THE CHILD
SAFEGUARDING
PRACTICE REVIEW PANEL

COUNCIL FOR DISABLED CHILDREN

NATIONAL CHILDREN'S BUREAU
Part of the family

Safeguarding children with disabilities and complex health needs in residential settings

Phase 2 report

April 2023

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Foreword

"People whose behaviour challenges have the same needs as everyone else, in addition to special needs for help to overcome the problems their behaviour presents. They do not surrender their need for personal relationships, for growth and development or for anything else because their behaviour presents a challenge to services. They have the same human rights as everyone else." [1]

There was widespread public shock and distress when we published our phase 1 report about the disturbing neglect, abuse and harm experienced by a large number of children with disabilities and complex health needs living in residential settings run by the Hesley Group in Doncaster. However, despair and shock are never enough and will not address the fundamental and systemic problems that contributed to the children's harmful experiences in environments that should have kept them safe.

This phase 2 report draws on the learning from what happened at Hesley Doncaster to focus on the national changes that must be secured to help this group of children thrive and keep safe in the future. It reflects extensive discussions we have had over the past few months with a wide range of stakeholders, including parents and carers, professionals, residential providers, and system leaders.

We found evidence of some highly creative, imaginative and child-centred practice, but this was often in spite of, rather than because of how public agencies are organised, resourced and operate. We believe that there now needs to be an ambitious vision that embraces fundamental changes in how we 'see' and engage with children and families, in the quality of provision, in the commissioning of services and in how residential provision is overseen and regulated.

1 Quotation from Jim Mansell (ob.2012), who was an emeritus professor at the University of Kent. He was the country's leading authority on working with people whose behaviour challenges.

A striking feature of how things work now is that too often agencies and professionals operate within their own sphere of specialist responsibility rather than integrating and connecting their work with that of others. A major message from this report is that there must be strong shared ownership for this group of children across local authorities, health commissioners, schools, and across different government departments. The quality of leadership is pivotal, including by those responsible for residential settings who must set the culture and expectations for their workforce and always have their eyes and ears tuned to what life is like for children. Reforms to the regulatory and oversight system must make it easier and more straightforward to know what is happening to children so that, when necessary, action is swift and purposeful. The corporate parenting responsibilities that public agencies have for most of these children renders this of particular significance.

The voices and experiences of children with disabilities and complex health needs, and their families, are often given only a brief footnote in policy and practice discourses, with their particular needs often being subsumed under those of all children. We need to recognise the distinctive nature of the needs and lives of this group of children whilst fully respecting their rights to equality and inclusion. They must have a clear place in local and national reform strategies. This will require unequivocal political and professional will, along with necessary investment, to deliver the substantive and strategic long term changes that will make a material difference to children's lives. We all have a responsibility to secure the practice and policy changes set out in this report if we are to honour and provide some measure of justice to the children who were abused and neglected in the settings at Hesley Doncaster.

Many people and organisations have contributed to the work undertaken to deliver this report, demonstrating unerring resolve to make sure that the report will make a tangible difference to children's lives. I would like to express deep gratitude and appreciation to Dr Susan Tranter who has led this work on behalf of the Panel, working closely with Panel members Simon Bailey, Jenny Coles and Sally Shearer, Dame Christine Lenehan, lead reviewer, John Harris who led the production of the report and Michelle Sharma and Claire Watkin from the Panel Secretariat.

Annie Hudson
Chair of the Child Safeguarding Practice Review Panel

Introduction

Phase 1 of this review looked at the experiences of 108 children and young adults with disabilities and complex health needs who had been placed at three residential special schools registered as children's homes in Doncaster operated by the Hesley Group.

The phase 1 report initiated three important and urgent actions that asked Directors of Children's Services to:

- ensure that placing authorities had an up-to-date view of the progress, care and safety of children with disabilities and complex health needs placed in residential special schools registered as children's homes.
- ensure that any local authority designated officer (LADO) referrals for these children had been appropriately addressed.
- ensure effective liaison between LADOs in 'host' authorities with the 'home authorities'.

These actions have provided immediate assurance about the welfare and safety of some of our society's most vulnerable children and prompted local authorities and health commissioners to strengthen their assurance systems for children in residential settings.

As we set out to conduct the research for phase 2, we wanted to create a shared vision for the education, health and care of children with disabilities and complex health needs. This review has highlighted an acute need to do things differently, not only to prevent this repugnant story from being retold in another setting, but also to transform the care, health and education offer for this group of children.

Current provision at the local level is often patchy and in residential settings is incredibly varied and expensive. We need the certainty of a range of provision from early intervention through to specialist residential care that will address the needs of children with disabilities and complex health needs in the right place at the right time. There is no 'one' package that meets the individual needs of every child with disabilities and complex health needs. However, an understanding of the suitability, sufficiency and sustainability of the offer is necessary so that parents can choose what is right for their child.

There are inherent risks in working with this group of children in residential settings. Assurance and regulatory systems should address these risks and ensure that children are safe. We need local authorities, health commissioners and those agencies who regulate residential settings to share intelligence and information so that safeguarding risks are identified at an early stage, with timely intervention.

The stories of abuse and significant harm are dreadful and harrowing. As this remains a live criminal investigation, the particulars are absent from the narrative that follows. Hopefully, the children's stories will be told in open court.

I am grateful for the support of my colleagues from the Child Safeguarding Practice Review Panel, namely Simon Bailey, Jenny Coles and Sally Shearer. Together with Dame Christine Lenehan, we have crafted national recommendations that we believe will not only make abuse more unlikely but offer a new way to determine children's wishes and involve them fully in their care. We look forward to a response from government within six months.

Dr Susan Tranter
Lead Panel Member for the Review

1. Executive summary

1.1 Children with learning disabilities, autism and complex health needs who require intensive specialist support are among the most vulnerable in our society.[2] This report sets out the findings from phase 2 of the Child Safeguarding Practice Review Panel's review into the safeguarding, care and support for this group of children. Our phase 1 report, published in October 2022, looked at the experiences of children and young adults with this high level of need who had been placed at three residential settings run by the Hesley Group in Doncaster, where they experienced significant neglect, abuse and harm.[3] Based on the learning about what happened at Hesley Doncaster, we identified a number of wider systemic issues relating to national policy and practice which required further exploration in phase 2 of the review. The analysis of these issues, and recommendations for national changes and improvements, are the focus of this report.

1.2 Our report sets out:

- systemic issues arising from the phase 1 report.
- an ambitious case for change and vision for meeting the needs of this group of children, who are among the most vulnerable children in our society.
- four strategic priority areas for improvement.
- national recommendations for changes to policy and practice to improve the safety, support and outcomes for children with disabilities and complex health needs.

2 This group of children with high needs is a very small proportion of the child population in England aged 0 to 18. For ease of reference in the report, we have used the term 'children with disabilities and complex health needs' when referring to this group of children.

3 **www.gov.uk/government/publications/safeguarding-children-with-disabilities-in-residential-settings**

1.3 Our analysis is primarily through the lens of child safeguarding practice, which is the Panel's unique national role. We have aligned that analysis and our national recommendations with strategic national policy developments where this is appropriate, particularly the Children's Social Care Implementation Strategy 2023[4] ('CSC Implementation Strategy'), the Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan 2023[5] ('SEND/AP Improvement Plan'), and changes for strategic NHS commissioning for population health as set out in the Health and Social Care Act 2022. We have also considered the SEND Green Paper (March 2022)[6] and the Independent Review of Children's Social Care (June 2022).[7]

1.4 Our working assumption is that implementation of the national recommendations is largely feasible through more effective use of existing funding streams by social care, health and education partners in support of shared commissioning priorities. Our recommendations result in additional burdens for local authorities and integrated care boards (ICBs) in relation to quality assurance and these will need to be adequately resourced. Additional resources may also be required to enable joint inspection of residential settings by Ofsted and Care Quality Commission (CQC). Learning from the Families First for Children, Regional Care Cooperative and SEND pathfinder programmes should also inform future resource planning.

4 Stable Homes, Built on Love: Implementation Strategy and Consultation', DfE February 2023. **www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love**

5 Right Support, Right Place, Right Time: SEND and Alternative Provision Improvement Plan, DfE March 2023. **www.gov.uk/government/publications/send-and-alternative-provision-improvement-plan**

6 SEND Review: Right, Right Place, Right Time, a consultation on the special education needs and disabilities (SEND) and alternative provision system in England', DfE March 2022. **www.gov.uk/government/consultations/send-review-right-support-right-place-right-time**

7 **www.gov.uk/government/publications/independent-review-of-childrens-social-care-final-report**

Residential settings

In this report we have used the term 'residential setting' to refer to the following establishments where disabled children are living away from home:

- residential special schools
- residential special schools registered as children's homes
- children's homes
- dual-registered children's homes (i.e. registered both with Ofsted and the CQC
- other settings regulated by CQC where the residents are mainly young people over the age of 18 or adults.

The recommendations in our report, although derived mainly from evidence in relation to children placed in residential special schools registered as children's homes, are applicable in all the residential settings where disabled children are living away from home.

Background – phase 1 report

1.5 Phase 1 of the review looked at the experiences of 108 children and young adults with disabilities and complex health needs who had been placed at three residential special schools registered as children's homes in Doncaster run by the Hesley Group, between January 2018 and March 2021. Allegations of abuse including physical and emotional harm, cruelty towards children, significant levels of neglect, and poor quality of care had been reported to the Doncaster Safeguarding Partnership, which initiated a complex abuse investigation (Operation Lemur Alpha). The investigation identified a very substantial number of serious incidents of neglect, abuse and harm, which are the subject of formal criminal investigation currently. Further evidence from the on-going investigation in Doncaster, including additional national learning, is incorporated into this report.

1.6 The Panel's phase 1 report sought to establish what happened at Hesley Doncaster and why. It found that:

- the children experienced significant neglect, abuse and harm.
- children with profound communication difficulties received little support to participate in review meetings or report the abuse they had experienced.
- leadership and management in the three settings were inadequate, with a 'closed culture' in which incidents of neglect, abuse and harm went unreported and were actively concealed.
- there was poor practice and misconduct by care staff.
- the quality of care for the children was affected by high rates of staff turnover and vacancies, poor quality training, support and supervision.
- the complex local and national arrangements for oversight and accountability for the children at Hesley Doncaster (statutory reporting by the Hesley Group, quality assurance by placing local authorities and health commissioners, the LADO function in Doncaster, and Ofsted inspection) were ineffective in identifying risk and responding to concerns about their safety and wellbeing.
- our in-depth analysis of the care and support for the children prior to their placement at Hesley Doncaster indicated that some children's needs could have been met through support in the community where they lived rather than a 52-week residential placement at some distance from home – the support available for parents of children with disabilities and complex health needs was inconsistent and fragmented across local authority and integrated care board (ICB) areas in England.

Learning from urgent assurance action

1.7 In the light of the level and seriousness of the concerns raised by the phase 1 review, the Panel initiated urgent assurance action in all English local authorities to:

- ensure that placing local authorities had an up-to-date view about the progress, care and safety of children with disabilities and complex health needs from their area who were placed in residential special schools registered as children's homes. The request was copied to the Chairs of the ICBs as many children had health needs as part of the care that they were receiving. The expectation was that quality and safety reviews would be multi-agency in nature, involving staff from health, education and other partner agencies.
- ensure that, for all residential special schools registered as children's homes, any LADO referrals, complaints and concerns over the last three years relating to the workforce had been appropriately actioned.
- ensure effective liaison between LADOs in 'host' local authorities with residential special schools registered as children's homes and the LADOs in placing local authorities in circumstances where there were enquiries not completed following allegations that a child has been harmed by a member of staff.

1.8 Local authorities completed quality and safety reviews, which were multi-agency in nature, and submitted overview reports by the end of December 2022. The overview reports were shared with the local safeguarding partners and the corporate parenting board. Copies of the reports were also sent to the relevant Department for Education (DfE) regional improvement support lead. Key conclusions from the process were that:

- the vast majority of children were found to be having their needs met.
- no children were found to be living in an unsafe setting.
- local authorities were taking appropriate assurance action where a child was in a placement in which Ofsted or local monitoring had identified concerns about the quality of the provider.

