the approach and findings were presented to a meeting of the Sunderland Safeguarding Children Partnership (SSCP) and representatives from the Corporate Parenting Board, chaired by the SSCP Independent Scrutineer, in order to engage and consult with statutory partners and key stakeholders, in advance of finalising the recommendations and learning to take forward.

**2 Methodology used to undertake the reviews**

There was significant consideration given to the task of identifying the children who should have their experience of care reviewed. The decision was taken to include all children with complex and additional needs living or staying out of the area in a variety of different circumstances, as follows:

- 5 children in scope: none fully met the criteria but were living in care accommodation with school on site. 2 were living in Sunderland, 2 in Cumbria, and 1 in Durham. Their average age was 12.5 years old.
- 1 young woman in a Special Guardianship Order family care environment.
- 1 young man (now an adult) who lived in a local specialist residential provision for 6 years.

- 8 children receiving overnight short breaks in Sunderland, treated as sec 20 (Children Act 1989) Regulation 48 arrangement.

The widening of the criteria enabled more children to be considered and a higher degree of assurance about the oversight of their care was provided as a result. For example, children receiving short breaks overnight who were not classed as cared for, but who have complex and significant needs, were included given their level of care needs and vulnerability.

An audit tool was developed, based on the structure of the existing commissioning audit tool, to facilitate the deep dive with pre-visit and on-site sections addressing the following areas:

Staffing, Insurance, Health and Safety, Policies and Documentation, Introduction to the Home and premises, Young People's Experience, Young Person's File, Staffing, Significant Events, Health Records, Medication Administration Records, Physical Restraints, Missing From Home, Summary and Action Plan.

Using the audit tool, commissioners visited all care provisions, with the exception of the young woman living with her kinship carer, to undertake onsite quality reviews. Desktop reviews of Reg. 44 visit reports and Ofsted inspection reports were undertaken to build an understanding of the presenting quality of the care provision.

Where relevant for cared for children, the Designated Nurse provided details of the last Cared for Child health review, and also carried out one on-site review of medication management for a child.

The Quality Assurance team and IRO leadership also reviewed children's case records and spoke with allocated Social Workers, Team Managers and IROs to assess their understanding of children's experiences and needs, and how those were being met within their care arrangements.

### **3 Children's voice**

The following excerpts from recorded exchanges between children and their workers give an insight into their lived experience of care:

Child X:

- X is non-verbal but records suggest the team around her have known her for a long-time and recognise her non-verbal communication with activities and routines led by X's ability and needs.
- Good evidence from cared for review minutes of children's current experience of their care:
- The cared for review minutes (June 2022) state "communication – she is making choices; her communication has come on and she has now more choice. Her communication has improved so well we can get her views. She's not happy when going to \*\*\*\*".

#### Child Y:

- Y was seen. He was in good mood eating his breakfast. Reported to be in good presentation by the IRO and was using PEC's as a form of communication. He was talking about how he loves being in the community, going on walks, swimming and trips to the beach. Noted to be spending more time in the communal areas and going to house parties.
- IRO discussed communication techniques with staff who outlined that they had a good level of understanding and positive interaction and encouragement was noted during the visit – Y was given a high five by staff for putting his rubbish in the bin.

#### Child Z:

- Z's views were gathered after the meeting as she did not wish to attend it. Z reported being happy with her PA support, enjoying college but does wish she had more independence to do things on her own.
- Z told me that she gets on with some staff, and others she doesn't. Z prefers the staff that let her off with things, rather than a being strict approach.

#### Child T:

- Reflects discussion between T and his worker, this is written in a manner which is directly to T, should he come to read it in the future. The visit reflects T sharing missing people he knew from living at \*\*\*, his Dad making him feel angry and the possibility of T writing a letter to his Dad. Discussion around not being able to 'high five or cuddle' anyone in the home. There is evidence of reflection around T making progress in his new home.

#### Child A:

- A tells us that he loves going to school and he loves seeing his Dad and enjoys going to rugby, football and car meets with his Dad. He also likes spending time with his Mam. One of the big worries for A is not seeing enough of his Mam and Dad and tells us ideally he would like to live with his Mam and Dad, but tells us he is settled in his current home.
- IRO documents how A looked to D (registered manager) when eating his tea and felt shy, and would lay his head on D. Evidence of staff using PEC's with D during the visit and he indicated his wishes for his tea.

#### Child M:

- Due to M level of complex needs and Learning disability he does not have capacity to understand what is meant by an advocate. M has two key workers, whom he is able to express any worries or concerns he may have with, he also sees his Social Worker every 6 weeks and has a key worker within school, who he has a very positive relationship with. There are opportunities both in school and at home for M to express any worries he may have.

#### Short breaks:

- Mam tells us that S "breaks into a beaming smile" when she realises she is going to \*\*\*\*.

- All highlight that C and A enjoy their short break routine. A likes to use her iPad and have songs playing and C likes to play with his friends and going out.
- C is “a beautiful, sassy young lady, who has a cracking sense of humour. C is very independent and knows what she wants. C loves attending respite, she has great relationships with the staff and loves to help out. C also loves soft teddies, evidenced by the huge amount of teddies she has in her bedroom”.
- C tells us about her care package and her experience and that it works well and made a request for her IRO to make a chocolate cake for her review.
- G informed the review that he loves \*\* and thinks of it as a five-star hotel.