Learning from an analysis of the overview reports has been incorporated into the evidence considered in the phase 2 review. The framework for quality and safety reviews and a summary of learning are provided at Annex B. It also includes a suggested draft template for future reports.[8]

8 We expect to develop the template further in the light of feedback from government departments and learning from quality and safety reviews in local areas.

1.9 Ofsted completed an analysis of its inspection evidence around workforce sufficiency, focusing on its suitability, training and support and reported to the Panel in September 2022. The report highlighted that all settings, irrespective of inspection judgement, faced staffing shortages and used agency staff. In these circumstances, effective senior leadership in training, inducting and supporting staff was the critical factor in ensuring that children's needs continued to be met. The analysis from Ofsted has been incorporated into the evidence considered in the phase 2 review. Ofsted's analysis in full is provided at Annex C.

Wider systemic issues – the phase 2 review

1.10 Our analysis of the wider systemic issues arising from the phase 1 report has been framed around three key lines of enquiry. The wider systemic issues arising from the phase 1 review are shown at Annex D.

Phase 2: key lines of enquiry

1. What needs to happen to ensure the voices of children with disabilities and complex health needs are listened to and heard, and their rights are respected and upheld?

2. 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?

3. 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?

Racial disparities

1.11 This review has sought to address how and where there may be racial disparities in the experiences of children with disabilities and complex health needs. Research shows the disproportionality in England in the identification of SEND between ethnic groups.[9]

Research evidence about ethnic disproportionality and its impact specifically for children with disabilities and complex health needs is more limited. The broader research related to people with learning difficulties and disabilities from Black and minoritised communities highlights the need to:

- improve outreach and engagement with Black and minoritised families.
- ensure that the commissioning of services is based on an informed understanding of the needs of Black and minoritised communities that is free from stereotyping and cultural bias.
- review existing provision to ensure that it is configured appropriately to meet the particular needs, concerns and aspirations of different local communities
- develop a 'culturally intelligent' workforce.[10]

9 Ethnic disproportionality in the identification of SEN in England: Extent, Causes and Consequences', Strand S. and Lindorff A., University of Oxford and Economic and Social Research Council 2018.

10 See for example: 'Reaching Out to people with learning disabilities and their families from Black and Minority Ethnic Communities', Poxton and others, Foundation for People with Learning Disabilities (2012) and 'Learning Difficulties and Ethnicity', Mir and others, Department of Health (2001).

Ethnic disproportionality in SEND

Ethnic disproportionality exists when an ethnic group is significantly more, or significantly less, likely to be identified with SEND compared to the ethnic majority.

- Black Caribbean and Pakistani children and young people are over-represented for moderate learning difficulties. Indian and Chinese children are under-represented.
- Black Caribbean and Mixed White & Black Caribbean children are substantially over-represented for social, emotional and mental health (SEMH) needs.
- All Asian groups of children (Indian, Pakistani, Bangladeshi and Other Asian) are substantially under-represented for SEMH and for autism.

The consequences of disproportionality are significant. Over-representation by some ethnic groups of children may reflect greater socio-economic disadvantage but may also arise from the inappropriate interpretation of ethnic and cultural differences. The consequence of under-representation is the delay in identifying SEND and accessing appropriate support.

These issues are considered further through the findings in chapters 3 to 5 below.

Further research is required in respect of children with disabilities and complex health needs from Black and minoritised families. The new Families First for Children Pathfinder through the CSC Implementation Strategy provides an opportunity for this, working in co-production with Black and minoritised families and communities. The proposed national standards in the SEND/AP Improvement Plan, combined with improvements in the skills of the workforce will help to improve the consistency of identification of SEND and reduce the likelihood of misidentification through factors such as ethnicity or socio-economic disadvantage.

Review methodology

1.12 The work for phase 2 of the review was led by Dame Christine Lenehan, Strategic Director at the National Children's Bureau and Director of the Council for Disabled Children. Christine brings a wealth of experience and expertise in this area and has an excellent track record in undertaking reviews about children with disabilities. The review process provided the opportunity to draw on the valued work and expertise of key stakeholders, enabling rich conversations about change and improvement and a robust foundation for the findings in our report.

Research and engagement

1.13 Our methodology for the review sought to draw on the best evidence from research and local practice, with our emerging analysis tested and developed further through structured engagement with thought leaders, experts (including parents and other experts by experience) and key stakeholder organisations. The methodology comprised the following elements:

- a systematic review of published research – synthesis of evidence from research linked to the key lines of enquiry and addressing the wider systemic issues identified in the phase 1 report.
- round table events for expert stakeholders, parents and young people – each event was informed by a briefing paper and focus questions related to the key lines of enquiry. The topics for the four round table events were:
  - voice of the child and rights
  - quality assurance and oversight
  - improving provision in residential settings
  - commissioning
- A list of participants is at Annex E.
- consultative events for parents, young people, Directors of Children's Services and NHS England.
- 'Call for Evidence' – participants in the round table events were invited to submit any research or examples of good practice addressing the key lines of enquiry.

Further learning from Operation Lemur Alpha

1.14 Under the protocol agreed with Doncaster Council and South Yorkshire Police, we continue to have sight of relevant reports from Operation Lemur Alpha. They provide some of the evidential basis for our findings, particularly concerning the voice of the child, the role of the host local authority and the LADO function within the arrangements for the quality assurance and regulation of residential settings.

1.15 Operation Lemur Alpha continues to investigate the nature and extent of neglect, abuse and harm to children resident at Hesley Doncaster, including the experiences and ongoing risks for young adults formerly resident there during the period of review in scope. Operation Lemur Alpha also considers ongoing issues from members of staff previously employed at Hesley Doncaster where allegations were unresolved.

Areas for improvement, recommendations and report development

1.16 The evidence from the key lines of enquiry suggested four priority areas for improvement where the Panel should consider national recommendations. We tested hypotheses and recommendations with a range of people, including sector bodies and leaders, and with relevant central government departments to complete this final report for publication.

1.17 In addition to national recommendations, we have identified a small number of supplementary recommendations to be taken forward through national implementation plans or local partnerships. These are indicated in the body of the report, with the formal wording in the list of supplementary recommendations at the end of the executive summary and again in chapter 7.

2. An imperative for change

The children and their needs

2.1 Children with learning disabilities, autism and complex health needs, who require intensive specialist support are among the most vulnerable in our society. The children are often non-verbal and require support to develop their capacity for expressive and receptive communication. Frequently they display behaviour that challenges,[11] which can:

- put the child's safety at risk.
- disrupt home life.
- stop the child taking part in ordinary social, educational and leisure activities.
- affect the child's development and their ability to learn.

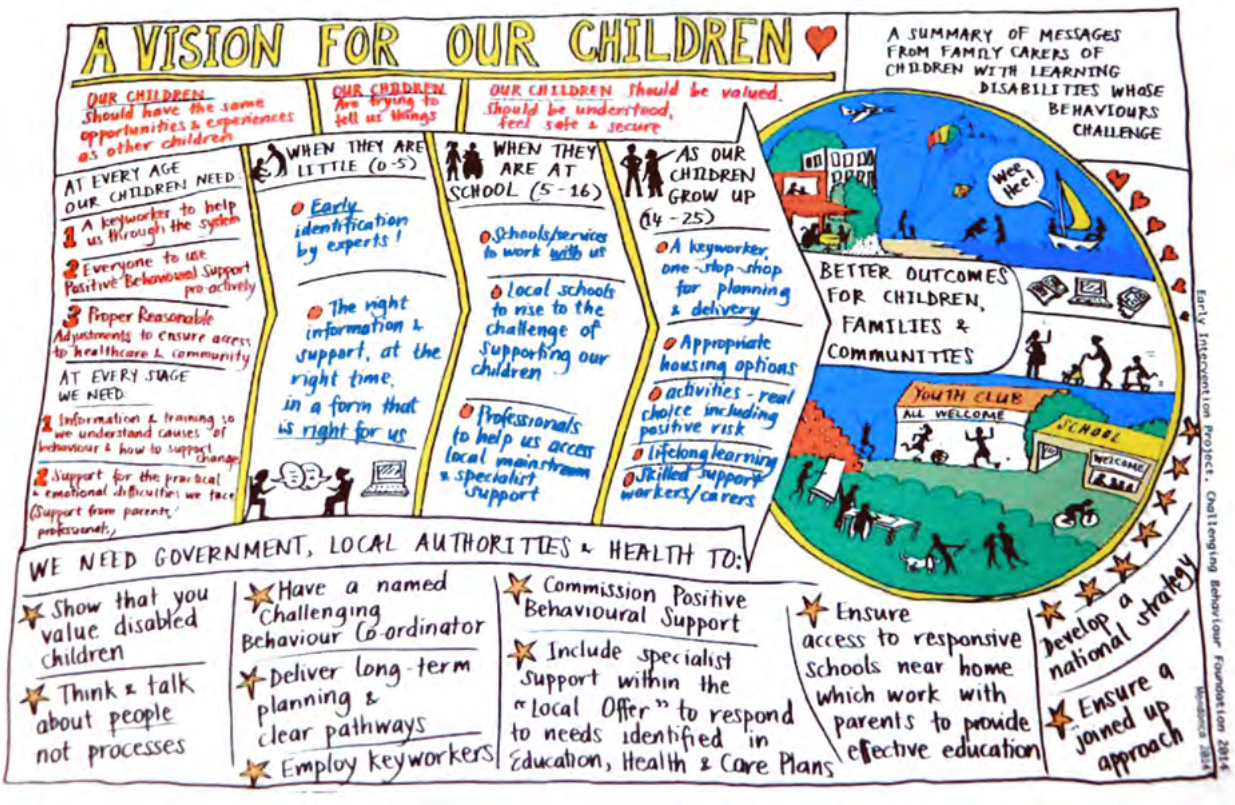
Behaviour that challenges is often related to the child's difficulties with communication and may arise from feelings of loss of choice and control and can arise because of the way the child is supported. Our analysis of the care and support for this group of children found that the frequency and severity of behaviour that challenges were often the trigger for crisis intervention and consideration of a long-term residential placement.

11 Behaviour that challenges includes: running off, refusal to move, hurting others, spitting, self-injury, destructive behaviour, eating inedible objects, difficult sexual behaviour.

Parents' views

2.2 Parents shared with us their high aspirations for children with disabilities and complex health needs. They want access to the full range of services in the community so that their children have the same opportunities as other children, living at home and part of their local community.

We heard about their difficulty in accessing timely and appropriate support, resulting in continued stress and emotional challenges over many years in an inexorable cycle that ended in their children being placed in high-cost residential provision far from home. Some articulated to us their experiences in seeking family support which made them feel criticised and undermined. In the absence of guidance to help them navigate 'the system', they relied on networking with other parents for information about the options to them. Over time they have become 'experts by experience', with a clear, eloquent and compelling agenda for change, shown in the graphic below.[12]



12 Challenging Behaviour Foundation 2014.

Diagram – A vision for our children

A summary of messages from family carers of children with learning disabilities whose behaviours challenge.

Our children:

- Should have the same opportunities and experience as other children.
- Are trying to tell us things.
- Should be valued, should be understood, feel safe and secure.

At every age our children need:

1 - A keyworker to help us through the systems.

2 - Everyone to use Positive Behavioural Support pro-actively.

3 - Proper reasonable adjustments to ensure access to healthcare and community.

At every stage we need:

1 - Information and training so we understand causes of behaviour and how to support change.

2 - Support for the practical and emotional difficulties we face (support from parents, professionals).

When they are little (0-5):

- Early identification by experts!
- The right information for support, at the right time, in a form that is right for us.

When they are at school (5-16):

- School, services to work with us.
- Local schools to rise to the challenge of supporting our children.
- Professionals to help us access local mainstream and specialist support.

As our children grow up (14-25):

- A keyworker, one-stop-shop, for planning and delivery.
- Appropriate housing options.
- Activities - real choice including positive risk.
- Lifelong learning.
- Skilled support, workers, carers.

Better outcomes for children, families and communities

Diagram – A vision for our children

A summary of messages from family carers of children with learning disabilities whose behaviours challenge.

We need government, local authorities and health to:

- Show that you value disabled children.
- Think and talk about people not processes.
- Have a named Challenging Behaviour Co-ordinator.
- Deliver long-term planning and clear pathways.
- Employ keyworkers.
- Commission Positive Behavioural Support.
- Include specialist support within the 'Local Offer' to respond to needs identified in Education, Health and Care plans.
- Ensure access to responsive schools near home wich work with parents to provide effective education.
- Develop a national strategy.
- Ensure a joined up approach.

The parental agenda for change is reflected in three key change propositions, which inform the analysis, improvement priorities and recommendations in our report.

Our key change propositions

Children with learning disabilities and autism who require intensive specialist support have their specific and individual needs met by a skilled, well-supported workforce, in high quality settings where leaders promote a positive safeguarding culture in which relationships between children and staff are valued and flourish.

Systematic arrangements for joint commissioning by social care, education and health partners stimulate the development of tailored, high quality, regional and local provision, building on 'what works' from research evidence and local best practice to meet the particular needs of this group of children.

The quality of provision is underpinned by robust local monitoring and quality assurance systems and a national joint inspection framework that enables the early identification of, and response to risk, and fosters learning and improvement.

The evidence in this review highlights a group of children who are often out of sight and out of mind. The decisions made about them can often lead to a childhood which would be unacceptable to many of their peers. While good and safe residential care will always be needed, our evidence shows that many of these children can have their needs met with appropriate support in the community, enabling them to continue to live at home. The development of robust, consistent and effective community-based provision should be the focus of sustained local leadership and investment going forward.

Key priorities for improvement

Outlined below are summaries of the key priorities for improvement in response to the wider systemic issues arising from our phase 1 report, along with national recommendations.

Priority 1: Promoting the voices and rights of children with learning disabilities and complex health needs who require specialist support

2.3 Our phase 1 report identified the need to:

- improve the quality of leadership and safeguarding culture in residential settings.
- develop the skills of the workforce to enable children's communication and respond appropriately and effectively to behaviour that challenges.
- develop a framework for advocacy for children with disabilities and complex health needs.
- improve the engagement of, and support for, parents who 'speak on behalf of the child', including families from ethnic minorities.
- ensure that the support for Black and minoritised children with disabilities and complex health needs is respectful of, and appropriate to, their culture and identity.

2.4 Research evidence shows that effective leadership and systems to promote the voice of the child are essential for a robust safeguarding ethos with an effective child-centred culture.[13] This is particularly important in residential settings where children have limited receptive and expressive communication and are dependent on care givers in the setting. In these circumstances children are at increased risk of abuse or neglect and have difficulty in communicating their distress. The attitudes and values of leaders and staff are key, particularly positive expectations that children with disabilities and complex health needs will have their voices heard, with adaptations to facilitate their communication. Strong and skilled practice leadership ensures that evidence-based approaches to support children's communication are implemented consistently by all staff in care and education settings, and by family members.

13 Franklin A, and Goff S (2019) 'Listening and facilitating all forms of communication: disabled children and young people in residential care in England'. Child Care in Practice 25 (1), 99-111.

2.5 Workforce development is critical to enable staff to work effectively with children with restricted functional and expressive communication. Training to enable staff to support children's communication is an essential requirement for those working in residential settings and should be reflected in workforce standards. A similar training requirement applies to specific professionals in local authorities, schools and health providers involved in assessment and review processes, and for those working with the children and their families in community provision.

2.6 Parents contributing to our review stress the importance that every child placed in a residential setting has a named keyworker in the staff team based at the provision, who is trained and supported in the appropriate communication skills and able to provide a consistent and trusted relationship with the child. The effectiveness of the keyworker role is highly dependent on the quality of practice leadership and is problematic where there is high turnover in the workforce.

2.7 Best practice evidence shows substantial impact in reducing behaviour that challenges where specific plans to develop children's communication form part of positive behaviour plans. Early intervention using this approach can enable children to continue to have their needs met in the community.

2.8 Access to independent advocacy is essential for children with disabilities and complex health needs when they are placed in residential settings. Evidence to the Independent Review of Children's Social Care and from quality and safety reviews highlights the inconsistency of current provision.

Recommendation 1

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

Action in respect of this recommendation is already underway through the CSC Implementation Strategy. Proposals from an Advocacy Expert Group are due for consultation in autumn 2023.

2.9 Children have a right to family life and to know and be cared for by their parents. Where children are placed in a residential setting the presumption should be that families want to keep in touch, and they should be supported to do so. Living at a distance from family and friends should be seen as a risk factor in planning for children. Where this is the best overall option, mechanisms must be in place as part of the child's plan to support regular contact between children and their families.

2.10 A frequent concern for parents is about the complexity of 'the system' and the need for a 'navigator' role who can signpost them to organisations that can provide impartial support and advice, particularly at points of crisis intervention when residential placements are under consideration. Research with Black and minoritised families raises similar concerns and recommends working through community organisations to facilitate engagement and trust, train and deploy outreach workers, and connect families to local support services.

Recommendation 2

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 jointly commissioned and suitably resourced local Special Educational Needs and Disability Information Advice and Support Service, with allocation of a 'navigator' to work with the family where this is identified as being necessary.

2.11 Care plans and support that recognise, understand and respond effectively to a child's racial, ethnic and cultural background are essential for their development and wellbeing. Evidence from quality and safety reviews highlights the importance of issues of culture, ethnicity and identity when matching children for residential placements and responding to their views when they express concerns about factors such as the lack of racial and ethnic diversity among staff or other residents at a setting. Equally important is the need for children's unique cultural needs to be reflected in their day-to-day experiences in the setting.

2.12 Quality and safety reviews indicate that practice issues relating to the appropriate use of physical restraints and restrictive interventions and their authorisation are not well understood by practitioners in local authorities and residential settings. We consider that there is an urgent training requirement to ensure that practitioners in local authorities, health services and residential settings understand the requirements for legally compliant practice in relation to physical restraints and restrictive intervention.

Priority 2: Effective strategic commissioning for sufficiency of provision

2.13 Our phase 1 report identified the need to:

- strengthen statutory arrangements to secure best practice and consistency in commissioning the services and support to safeguard and meet the needs of children with disabilities and complex health needs.
- ensure that multi-agency commissioning in local areas secures the full range of provision to enable this group of children to have their needs met while continuing to live at home, maintaining the connection with a wider network of family and friends, and with opportunities to enjoy and achieve in the local community.
- improve the operation of the placements market so that children who require it can access a specialist residential placement locally, therefore increasing their safety and wellbeing.

2.14 Guidance from the National Institute for Health and Care Excellence (NICE) in 2018 (NG93) sets out a clear framework for the service design, delivery and support for children with learning disabilities and behaviour that challenges. To date, the implementation of this service framework in local areas has been extremely variable with a lack of focus on early intervention and prevention and insufficient community-based provision. This service framework continues to provide a strong foundation for multi-agency commissioning for this group of children.

2.15 The SEND Green Paper found that multi-agency commissioning arrangements in local areas were too variable in their quality and impact and proposed significant changes to system roles and accountabilities to improve strategic leadership and joint working by partners across local government, education, health and care. We welcome these proposals, notably the strengthening of accountability within the health system for SEND through ICBs. We are concerned that unless statutory guidance is clear and explicit in its requirements for ICBs to meet their responsibilities for SEND, children with disabilities and complex health needs will fall through the net amidst a welter of competing NHS priorities as the 42 ICBs are established across England.

2.16 Ahead of updates to statutory guidance, we believe that local authorities and ICBs should:

- evaluate their current commissioning arrangements against evidence-based criteria for best practice in multi-agency commissioning for children with disabilities and complex health needs.

- implement changes to ensure that the capacity and expertise is in place so that children with disabilities and complex health needs have their needs met and public resources are used to best effect.

2.17 Statutory guidance should set out arrangements to ensure that the joint commissioning priorities of the local authority and the ICB are aligned with local inclusion plans and planning for care through Regional Care Cooperatives, so that local commissioning intentions are translated into practical delivery on the ground for children with disabilities and complex health needs and their families.

Recommendation 3

Local authorities and ICBs should be required in statutory guidance developed by the Department for Education and NHS England 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.

2.18 Local authorities have a sufficiency duty under the Children and Families Act 2014 and the Children and Young Persons Act 2008 to ensure that there are sufficient appropriate placements in the local area for children with special educational needs and disabilities and children in care. Securing suitable specialist placements, such as those suitable for children with disabilities, complex health needs, and behaviour that challenges, is particularly problematic with an increase in demand for such placements, limited supply, and rising costs.

2.19 These challenges were echoed in the final report from the Independent Review of Children's Social Care. Its recommendation to establish Regional Care Cooperatives, with the remit to drive up the quality and supply of placements by improving planning, co-ordination of commissioning and engagement with providers, is to be taken forward in the CSC Implementation Strategy, initially through two pathfinder projects co-designed and co-created with local authorities. We suggest that the specification for the Regional Care Cooperative pathfinders should include improvement in the commissioning for children with disabilities and complex health needs.

2.20 To respond to the more immediate challenges for local authorities in meeting sufficiency requirements for children with disabilities and complex health needs, we welcome the proposal in the CSC Implementation Strategy for the DfE to deliver national support with forecasting, procurement and market shaping. The support should include national discussions with providers about market shaping, staff recruitment and retention, as part of implementation plans following the SEND review.

Recommendation 4

The DfE, DHSC and NHS England should co-ordinate a support programme for commissioners in local authorities and ICBs, focusing on improvements in forecasting, procurement and market shaping.

Priority 3: Improving the quality of provision in the community, in schools and in residential settings

Community settings and schools

2.21 Our analysis of the care and support offered to children before they were placed at Hesley Doncaster raised key practice concerns about the support available in the community and schools for parents of children with disabilities and complex health needs. From this analysis we have identified the need to:

- offer a full range of evidence-based provision in the community for children with disabilities and complex health needs, and their families.
- develop responsive and flexible models of school provision for this group of children.

2.22 Community-based provision, focused on early intervention and family support, improves the safety and outcomes for children with disabilities, autism, complex health needs and behaviour that challenges, enabling them to be supported in their local area with their family. There are examples of local best practice in early intervention and family support, but the range of provision is variable across local authority areas. Faced with increasing costs and scarce supply of residential placements for this group of children, local authorities have found it difficult to invest in the range of community provision required.

2.23 Government proposals for Family Help offer the families of children with disabilities and complex health needs access to personalised support services, incorporating school, community and specialist services tailored to meet the particular needs of the child. Such provision will better meet the needs of Black and minoritised children with disabilities, recognising and affirming their cultural identities and keeping them well connected to their local communities.

2.24 We welcome the proposal that Families First for Children Pathfinders should test elements of the government's Family Help reforms and make sure that these are inclusive of children with SEND and their families. We propose that these 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. Critical to the success of the pathfinders will be ensuring that there are clear accountabilities for Integrated Care Systems in terms of quality assurance and resourcing.

2.25 The Independent Review of Social Care called for the development of more flexible school provision so that children could access appropriate education and continue to see their families. Parents contributing to our review endorsed this view and wanted to see more responsive and adaptable school provision for children with disabilities and complex health needs, aligned with specialist support for behaviour and communication, and positive partnership working with them as parents.

Recommendation 5

Local and sub-regional initiatives to improve the quality and range of provision in the community and in schools 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 SEND.

2.26 For children on the edge of residential placement, local authorities and partner agencies typically operate a system of multi-agency panels of professionals to support decision making when a residential placement for a child with disabilities and complex health needs is being considered. Parents would like to see a stronger emphasis on 'creative solutions' and the commissioning of personalised intensive support to keep children with their family and community. Our view is that all children with disabilities and complex health needs who are on a pathway for admission to a residential placement longer than 38 weeks per year should be part of a process that aligns with Care, Education and Treatment Reviews (CETR). No decision on admission should be made without multi-agency agreement and commitment.

Residential settings

2.27 Inadequate leadership and management were critical factors contributing to the failings at Hesley Doncaster. The high level of vacancies and turnover among care staff, along with weaknesses in their training, induction, support and supervision, resulted in poor quality practice with the children.

From this analysis we have identified two distinct but inter-related systemic issues:

- the need to improve leadership in residential settings, particularly in promoting a safeguarding ethos and maintaining the quality of safety and care.
- the need to address widespread concerns about the sufficiency and development of the workforce in residential settings.