#### **4 Findings – part one**

The deep dive drew on a range of different types of evidence about children’s lived experience of living away from their families or their experience of overnight short breaks; children’s voice, additional direct visits, existing review material, regulatory reports and interviews with their Social Workers, Team Managers and Independent Reviewing Officer. Taking all of that evidence the multi-agency team formulated and agreed the following findings:

- Children are regularly seen in their homes by their allocated Social Workers and IROs but are not seen routinely within the education setting in the same way.
- Parents / carers views are regularly gained by social workers and IROs and are consistently captured in review meetings.
- Family time is consistently evidenced as promoted, supported, reviewed and in place for children.
- Where children are non-verbal or have very limited traditional communication abilities, Social Workers are evidenced as using alternative methods such as PECS and MAKATON.
- Observations of interaction, presentation and development are also used to inform understanding of children’s experiences and progress.
- Social workers and IROs know their children well and have positive meaningful relationships with children and families, which is also evident in the way in which they talk about them in case recordings.
- Where children have the ability to use platforms such as Mind of My own, these are used to further gather their views.
- All children’s homes and the residential school visited are currently judged as Good by Ofsted. The short breaks home is judged as Requires Improvement but has a robust action plan in place.
- Reg 44s are received and analysed each month and have not highlighted any issues of significant concern.
- Recording of information in 4 out of 5 settings visited was detailed and up-to date, giving a good sense of what life is like for the children living there.
- A good range of activities and experiences provided by children’s homes were evidenced for young people and often took place in the local community.
- Recruitment and retention of staff was an issue for all homes but providers had strategies in place that were mitigating the impact on children, for example one provider did not use agency staff at all, and those who did tended to use the same agency staff members which supported with the consistency of care.

- One child's residential school made very little distinction between the school and home environment – although it was the child's strong preference to sleep in a downstairs bedroom close to the entrance to the school, it was agreed that would be addressed with the provider.
- Larger homes tended to have a less homely feel and some of the safety measures in place for disabled children, added to a slightly institutional appearance.
- Some homes reported losing staff after induction due to unrealistic expectations around the roles and responsibility of care workers in these settings, including managing complex behaviours.
- All children are living close to their home communities or the places they consider themselves as belonging to.
- Robust transition plans were in place for those children looking to move home or on to supported living.
- There is no routine process for clinical experts (Named or Designated professionals or children's community nursing teams) to advise, support or assist in the assessment of the quality of care for children with complex needs who do not live at home some or all of the time. This is an area of anxiety for non-clinical children's services staff who are assessing the risks to children who often have complex diagnoses. Closer involvement of health and education colleagues in quality visits and activities would facilitate a more holistic overview of a child's care and support arrangements, thus reducing risk.

#### **4i Findings – Part two, the Local Authority Designated Officer (DO) questions**

The analysis and cross-referencing of allegations and allegation management processes for all of the types of care accommodation in scope was undertaken as per the request.

The detailed findings are presented below:

- A total of 9 care accommodations were considered for the scoping exercise, 5 of which are in Sunderland. All, apart from the short break provision, are either specialist residential schools or residential provisions.
- TfC currently have children living in the 5 care accommodations in Sunderland who were identified as in scope. There are currently no open DO investigations in these homes. From reviewing the information relating to closed referrals, appropriate action was taken in respect of all allegations reported from these homes.
- TfC currently have children living in four specialist residential schools outside of Sunderland, 2 of which currently have open DO investigations. Both open investigations are as a result of concerns of a physical nature. Neither of these investigations are linked to Sunderland children and DO oversight remains in place from the 2 host local authorities (Cumbria and Durham).
- From the data received 'Physical' and 'Neglect' are the most prominent reasons for contact being made with the DO services in the 9 homes considered in the scope of this exercise.
- The DO team do not currently contact all placing authorities when an allegation is received in respect of a specialist residential school, only the placing authority of

the young person making the allegation. Notification is made to the allocated Social Worker for the young person (See recommendation 1).

- TfC DO already have audit processes in place to review settings should more than 5 referrals be received within a 6-month timescale which includes sharing any concerns with the appropriate commissioning teams for all placing authorities. There is no statutory requirement to complete this however the National LADO Network (NLN) are currently formulating guidance for all LADO/DO to standardise this process nationally.

There were no apparent concerns about the robustness of the allegation management process beyond the one recommended area for improvement as noted in the next section.

## **5 Recommendations**

Children with complex and additional needs who do not live at home all or some of the time, clearly have a range of vulnerabilities brought to life by the examples of children's voice in this report. The process of the deep dive highlighted areas for improvement, all of which it would appear could be considered as areas to develop national exemplar practice, with a number requiring national instruction or guidance to establish.

These recommendations were discussed with statutory partners and will be tabled at the SSCP and Corporate Parenting Board for follow up action and reporting purposes.

Local actions as follows:

- A strengthened process is required for the DO and ICRT services to share/notify information regarding children currently placed in Sunderland from another LA.
- The DO service should notify the placing LA commissioning services alongside the allocated Social Workers of any referral that meets the DO threshold relating to a care accommodation in Sunderland, to support a holistic analysis of risk for the child/ren, and also to notify them of the referral outcome.
- More could be done to strengthen the recording and analysis of children's cultural needs. Although their voices are strongly present and captured clearly, the understanding of their culture and identity is implicit rather than explicit.
- Children's allocated Social Workers to ensure that children are regularly seen within their education settings.
- Work to be undertaken with providers to develop creative ways of ensuring all settings have a homely and nurturing feel.

National actions as follows:

- There is no routine process for clinical experts (Named or Designated professionals or children's community nursing teams) to advise, support or assist in the assessment of the quality of care for children with complex needs who do not live at home some or all of the time. This is an area of anxiety for non-clinical children's services staff who are assessing the risks to children who often have complex diagnoses and presenting needs. Integrated, multi-disciplinary

assessment and oversight should be at the heart of children's care, and closely knitted together with regulatory processes. This is an area that Government could consider developing clear guidance for ICB and LA to take forward together.

- A national workforce development plan is urgently required for health and social care workers which reflects the pressures, skills and responsibilities of the role, particularly when working with children with disabilities.

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