2.28 Inspection evidence stresses the importance of high-quality leadership in residential settings and the risk from the development of a 'closed culture'. To assist the understanding of all staff, statutory guidance about the inherent risks from 'closed cultures' should be included in 'Working Together to Safeguard Children' and 'Keeping Children Safe in Education.'

2.29 Leaders in good and outstanding settings lessen the risk of a closed culture through effective practice leadership, ensuring an open and transparent approach where staff feel able to speak up and a clear line of sight from senior management to frontline practitioners working directly with children. Ofsted's analysis of workforce sufficiency in residential settings found that all settings, irrespective of inspection judgements, faced staffing shortages and used agency staff – key higher risk factors in the development of a 'closed culture'. Effective practice leadership was a critical factor in reducing that risk. Our view is that practice leadership should form the basis for a national programme of leadership development for leaders and senior managers in all residential settings for children and young people, focusing on:

- modelling of values
- setting practice standards
- coaching and supervision in the context of the setting and children
- reflective practice
- effective multi-agency engagement and involvement
- promoting a self-improving organisation

Developing and retaining a skilled workforce in residential settings

2.30 High levels of staff vacancies, turnover, and reliance on agency staff have been a significant feature of the workforce in residential settings over a number of years, with consequent impact on the quality of care and support, and increasing risk to children's safeguarding, particularly where there was weak leadership and management. Through the CSC Implementation Strategy, the DfE is intending to gather data and qualitative information to enhance the understanding of the children's workforce in residential settings. While these actions are welcome, in our view more substantive action is required to address concerns about leadership development, workforce standards and training.

Recommendation 6

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.

2.31 Alongside the development of an integrated strategy for the children's workforce in residential settings, urgent action by providers is required to address key concerns about recruitment and retention of staff. Feedback from round table events cited pay rates for staff as a critical factor, along with the need to promote the public value and positive impact of work with children with disabilities and complex health needs. These are fundamental issues for providers to address, in particular the scope for increasing wages and investing in recruitment, training and support, given the high levels of profit among the large provider organisations.[14] Urgent action by providers to address these issues should form part of the DfE's market stewardship discussions with providers. Providers through the Children's Homes Association have recently developed a sector-led recruitment campaign for staff in residential settings. It will be important to evaluate the impact of this and other initiatives as part of the DfE's market stewardship discussions with providers and commissioners.

14 Children's Social Care Market Study – England Summary, Competition and Markets Authority (March 2022). **www.gov.uk/government/publications/childrens-social-care-market-study-final-report**

Recommendation 7

National leadership and investment by providers is urgently required to address the longstanding challenges in recruiting, retaining and developing a skilled workforce is residential settings.

Priority 4: Strengthening quality assurance and regulation

2.32 The phase 1 report found that the national framework of regulation, monitoring, quality assurance and inspection was not effective in identifying concerns about the safety and wellbeing of the children at Hesley Doncaster. From this analysis we have identified the need to:

- improve systems for triangulation of intelligence, information sharing and identification of risk in residential settings.
- improve the impact of the current arrangements for monitoring, oversight, quality assurance and inspection.

Drawing on the evidence from research, feedback from our round table events and consultations with Ofsted and CQC, our view is that the arrangements for quality assurance and regulation of residential settings require major overhaul. Discretionary elements in the current regulations mean that there is a high degree of inconsistency in the practical application of these arrangements.

Intelligence, information sharing, and identification of risk

2.33 At Hesley Doncaster, professionals in distinct roles across the system had separate information about individual children indicating degrees of concern but the lack of a formal process for information sharing and triangulation of information meant that it was difficult to build up an understanding of the overall situation and the heightening levels of risk to children's safety.

2.34 Sharing intelligence and information for children in residential settings is just as important as for a child within the child protection system. We consider that host local authorities and ICBs (through the host commissioner role) have a key role in bringing together and sharing information about safeguarding in residential settings and residential schools in their area, building on responsibilities and processes already in legislation and statutory guidance. We recognise that for some local areas in particular regions in England this could be more of an added burden than for others. It will be important for the DfE to consult key stakeholders and co-produce a feasible operational framework, including national protocols for information sharing and escalation, for early implementation.

Recommendation 8

Systems for the early identification of safeguarding risks in residential settings should be strengthened through an enhanced role for host local authorities and ICBs in the oversight of residential settings in their area.

Regulation, inspection and quality assurance – areas for improvement

2.35 The reports from the Independent Review of Social Care and the Independent Inquiry into Child Sexual Abuse have both raised concerns about the overcomplex and fragmented regulatory framework for residential settings and recommended substantial revision and streamlining. Research evidence suggests that national standards for residential settings are an important component of safeguarding. But the widespread view from stakeholders at our round table events was that neither the current standards for children's homes nor those for residential special schools were fit for purpose and required substantial updating. There is an opportunity to improve quality and regulatory oversight by introducing revised quality standards to all settings where children are living away from home, with similar obligations to make safeguarding notifications to the regulator. New standards should set out greater ambition in terms of quality and outcomes, reflect the changing and more complex needs of children now being placed in residential settings and include specific guidance and expectations for settings supporting children with disabilities and complex health needs. Consideration should be given to the designation of a single consistent regulator across all residential settings, with the same powers to intervene wherever children are living away from home.

2.36 There is a widely held view by stakeholders that the framework for inspection of residential settings should be aligned with new national standards, undertaken by specialist multi-agency teams of inspectors with relevant experience of the particular needs of children with disabilities and complex health needs. As well as understanding the risks in 'closed cultures' they must have the professional curiosity to challenge settings and expose poor leadership and practice.

2.37 Ofsted and CQC are making adaptations under the current inspection framework to assist each other in inspections where the children have significant health needs. This is a major step forward in ensuring that the inspection process is appropriate to the risk and vulnerability of the children. Amendments to the memorandum of understanding between the DfE and DHSC should enable immediate implementation of these adaptations. Both Ofsted and CQC have indicated that additional resources may be required to enable inspections of residential settings for this group of children to be carried out jointly.

Recommendation 9

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

National recommendations

Recommendation 1: 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.

Recommendation 2: 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 jointly commissioned and suitably resourced local Special Educational Needs and Disability Information Advice and Support Service, with allocation of a 'navigator' to work with the family where this is identified as being necessary.

Recommendation 3: Local authorities and ICBs should be required in statutory guidance developed by the Department for Education and NHS England 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.

Recommendation 4: The DfE, DHSC and NHS England should co-ordinate a support programme for commissioners in local authorities and ICBs, focusing on improvements in forecasting, procurement and market shaping.

Recommendation 5: Local and sub-regional initiatives to improve the quality and range of provision in the community and in schools 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 SEND.

Recommendation 6: 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.

Recommendation 7: National leadership and investment by providers is urgently required to address the longstanding challenges in recruiting, retaining and developing a skilled workforce in residential settings.

Recommendation 8: Systems for the early identification of safeguarding risks in residential settings should be strengthened through an enhanced role for host local authorities and ICBs in the oversight of residential settings in their area.

Recommendation 9: The DfE and DHSC should (a) review and revise the regulatory framework for residential settings to reduce complexity and improve the impact of the current arrangements for monitoring, quality assurance and oversight; (b) take immediate steps to establish arrangements for joint inspection by Ofsted and CQC of residential settings for children with disabilities and complex health needs.

Supplementary recommendations

These are recommendations to be taken forward through national implementation plans or local partnerships.

1. To ensure that practitioners understand the requirements for legally compliant practice in relation to Deprivation of Liberty Safeguards local authorities, health services and residential settings should review their current systems, procedures and practice to determine their readiness for meeting the requirements under this framework.
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.
5. To assist the understanding of all staff, statutory guidance about the inherent 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/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.

The findings

3. Promoting the voices and rights of children with disabilities and complex health needs who require specialist support

Systemic issues from the phase 1 report

3.1 A key principle of the United Nations Convention on the Rights of the Child is the right for every child to express their views on matters that affect them, and for those views to be taken into consideration when decisions about their lives are being made.[15] Disabled children are entitled to disability and age-appropriate assistance to ensure this right is meaningful to them. At Hesley Doncaster the wishes and feelings of the children, many of whom had profound difficulties with expressive and receptive communication, were not routinely sought. There was minimal evidence of practical support to enable the children to participate in review meetings. Staff did not respond effectively to allegations or disclosures from the children against members of staff, particularly non-verbal children who were displaying behaviours, signs and symptoms indicative of child abuse. Behaviour that challenges was characterised as self-injurious behaviour and was deemed to be a function of the child's disability. As children living away from home, they should have had access to independent advocacy support but there was little evidence that this was actively provided.

15 United Nations Convention on the Rights of the Child, Article 11.

3.2 From this analysis we have identified the need to:

- improve the quality of leadership and safeguarding culture in residential settings.
- develop the skills of the workforce to enable children's communication and respond appropriately and effectively to behaviour that challenges.
- develop a framework for advocacy for children with disabilities and complex health needs.
- improve the engagement of, and support for, parents who 'speak on behalf of the child', including families from ethnic minorities.
- ensure that the support for Black and minoritised children with disabilities and complex health needs is respectful of, and appropriate to, their culture and identity.

Leadership and safeguarding culture

3.3 Research evidence shows that effective systems to promote the voice of the child are essential for a robust safeguarding ethos with an effective child-centred culture. Residential settings that recognised the importance of the perspectives of children and their inclusion in shared decision making improved the culture of the setting and allowed trust to flourish between children and staff.[16] This is particularly important in residential settings where children have limited receptive and expressive communication and are dependent on care givers in the setting.[17] In these circumstances children are at increased risk of abuse or neglect and have difficulty in communicating their distress. These risks can be exacerbated owing to an increased need for personal intimate care from staff.[18]

16 Franklin and Goff, 'Listening and facilitating all forms of communication: disabled children and young people in residential settings in England', Child Care in Practice Volume 25 2019.

17 Pellicano and others 2014,'My life at school: understanding the experiences of children and young people with special educational needs in residential special schools'.

18 Hunt (2008),'Disabled children living away from home in foster care and residential settings. Developmental Medicine and Child Neurology, 50 (12), 885. Vervoort-Schel and others 2018,'Adverse childhood experiences in children with intellectual disabilities: an exploratory case-file study in Dutch residential care'. International Journal of Environmental Research and Public Health, 15 (10), 2136.

Learning from research: 'Stop, look and listen to me'. Challenging Behaviour Foundation

This project, led by researchers from the Tizard Centre, explored alternative methods of consultation with children with severe learning disabilities. A mixture of methods was used to engage the child: direct interview, engagement in activities, observation, and interviews with family members and professionals who knew the child well. Using these mixed engagement methods, children were able to indicate what they enjoyed and did not enjoy, and who or what supported them to do the things they enjoyed. Formal communication was not necessary as there were other ways of gaining information from the children about their preferences. Family carers, advocates and staff who knew the children well were key to successful engagement with the children.

See also guidelines and practice examples from the 'Hearing the Voice' project, which outlines approaches to engaging children with profound communication impairments.

3.4 The attitudes and values of leaders and staff are key, particularly positive expectations that children with severe learning disabilities will have their voices heard, with adaptations to facilitate their communication. Research studies demonstrate children's ability to communicate their views even without formal systems such as spoken language or signing.[19]

3.5 Evidence from local best practice highlights the importance of practice leadership to recognise, understand and promote the capacity to communicate for this group of children, adopting evidence-based approaches that are implemented consistently by all staff in care and education settings, and by family members.

19 Challenging Behaviour Foundation (2021): 'Stop, look and listen to me'. **www.challengingbehaviour.org.uk/wp-content/uploads/2021/04/Stop-Look-and-Listen-to-me.pdf**
See also: Bradshaw J, Gore N J, Darvell C (2018) 'Supporting the direct involvement of students with disabilities in functional assessment through the use of Talking Mats®' Tizard Learning Disability Review 23 (2) pages 111-116. **www.emerald.com/insight/content/doi/10.1108/TLDR-01-2018-0004/full/html**
See also: Hearing the Voice: Good Practice Examples from 'Hearing the Voice' of children and young people with moderate, severe or multiple and profound learning disabilities.

Case study: 'Ask, accept and develop'
Outcomes First Group

The Outcomes First Group has implemented 'ask, accept and develop' as an approach to working with learning disabilities and autism. This is an in evidence-based, child-centred programme with a strong focus on augmentative and alternative communication (AAC). AACs are understood as robust systems of communication, which can include symbolic representation, gesture and visual aids. Consistency in the use of AACs is critical as it supports the training of a child's family, care team and educators to be able to skilfully use and implement an individual child's AAC system. AACs are assessed, implemented and monitored by a speech and language therapist or a therapies assistant from the clinical and wellbeing team. It is the responsibility of the care and education team to consistently use the AAC with that individual, providing feedback to the clinical and wellbeing team about progress, setbacks or barriers.

3.6 Feedback at round table events stressed the critical importance of workforce development to enable staff to work effectively with children with restricted functional and expressive communication. Leaders and managers needed to ensure that training was high quality, with supervision and support to ensure that staff were applying the skills from their training in day-today practice. Training to enable staff to support children's communication was seen as an essential requirement for those working in residential settings and should be reflected in workforce standards. A similar training requirement applied for specific professionals in local authorities, schools and health providers involved in assessment and review processes, and for those working with the children and their families in community provision.

3.7 Parents contributing to our review reflected on the importance of a named key worker for every child placed in a residential setting, trained and supported in the appropriate communication skills, and providing a consistent and trusted relationship with the child. The effectiveness of the key worker role is highly dependent on the quality of practice leadership and is problematic where there is high turnover in the workforce. (See paragraphs 5.22 – 5.35 below where we consider what needs to be done to develop and retain a skilled workforce to work with children in residential settings.)

Supporting children's communication – responding to behaviour that challenges

3.8 Best practice evidence shows substantial impact in reducing behaviour that challenges where specific plans to develop children's communication form part of positive behaviour plans. Early intervention using this approach can enable children to continue to have their needs met in the community.[20]

Case study
Affinity Trust – Child W: positive behaviour support and picture exchange communication system

Child W had a diagnosis of pica, autistic spectrum condition, ADHD, learning disability, gastroesophageal reflux disease and was non-verbal. The Affinity Trust offered a package of support for the family and other professionals involved to develop an understanding of Child W's behaviours that challenge and how to manage them. A positive behaviour support practitioner focused on providing a communication profile for Child W. This was a key strategy to reduce Child W's behaviour that challenges, learning how to communicate using the picture exchange communication system, how to tolerate interaction, and knowing what was expected of him. Over a ten-month period, the family home became a happier, calmer environment. Child W engaged well with the positive behaviour support practitioner and continued to build positive relationships in the family home, the community, and when moving to secondary school.

20 Picture exchange communication system (also known as PECS) consists of six phases and begins by teaching an individual to give a single picture of a desired item or action to a 'communicative partner' who immediately honours the exchange as a request. The system goes on to teach discrimination of pictures and how to put them together in sentences. In the more advanced phases, individuals are taught to use modifiers, answer questions and comment.

Case study
Child AO – Gloucestershire children and young people positive behaviour support service

The service in Gloucestershire became involved in working with Child AO after a significant escalation in behaviour that challenges, which including spitting, pinching and, in moments of crisis, kicking to the point that holes were made in walls. A positive behaviour support plan completed with the family included the introduction of the picture exchange communication system to support Child AO's communication. Child AO's communication skills have improved. Family members have developed 'scripts' that avoid using words that had previously been triggers for behaviours that challenge. As a result, the family were more confident and there were behaviours limiting what Child AO was able to try to do.

A framework for Independent Advocacy

3.9 Learning from quality and safety reviews reiterated the importance of independent advocacy for this group of children when they are placed in residential settings and highlighted the inconsistency in current provision. There was a similar view from stakeholders at our round table events, and an endorsement of the analysis and recommendations from the Independent Review of Children's Social Care:

"Advocacy is an afterthought in the current system, with some local authorities failing to provide any service to children who need to raise concerns about their care. Advocacy must be a comprehensive and opt-out rather than an opt-in service for all children in care. There should be an expectation that a child's advocate will attend care planning meetings and that no significant decisions should be made without the input of the child, with or via their advocate. Advocates should be given the remit to make comments on the quality of care provided by children's homes and foster care. To ensure this is effective, advocacy needs to be completely independent from the local authority and those agencies that deliver care services, so that young people have trust that their views are being heard and are likely to be acted upon."[21]

21 Independent review of children's social care (2022), Chapter 5, page 140.

3.10 A model of non-instructed advocacy is essential for working with children who have limited capacity for making decisions and communicating their concerns.[22] It is important that advocates have an understanding of the specific issues affecting the care and support for children with disabilities and complex health needs and the skills to work with them. They should work collaboratively with family and social networks who will also be advocating on behalf of the child.[23] Young people in our consultation told us that adaptability for advocates was an important skill, particularly in relation to communication, along with the ability to make the young person feel like they were in a safe space. They wanted advocates with a genuine interest in supporting children with SEND who could maintain links to a wide network of family and expert professional support such as educational psychologists.

Case study
The Medway Advocacy Project

This project was a collaboration between the Challenging Behaviour Foundation, the Tizard Centre, and the Young Lives Foundation. It sought to develop the skills and improve the confidence of advocates working with children and young people with severe learning difficulties and behaviour that challenges. A model of non-instructed advocacy was used, which involved appointing two advocates for each client: an independent advocate and a family or friend advocate. Key outcomes from the project were:

- benefits of long-term, consistent, person-centred advocacy for individuals with severe learning disabilities and complex needs.
- enrichment of the lives and increased social network of client and advocates.
- supporting evidence for the need for consistent relationships when offering non-instructed advocacy for children and young people with specific learning disabilities and complex needs.
- demonstrating the importance of supervision to support and guide the work of independent advocates.

22 Non-instructed advocacy is for people with communication difficulties or who lack capacity. The advocate represents their views and preferences to decision makers. In a model of instructed advocacy, the client is able to tell an advocate what their needs and wishes are, and what support they need.

23 For more detailed consideration of advocacy for this group of children see: 'Commissioning Advocacy Services for Children with Learning Disabilities', Challenging Behaviour Foundation. **www.challengingbehaviour.org.uk/for-professionals/resources-for-commissioners**

Recommendation 1

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

Effective engagement with parents and carers

3.11 Children have a right to family life and to know and be cared for by their parents.[24] Where children are placed in a residential setting the presumption should be that families want to keep in touch and they should be supported to do so. As well as being an important right for the child, physical visits and regular information and involvement for friends and family are key protective factors as part of a positive safeguarding ethos. Research evidence shows that long-term placement away from family and friends heightens the safeguarding risks for children with disabilities and complex health needs, owing to the increased dependence on care givers.[25] This is particularly the case in circumstances where there is poor leadership, high turnover of care staff, and ineffective arrangements for family and friends to keep in touch with the setting and 'speak on behalf of the child'.

3.12 Providers and other professionals need to be very mindful and sensitive to the needs of different families, recognising their histories and previous experiences of services. Parents at the round table events suggested that local authority and health commissioners should set clear expectations with providers about what needs to be in place to help family and friends to stay in touch, informed and involved with their child when they are living away from home. Young people in our consultation group told us that a worry for them when living away was whether their family still loved them and the need to know when they would be able to be in contact with their family.

24 Article 7 of the United Nations Convention on Rights of the Child.

25 Pellicano et.al and others 2014, 'My life at school: understanding the experiences of children and young people with special educational needs in residential special schools'. **www.researchgate.net/publication/320241877_My_Life_at_School_Understanding_the_experiences_of_children_and_young_people_with_special_educational_needs_in_residential_special_schools**

3.13 Keeping in touch with home includes:[26]

- regular visits planned around the needs of the young person and family.
- a child-and-family centred plan for 'keeping in touch' agreed at the outset and regularly reviewed.
- families involved in transition planning, at the point of admission or before.
- supporting children to 'feel at home'.
- making the most of communications technologies.
- access to advocacy and skills in non-verbal communication.
- listening to parents' concerns, supporting them, and intervening when trust breaks down.

Living at a distance from family and friends should be seen as a risk factor in planning for children and where this is the best overall option, mechanisms must be in place as part of the child's plan to support regular contact between children and their families.

3.14 Parents at round table events reflected that their views were not considered sufficiently in their contact with professionals about the assessment, options for support and decision-making about their child. A frequent concern was about the complexity of 'the system' – the legal framework, processes for assessment and decision-making, roles and responsibilities of the different agencies and the professionals involved – and the need for 'signposting' parents to organisations that can provide impartial support and advice, particularly at points of crisis intervention when residential placements are under consideration.

Recommendation 2

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 jointly commissioned and suitably resourced local Special Educational Needs and Disability Information Advice and Support Service, with allocation of a 'navigator' to work with the family where this is identified as being necessary.

26 Keeping in touch with home' Challenging Behaviour Foundation (2016), pages 24-25. **www.challengingbehaviour.org.uk/wp-content/uploads/2021/03/Keeping-in-touch-with-home-web-version.pdf**

3.15 Research with families from ethnic minority backgrounds raises similar concerns and recommends working through community organisations to facilitate engagement and trust, train and deploy key workers, and connect families to local support services. The review of the information that families are legally entitled to, proposed in the SEND/AP Improvement Plan, needs to include specific consideration of the ways to facilitate families' access to information and recognise the particular needs of Black and minoritised families.

Culture and identity

3.16 Care plans and support that recognise, understand and respond effectively to a child's cultural background are essential for their development and wellbeing. Quality and safety reviews highlighted the importance of issues of culture and identity when matching children for residential placements and responding to their views when they express concerns about factors such as the lack of diversity among staff or residents at a setting. Equally important is the need for children's unique cultural needs to be reflected in their day-to-day experiences in the setting: positive affirmation of their racial, cultural and linguistic background from a diverse workforce; observation of religion and celebration of religious festivals; positive learning materials and visual displays; food and menu options; and use of community resources.

3.17 Residential settings need to create a sense of cohesion and belonging. Learning from Hesley Doncaster shows the detrimental impact for children where this is not the case, as shown in a report from Operation Lemur Alpha in February 2023.

Hesley Doncaster – Culture and identity

There is evidence to suggest that children and young adults were denied their own cultural influences and identity. Evidence suggests that most Black female children had their hair shaved short when they arrived at Hesley Doncaster, at times against the wishes of their parents and without consideration of a child's identity and senses of safety and inclusivity within the provision. This was unacceptable practice that was both depersonalising and degrading for the children. The Hesley Group marginalised the cultural needs of children and young adults not only in their physical appearance but also those related to their family's language.

Deprivation of Liberty Safeguards (DOLS)

3.18 All children, young people and adults have a right to liberty under article 5 of the European Convention on Human Rights (ECHR).[27] This protects the right to liberty and security of a person and set outs that no one should be deprived of their liberty unless it is justified and carried out in accordance with article 5. Children with disabilities and complex health needs may display behaviours that challenge which may be harmful to themselves and others, requiring physical restraints and other restrictive interventions that limit their movement in a residential setting that may amount to a deprivation of their liberty.[28] The use of restraints and other restrictions should be necessary and proportionate, in line with an individual child's risk assessment and EHCP/care plan, and should be lawfully authorised where there is a deprivation of their liberty. For children who are accommodated under a care order, including under section 20 where this is as a prelude to care proceedings, parental consent cannot authorise a deprivation of liberty, which would need to be referred to the Court of Protection. Similarly, case law has determined that parental consent is not acceptable where 16- and 17-year-olds lack capacity to consent and are deprived of their liberty.[29] Instead authorisation must be sought from the Court of Protection, in line with the Mental Capacity Act 2005.[30]

3.19 Evidence from quality and safety reviews indicates that practice issues relating to the appropriate use of physical restraints and restrictive interventions and their authorisation are not well understood by practitioners in local authorities and residential settings. The need for authorisation of legal safeguards under the Mental Capacity Act had not been recognised and the authorisation for restraints and restrictive interventions had not been obtained. We have heard concerning evidence from CQC of young adults with disabilities and complex health needs receiving unregulated care in unregulated settings despite having DOLS liberty protection orders issued by the court.

27 **www.legislation.gov.uk/ukpga/1998/42/schedule/1/part/I/chapter/4**

28 Examples of restrictive intervention could include restriction to a particular physical space or adaptations to the physical environment that are proportionate and deemed necessary to prevent harm to the child or young adult.

29 P v Cheshire West and Chester Council; P and Q v Surrey County Council (2014) UKSC 19.

30 The Law Commission has recommended that DOLS be replaced and extended to cover 16 and 17-year-olds. The Mental Capacity (Amendment) Act 2019 sets out the Liberty Protection Safeguards (LPS) that are intended to provide a more streamlined and fit for purpose procedure. The introduction of the LPS scheme has been put on hold until the next parliament.

3.20 We consider that there is an urgent training requirement to ensure that practitioners understand the requirements for legally compliant practice in relation to DOLS. Local authorities, health services and residential settings should review their current systems, procedures and practice to determine their readiness for meeting the requirements under this framework (see supplementary recommendation 1).

4. Effective strategic commissioning for sufficiency of provision

Systemic issues from the phase 1 report

4.1 Professionals reported major difficulties in securing specialist residential placements for children with disabilities, complex health needs and behaviour that challenges. The limited range of options and the shortage of potential placements at times of crisis intervention meant that children were often placed in residential settings at a considerable distance from home, which increased their vulnerability and safeguarding risk.

4.2 The analysis of the journeys into residential placement for a sample of children at Hesley Doncaster found that some children were placed inappropriately and could have had their needs met in their local community, enabling them to remain with their family. Multi-agency commissioning by the local authority, health and education partners in local areas had not been effective in ensuring that children with disabilities and complex health needs were able to access the right support at the right time.[31]

31 Commissioning may be defined as 'the process for deciding how to use the total resource available to children, parents and carers in order to improve outcomes in the most efficient, effective, equitable and sustainable way'. Sufficiency – statutory guidance in securing sufficient accommodation for looked after children, DfE 2010.

4.3 From this analysis we have identified the need to:

- strengthen statutory arrangements to secure best practice and consistency in commissioning the services and support to safeguard and meet the needs of children with disabilities and complex health needs.
- ensure that multi-agency commissioning in local areas secures the full range of provision to enable this group of children to have their needs met while continuing to live at home, maintaining the connection with a wider network of family and friends, and with opportunities to enjoy and achieve in the local community.
- improve the operation of the placements market so that children who require it can access a specialist residential placement locally, thus increasing their safety and wellbeing.

These systemic issues were explored in the government's SEND Green Paper, and in the Independent Review of Children's Social Care. We have drawn on the findings from these reports in our analysis below. Our recommendations are aligned with proposals in the CSC Implementation Strategy and the SEND/AP Improvement Plan. In addition, we are clear that these recommendations must be accompanied by explicit commitment to develop a long-term national strategy that will enable children with disabilities and complex health needs to thrive and enjoy their lives, whatever their needs and wherever they live.

Impact of SEND reforms

4.4 The SEND reforms in 2014 placed strong emphasis on robust and effective joint working between local authorities, local education, health and care partners to commission, design and deliver an integrated 0 to 25 system of provision for children and young people with SEND that supported better outcomes and preparation for adulthood.

Commissioning for children with disabilities and complex health needs

4.5 Building on the principles set out in the 2014 reforms, guidance from the National Institute for Health and Care Excellence (NICE) in 2018 (NG93) sets out a clear framework for the service design, delivery and support for children with learning disabilities and behaviour that challenges.[32]

32 NICE (2018), 'Learning disabilities and behaviour that challenges: service design and delivery'. **www.nice.org.uk/guidance/ng93**

Children with learning disabilities and behaviour that challenges
Service design, delivery and support:

- Provision of a range of services including education, and general and specialist learning disability support services in the community as an alternative to residential placements away from home and to reduce the potential need for such placements.
- A lead commissioner to ensure joined-up and person-centred approach from health, education and social care.
- Baseline assessment of local provision to identify gaps in provision and implement an action plan for service improvement.
- Specific processes for the lead commissioner and practitioners to explore alternatives before a decision is made to place a child in a residential setting.

4.6 Research evidence suggests that to date the implementation of this service framework in local areas has been extremely variable. Although we have found some noteworthy examples of multi-agency strategic commissioning[33] and programmes for early intervention and family support, [34] the overall picture indicates a lack of focus on preventative measures and insufficient community-based provision.[35] Our view is that the service framework set out in NG 93, along with the implementation of NICE guidance on the support for disabled children and young people with severe and complex needs, provides a strong foundation for multi-agency commissioning for this group of children.[36]

33 For example, Greater Manchester Learning Disability Fast Track Programme. **www.gmhsc.org.uk/news/gm-fast-track-transforming-care**

34 For example, Bradford intensive Behaviour Support and Cumbria capacity building in families.

35 For example, Kelly and others (2016) Kelly, B., Dowling, S., & Winter, K. (2016). Disabled children and young people in out-of-home-care: summary report. **pure.qub.ac.uk/en/publications/disabled-children-and-young-people-in-out-of-home-care-summary-re**

36 NICE (2022), 'Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education' (NG 213). See paragraph 1.17. 1 page 69. **www.nice.org.uk/guidance/ng213**

Multi-agency commissioning

4.7 The SEND review found that multi-agency commissioning arrangements in local areas were too variable in their quality and impact and proposed significant changes to system roles and accountabilities to improve strategic leadership and joint working by partners across local government, education, health and care. Feedback from stakeholders at our round table events was broadly supportive of these proposals, notably the strengthening of accountability within the health system for SEND through ICBs. Taking the learning from these events we have highlighted two key issues to improve multi-agency commissioning:

- strengthening the shared leadership and accountability of local authorities and ICBs to drive an effective multi-agency commissioning strategy.
- making sure that local sufficiency strategies provide a robust basis for priorities and plans to address the full range of provision for children with disabilities and complex health needs, from early intervention through to specialist residential settings in local areas.

Leadership by local authorities and integrated care boards

4.8 Parents and key stakeholders have told us of the importance of ambitious and informed multi-agency leadership to ensure that partner organisations play their full part in the commissioning, delivery and quality assurance of services for the care, support and safety of children with disabilities and complex health needs. Contributors to our round table events welcomed the opportunities offered through ICBs to work closely with local authorities to shape local strategic planning and funding of SEND provision, with an ICB Executive Lead for children and young people with SEND (0 to 25) at board level as an important focal point to champion this vulnerable group of children. Specifications for this and other ICB roles are in draft in preparation for formal statutory guidance. Given the large scope of the brief for ICBs, we heard concerns from practitioners and parents that, unless statutory guidance is clear and explicit about ICB responsibilities for SEND, this group of children will fall through the net amidst a welter of competing NHS priorities as the 42 ICBs are established across England.

Opportunities through the SEND/AP Improvement Plan and the CSC Implementation Strategy

4.9 We note that statutory guidance will not be published until the completion of the Hewitt review of the oversight and governance of integrated care systems.[37] We are encouraged that ICBs are forging ahead to set out their local arrangements to ensure shared accountability for the sufficiency and quality of provision for children with disabilities and complex health needs in their area.

4.10 Ahead of published statutory guidance, we believe that local authorities and ICBs should:

- evaluate their current commissioning arrangements against evidence-based criteria for best practice in multi-agency commissioning for children with disabilities and complex health needs.
- implement changes to ensure that the capacity and expertise is in place so that public resources are used effectively to meet the needs of children with disabilities and complex health needs.

37 **www.gov.uk/government/publications/hewitt-review-terms-of-reference/hewitt-review-terms-of-reference** – The final report was expected in March 2023.

Best practice in multi-agency commissioning for children with disabilities and complex health needs

- Informed multi-agency leadership and focus on strategic outcomes and safety, with clear roles (particularly for the ICB Executive Lead for Children and Young People) and shared accountability for implementation and delivery.
- Medium term financial strategy supported by pooled budgets.
- Use of professional and clinical expertise to understand the safeguarding and wider needs of children with learning disabilities and challenging behaviour to inform commissioning priorities.
- Data and intelligence to support the analysis of the distinct needs of specific groups of children, including on the basis of ethnicity and gender.
- Engagement with families in the development of early intervention and family support programmes, tailored to the needs of local communities and responsive to families from Black and minoritised communities.
- Robust multi-agency care management and resource allocation panels to support effective decision-making and enable challenge and exploration of alternatives to residential placement.
- Market shaping dialogue with providers to meet the needs of this group of children.
- Regular joint health and care commissioner – led contract and service development review meetings to evaluate progress, outcomes, and overall effectiveness.

4.11 Statutory guidance should set out arrangements to ensure that the joint commissioning priorities of the local authority and the ICB are aligned with local inclusion plans and planning for care through Regional Care Cooperatives, so that local commissioning intentions are translated into practical delivery on the ground for children with disabilities and complex health needs and their families.

Recommendation 3

Local authorities and ICBs should be required in statutory guidance developed by the Department for Education and NHS England 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.

Strategic planning and sufficiency

4.12 Local authorities have a sufficiency duty under the Children and Families Act 2014 and the Children and Young Persons Act 2008 to ensure that there are sufficient appropriate placements in the local area for children with special educational needs and disabilities and children in care.[38] Evidence from a recent review of local authority sufficiency statements by the What Works Centre has indicated significant challenges for local authorities in meeting sufficiency requirements.[39] Securing suitable specialist placements, such as those suitable for children with disabilities, complex health needs, and behaviour that challenges, was particularly problematic with an increase in demand for such placements, limited supply, and rising costs.

4.13 These challenges were echoed in the final report from the Independent Review of Children's Social Care. Its recommendation to establish Regional Care Cooperative Pathfinders, with the remit to drive up the quality and supply of placements by improving planning, coordination of commissioning and engagement with providers, is to be taken forward in the CSC Implementation Strategy, initially through two pathfinder projects.[40]

4.14 We suggest that the specification for the Regional Care Cooperative pathfinders should include improvement in the commissioning for children with disabilities and complex health needs (see supplementary recommendation 2).

38 Children and Families Act 2014, section 27 (a) and (b). Children Act 1989 section 22G, amended by the Children and Young Persons Act 2008. **www.legislation.gov.uk/ukpga/2014/6/section/27/enacted**

39 What Works for Children's Social Care, 'Are local authorities achieving effective market stewardship for children's social care services?' A synthesis of sufficiency strategies for children's social care in England' (March 2022). **whatworks-csc.org.uk/research-report/are-local-authorities-achieving-effective-market-stewardship-for-childrens-social-care-services**

40 Independent Review of Children's Social Care, pages 119 to 130. **www.gov.uk/government/publications/independent-review-of-childrens-social-care-final-report**

4.15 To respond to the more immediate challenges for local authorities in meeting sufficiency requirements for children with disabilities and complex health needs, we welcome the proposal in the CSC Implementation Strategy for the DfE to deliver national support with forecasting, procurement and market shaping, in line with the recommendations from the Competition and Markets Authority in its market study of children's social care in England.[41] The support should include national discussions with providers about market shaping and securing value for money as part of implementation plans following the SEND review.

Recommendation 4

The DfE, DHSC and NHS England should co-ordinate a support programme for commissioners in local authorities and ICBs, focusing on improvements in forecasting, procurement and market shaping.

41 Children's Social Care Market Study – England Summary, Competition and Markets Authority (March 2022), paragraphs 42 to 48. **www.gov.uk/government/publications/childrens-social-care-market-study-final-report**

5. Improving the quality and range of provision in the community, in schools and in residential settings

Systemic issues for the phase 1 report

Community settings and schools

5.1 Our analysis of the care and support offered to children before they were placed at Hesley Doncaster raised key practice concerns about the support available in the community and schools for parents of children with disabilities and complex health needs. A focus on the child's disability meant the greater complexity of need was often not recognised, particularly regarding the impact of adversity for some children in early childhood. Early diagnosis of concerns did not lead to effective, multi-agency follow-up and engagement. Offers of short breaks and family support were inadequate and insufficient. Many of the children experienced multiple education placements before residing at Hesley Doncaster. Often those placements ended outside formal processes, with no opportunity to plan for the child and review their needs.

5.2 From this analysis we have identified the need to:

- offer a full range of evidence-based provision in the community for children with disabilities and complex health needs, and their families.
- develop responsive and flexible models of school provision for this group of children.

Residential settings

5.3 Inadequate leadership and management were critical factors contributing to the failings at Hesley Doncaster. Our analysis exposed an organisational culture characterised by a 'closed shop' mentality where leaders and managers did not develop learning from safeguarding incidents and there was little input from external agencies to challenge working practices that had a detrimental impact on the safety of the children living at the settings.

5.4 The high level of vacancies and turnover among care staff, along with weaknesses in their training, induction, support and supervision, resulted in poor quality practice with the children.

5.5 From this analysis we have identified two distinct but inter-related systemic issues:

- the need to improve leadership in residential settings, particularly in promoting a safeguarding ethos and maintaining the quality of safety and care.
- the need to address widespread concerns about the sufficiency and development of the workforce in residential settings.

Improving the range of community provision

5.6 Extensive research evidence shows that community-based provision, focused on early intervention and family support, improves the safety and outcomes for children with disabilities, autism, complex health needs and behaviour that challenges, enabling them to be supported in their local area with their family. There are examples of local best practice in early intervention and family support, but the range of provision is variable across local authority areas. Faced with increasing costs and scarce supply of residential placements for this group of children, local authorities have found it difficult to invest in the range of community provision required.[42]

42 'Building the right support: an analysis of funding flows', DHSC/Red Quadrant (2022), pages 90 to 95. **www.gov.uk/government/publications/building-the-right-support-an-analysis-of-funding-flows**

Prevention, early intervention and family support

5.7 Parents contributing to our review brought an 'expert by experience' view about the community provision that needed to be in place, challenging local authorities, education, health and care to be 'creative commissioners', recognising complex needs much earlier and putting in place 'small supports' for families. The case study below is illustrative of the range of local provision that parents would like to see and believe is possible, with good local multi-agency leadership, joint commissioning and targeted investment.[43]

Case study

A commissioning framework for community-based provision

The Challenging Behaviour Foundation worked with children and young people, families, professionals, commissioners and academic experts to identify the key features of good local behaviour support for children with learning disabilities whose behaviour challenges, drawing on evidence-based models of provision that reduce the need for crisis interventions and residential placements, and improve outcomes for children and families:

- person-centred early years support, with a key worker and team around the child.
- identify problems early and respond rapidly with multi-disciplinary specialist support to ensure all needs are met.
- evidence-based parenting programmes to help parents to support their child in the best possible way.
- local positive behavioural support, with capacity to work across home and school.
- a local approach to crisis intervention so children can stay nearby if there is a crisis.

43 See 'Paving the Way', Challenging Behaviour Foundation. The five elements of the commissioning framework above are exemplified by individual case studies: Wolverhampton Special Needs Early Years' Service; Coventry and Warwickshire Community Learning Disability Team; Stepping Stones in Brighton and Hove; Bristol Positive Behavioural Support Service; Ealing Intensive Therapeutic Short Break Service. **pavingtheway.works**

Opportunities through the CSC Implementation Strategy and the SEND/AP Improvement Plan

5.8 The proposals for Family Help offer the families of children with disabilities and complex health needs access to personalised support services, incorporating school, community and specialist services tailored to meet the particular needs of the child. Such provision will better meet the needs of Black and minoritised children with disabilities, recognising and affirming their cultural identities and keeping them well connected to their local communities. We welcome the proposal that Families First for Children Pathfinders will be inclusive of children with SEND and their families.

5.9 We propose that these 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 (see supplementary recommendation 3).

5.10 We endorse the commitment to extend innovative and inclusive short break provision through the Short Breaks Innovation Fund. The improvement of the short break offer in local areas to meet the needs of children with disabilities and complex health needs was identified as a key issue in our phase one report.

Improving the provision in schools

5.11 The Independent Review of Social Care called for the development of more flexible school provision so that children could access appropriate education and continue to see their families. Parents contributing to our review endorsed this view and wanted to see more responsive and adaptable school provision for children with disabilities and complex health needs, aligned with specialist support for behaviour and communication, and positive partnership working with them as parents.

Recommendation 5

Local and sub-regional initiatives to improve the quality and range of provision in the community and in schools 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 SEND.

Opportunities through the SEND/AP Improvement Plan

5.12 High quality education and care in schools is essential for children with disabilities and complex health needs to progress in their learning and wider personal and social development. In our phase 1 report we found that this group of children experienced multiple education placements.[44] The breakdown in placement frequently resulted in exclusion or a 'managed move' with poorly planned transitional arrangements. Fault for the breakdown tended to be attributed to the child and their needs rather than looking at whether or not the provision could be improved to maintain the child in an effective learning environment. We therefore welcome proposals to develop early outreach provision to equip schools to address issues such as communication and behaviour that challenges, thus enabling more children with disabilities and complex needs to carry on their education in a local school and continuing to live with their family.

5.13 Ensuring that schools have access to the expertise of educational psychologists, speech and language therapy and SEMH support will be particularly important as they develop evidence-based approaches to behavioural support and communication, implemented in personalised educational health and care plans by well-trained staff.

Children on the edge of residential placement

5.14 Local authorities and partner agencies typically operate a system of multi-agency panels of professionals to support decision-making when a residential placement for a child with disabilities and complex health needs is being considered. Parents have told us that the culture between professionals in these meetings is key – particularly the extent to which there is active challenge and exploration of alternatives to residential placement and the perspectives of parents as 'experts by experience' are considered. This approach is strongly endorsed in the SEND/AP Improvement Plan.[45]

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44 Phase 1 report, paragraphs 7.10 to 7.11. **www.gov.uk/government/publications/safeguarding-children-with-disabilities-in-residential-settings**

45 SEND/AP Improvement Plan, chapter 2 paragraphs 59 to 62. **www.gov.uk/government/publications/send-and-alternative-provision-improvement-plan**

5.15 Parents would like to see a stronger emphasis on 'creative solutions' and the commissioning of personalised intensive support to keep children with their family and community. One suggestion is that the processes for the Dynamic Support Register (DSR) and Care, Education and Treatment Reviews (CETR) should be extended to include children with learning disabilities who are being considered for residential placement, enabling evaluation of all the options for support for the child and family before a decision is made.[46]

5.16 A decision to place a child in a residential setting should not be seen as open-ended. Learning from quality and safety reviews emphasises the importance of maintaining a critical view of a child's safety, progress and outcomes in the placement, with proactive consideration of alternatives rather than accepting what is on offer from a provider.

5.17 Our view is that all children with disabilities and complex health needs who are on a pathway for admission to a residential placement longer than 38 weeks per year should be part of a care, education and treatment review process. No decision on admission should be made without multi agency agreement and commitment (see supplementary recommendation 4).

Improving quality in residential settings

Leadership

5.18 Inspection evidence stresses the importance of high-quality leadership in residential settings.

"Leadership is key: levels of staff qualification, the induction programmes for new staff and the quality of ongoing training, supervision and support are important, but staff skills and children's experiences are only fully realised in a culture which embraces the value of education and care together in a holistic child-centred environment." [47]

46 This requirement is included in the most recent policy and guidance for Dynamic Support Register and Care (Education) Treatment Review by NHS England (January 2023), section 3.1. **www.england.nhs.uk/publication/dynamic-support-register-and-care-education-and-treatment-review-policy-and-guide**

47 Ofsted – letter from National Director of Regulation and Social Care to Chair of Child Safeguarding Practice Review Panel (September 2022). **www.gov.uk/government/publications/yvette-stanley-letter-to-the-chair-of-the-child-safeguarding-practice-review-panel**

5.19 A significant risk in residential settings is the development of what the Care Quality Commission describes as a 'closed culture'.[48]

5.20 To assist the understanding of all staff, statutory guidance about the inherent risks from 'closed cultures' should be included in 'Working Together to Safeguard Children' and 'Keeping Children Safe in Education' (see supplementary recommendation 5).

Closed culture – risk factors

By a closed culture we mean a poor culture that can lead to harm, which can include human rights breaches such as abuse'. The five key risk factors are:

- weak leadership and management.
- children experiencing poor quality of care, support and outcomes.
- poor skills, experience and training of the staff providing care and support
- staff not encouraged to raise safeguarding or wider practice concerns and not supported if they do so.
- lack of external oversight.

48 Care Quality Commission, 'Identifying and responding to closed cultures – guidance for CQC staff.' (2019) The risk factors shown in the text box have been adapted from the CQC document to reflect a children's residential setting. **www.cqc.org.uk/news/stories/new-supporting-information-inspectors-mental-health-act-reviewers-addresses-risk**

Leaders in good and outstanding settings lessen the risk of a closed culture through effective practice leadership, ensuring that there is an open and transparent approach where staff feel able to speak up. There is a clear line of sight from senior management to frontline practitioners working directly with children. Practice leadership has been described as 'focusing on all aspects of service users' quality of life, including allocating and organising staff support, coaching, modelling and supervising individual staff and reviewing practice with staff teams'.[49] Key features of practice leadership include:

- modelling of values
- setting practice standards
- coaching and supervision
- reflective practice
- openness to multi-agency involvement and engagement
- promoting a self-improving organisation

5.21 A key aspect of practice leadership is the development and implementation of internal quality assurance systems to promote learning and improvement. In more effective settings these systems include the tracking of key outcomes for each child using a common dataset and qualitative indicators, case file audit and learning from child and family voice.

5.22 Ofsted's analysis of workforce sufficiency in residential settings found that all settings, irrespective of inspection judgements, faced staffing shortages and used agency staff – key higher risk factors in the development of a 'closed culture'. Inspection evidence showed that effective practice leadership was a critical factor in reducing that risk:

49 Bigby and Beadle-Brown, 'Practice leadership and active support in residential services for people with intellectual disabilities: an exploratory study', (2014). Journal of Intellectual Disability Research 58, 838 to 850. **kar.kent.ac.uk/41897**

"Stronger settings with highly effective senior leaders both train and induct agency staff well and create a culture where staff, despite shortages, all pull together to ensure the needs of children are their paramount consideration… In weaker settings examples of staff 'going the extra mile' for children is associated with the endeavours of individual staff members, whereas in good or outstanding homes, this reflects the overall culture of the establishment." [50]

5.23 In residential special schools registered as children's homes, effective practice leadership encompasses creating the conditions in which school and care staff work as a 'whole' team to ensure that children receive a consistent approach to communication and behavioural support in school and the care home environment, with co-ordinated input from multi-disciplinary staff.

5.24 Our view is that 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 (see supplementary recommendation 6).

Opportunities through the CSC Implementation Strategy

5.25 We welcome the proposal to develop a programme to support improvements in the quality of leadership and management in residential settings, comprising both programmes for new managers and continuing professional development for all managers. The new Knowledge and Skills Statement underpinning the programme should build on the principles of practice leadership.

50 Ofsted – letter from National Director of Regulation and Social Care to Chair of Child Safeguarding Practice Review Panel (September 2022). **www.gov.uk/government/publications/yvette-stanley-letter-to-the-chair-of-the-child-safeguarding-practice-review-panel**

Developing and retaining a skilled workforce in residential settings[51]

5.26 The requirements in terms of qualifications and workforce development for staff working in children's homes are set out in the Children's Homes (England) Regulations 2015.[52]

Children's Home Regulations: workforce

The regulations set out mandatory qualifications for managers and staff in a care role. Specifically, these state that managers must hold a Level 5 Diploma in Leadership and Management for Residential Care and staff must hold a Level 3 Diploma for Residential Childcare. The registered person should establish whether other qualifications are equivalent and where gaps are identified, should act to ensure that relevant units or qualifications are completed in a timely manner at an appropriate level.

The regulations make clear that the registered person should have a workforce plan which can fulfil the workforce requirements for the setting and maintain good employment practice. It is the registered person's responsibility to ensure that the home has sufficient staff to provide care for each child; that staff have the experience, qualifications and skills to meet the needs of each child and that they make continuous improvements in the quality of care provided in the home.

5.27 High levels of staff vacancies, turnover, and reliance on agency staff have been a significant feature of the workforce in residential settings over a number of years, with consequent impact on the quality of care and support, and increasing risk to children's safeguarding, particularly where there was weak leadership and management. Provider organisations contributing to our round table events shared their concerns about the vulnerability of residential settings unless there is concerted national action and investment to develop and retain a skilled workforce. They attributed difficulties in recruiting staff with adequate experience to competition from similarly low paid, entry level work, which required no previous qualifications and fewer day-to-day challenges.

51 Our analysis here applies to staff working in children's homes and residential special schools where children may be living for more than 38 weeks but less than 295 days.

52 DfE Guide to Children's Homes Regulations including the quality standards (2015). **www.gov.uk/government/publications/childrens-homes-regulations-including-quality-standards-guide**

5.28 Research evidence indicates the wider issues that need to be addressed.[53] These are considered briefly below.

Role of qualifications, specialist knowledge and skills

5.29 Formal training and qualifications need to be allied with well-planned and supported 'learning on the job' to equip staff with the requisite skills to work in a residential setting. Round table feedback was that the Level 3 and Level 5 Diplomas were too generic in their content and staff needed opportunities to apply the learning to the particular context of the home and the children they were supporting. Providers also suggested the introduction of mandatory training programmes for working with the particular needs of this group of children covering learning support, communication, behavioural support, delegated clinical care, appropriate physical restraint and safeguarding. There was a need to promote and embed culturally intelligent practice, addressing issues of racial stereotyping and cultural bias, so that practitioners engaged sensitively with the children in their care in the setting and with their families to improve their experience of residential care and reduce discriminatory practice.

5.30 Additional suggestions for mandatory training included Oliver McGowan Training for Learning Disability and Autism, trauma-informed practice (recognising that children placed in residential settings could also bring adverse experiences from early childhood) and clinical competencies for meeting individual healthcare needs, as delegated to a competent lay person.

Workforce development in the setting

5.31 Induction and training are essential in developing good quality staff in residential settings, with opportunities for shadowing, and regular, consistent supervision and feedback. Given the specialist nature of the work, a comprehensive, rolling programme of training enables staff gain a broader and deeper understanding of the issues affecting the children's needs and the theory behind the practice.

53 See in particular: Research summary 12, 'Training and Developing Staff in Children's Homes', NCB June 2015. **www.ncb.org.uk/sites/default/files/uploads/files/ncb_research_summary_12.pdf**
'Children's Homes Workforce – Call for Evidence', DfE 2021. **www.gov.uk/government/publications/childrens-homes-workforce-literature-review-and-call-for-evidence**

Career pathways and progression routes

5.32 Given the challenges of recruitment, providers have suggested that the framework of qualifications needs to be more flexible, offering access and training routes that allow for different learning preferences and abilities, and enabling people to take up a career path in residential care at different points in their lives.

Future development of training and qualifications

- Should involve acquisition and application of knowledge, procedures and policy.
- A training strategy or learning pathway that integrates all learning and development activities, with flexibility for different levels, learning styles, and needs.
- Rooted in the work of a particular residential setting and the children who are being cared for and safeguarded.

Recruitment, retention and reward

5.33 Providers at our round table events urged that action be taken to raise the profile, status and pay of staff working in residential settings. Research evidence indicates that these are important factors in recruiting and retaining staff, along with effective leadership and management to mediate the stresses of the work. The ease with which people could balance their work with personal commitments and career aspirations was also an important factor in staff retention.

Attitudes, values and resilience

5.34 Previous research has told us that managers look for staff with the ability to care, a commitment and passion for the job, emotional maturity, intelligence and resilience, alongside the knowledge and practice skills to work in a residential setting. Feedback from our round table events went further, stressing the importance of the requisite attitudes and values for working with this group of children and their vulnerability, to be tested through enhanced safe recruitment practices that included values-based interviewing.

The wider children's workforce

5.35 Parents and practitioners at our round table events noted that workforce development challenges extended beyond those working in residential settings. Social workers, independent reviewing officers and other professionals working with this cohort should have access to work placements and specialist training to develop the knowledge, skills and experience to work with children with disabilities and complex health needs.

Opportunities through the CSC Implementation Strategy and SEND/AP Improvement Plan

5.36 Through the CSC Implementation Strategy, the DfE is intending to gather data and qualitative information to enhance the understanding of the children's workforce in residential settings. While these actions are welcome, in our view more substantive action is required, building on the analysis in our report relating in particular to workforce development in residential settings, induction and supervision, and models of qualifications and training that enable more flexible starting points and career progression for staff. A workforce census will be undertaken in 2023 and 2024. This must include an analysis of the diversity of the workforce and steps to ensure that it reflects the race, ethnicity and culture of the children living away from home.

Recommendation 6

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.

5.37 The continuing high rates of vacancies and turnover of staff in residential settings present high risk to the safety of children and the quality of care. Alongside the development of an integrated strategy for the children's workforce in residential settings, urgent action by providers is required to address key concerns about recruitment and retention of staff. Feedback from round table events cited pay rates for staff as a critical factor, along with the need to promote the public value and positive impact of work with children with disabilities and complex health needs. These are fundamental issues for providers to address, in particular the scope for increasing wages and investing in recruitment, training and support, given the high levels of profit among the large provider organisations highlighted in the market study by the Competition and Markets Authority in 2022.[54] We are encouraged by the recent initiative from providers through the Children's Homes Association to develop a sector-led recruitment campaign for staff in residential settings.[55] It will be important to evaluate the impact of this and other initiatives as part of the DfE's market stewardship discussions with providers and commissioners.

Recommendation 7

National leadership and investment by providers is urgently required to address the longstanding challenges in recruiting, retaining and developing a skilled workforce is residential settings.

54 Children's Social Care Market Study – England Summary, Competition and Markets Authority (March 2022) paragraph 23. **www.gov.uk/government/publications/childrens-social-care-market-study-final-report**

55 First ever sector-led, national recruitment campaign launches #IfYouCareYouCan. **the-cha.org.uk/blog/if-you-care-you-can**

5.38 The Children's Social Care National Framework, proposed in the CSC Implementation Strategy, is intended to provide greater national direction so that practitioners in the wider workforce will be able to improve the quality of provision for, response to and safeguarding of disabled children. Strengthening social worker training through the Early Career Framework must ensure that social workers have the skills and knowledge to meet the needs of children with disabilities and complex health needs. More broadly, it is essential that there is a strong multi-agency dimension to the Children's Social Care National Framework to ensure shared understanding and a consistent approach by practitioners across social care, education and health. Joint work between the DfE and DHSC to better understand the support that children need from the health workforce will assist here.[56]

5.39 The proposed suite of SEND practice guides, scheduled for completion by the end of 2025, is intended to equip practitioners with the skills and expertise to make best use of provision and to identify needs early, accurately and consistently.[57]

5.40 We suggest that a SEND practice guide for practitioners working with children with disabilities and complex health needs should be one of the three practice guides produced first (see supplementary recommendation 7).

56 SEND/AP Improvement Plan, chapter 4, paragraphs 49 to 52. **www.gov.uk/government/publications/send-and-alternative-provision-improvement-plan**

57 SEND/AP Improvement Plan, chapter 4, paragraph 1. **www.gov.uk/government/publications/send-and-alternative-provision-improvement-plan**

6. Strengthening quality assurance and regulation

Systemic Issues from the phase 1 report

6.1 The residential settings at Hesley Doncaster were at the centre of a complex national framework of regulation, monitoring, quality assurance and inspection, with distinct roles in these processes for the provider, placing local authorities and the host local authority where the residential settings were located. Ofsted was responsible for inspecting the residential settings at Hesley Doncaster. In addition to scheduled inspections, Ofsted also played an important oversight and co-ordination role as the single organisation receiving regulation 40, 44, and 45 reports, as well as LADO referrals, anonymous concerns and whistleblowing. This should have enabled Ofsted to understand the emerging signs of risk, not only from an increase in Regulation 40 reports and referrals to the LADO, but also from an awareness of wider contextual changes in settings. Over the period from 2018 to 2021, intelligence available from complaints, allegations and inspection evidence was not brought together with sufficient rigour to identify risk at the three settings and escalate earlier intervention.[58]

Intelligence about concerns at Hesley Doncaster January 2018 to March 2021

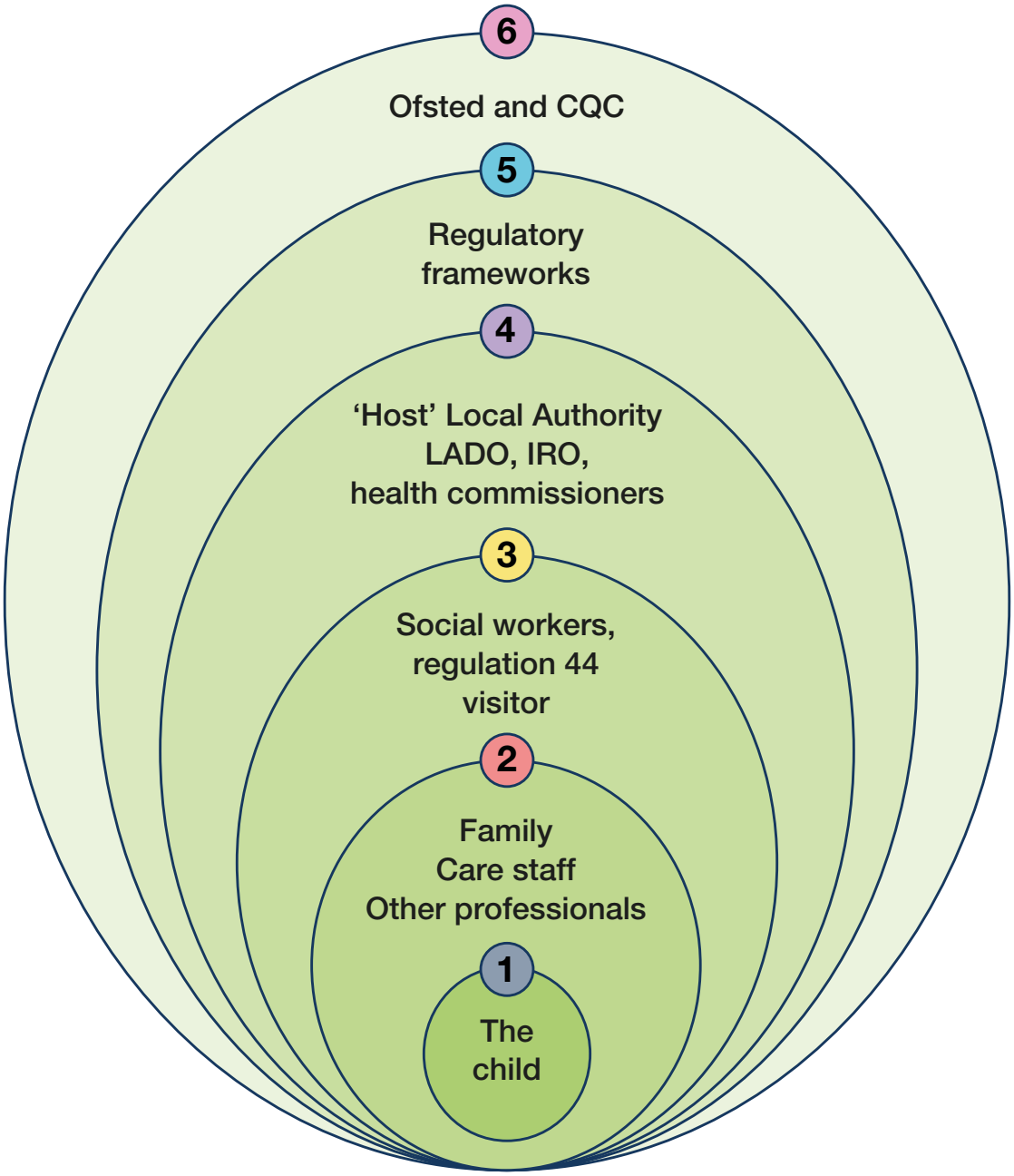
- 20 whistleblowing occurrences.
- 31 formal complaints from placing local authorities.
- A full series of monthly Regulation 44 visit reports.
- 108 Regulation 40 incident notifications to Ofsted.
- 61 hospital referrals.
- 232 LADO referrals.

58 Operation Lemur Alpha thematic report, February 2023. For further details and analysis see phase 1 report, chapter 6.

6.2 From this analysis we have identified the need to:

- improve systems for triangulation of intelligence, information sharing and identification of risk in residential settings
- improve the impact of the current arrangements for regulation, inspection and quality assurance

Figure 1: Monitoring, oversight, quality assurance and regulation.



Description of figure 1

1. Children are placed in residential settings in accordance with the care planning regulations and SEND Code of Practice. Residential settings must comply with the Children's Homes (England) regulations 2015 and statutory reporting requirements:
   - regulations 35 to 39 – case records for each child, including records of use of restraints.
   - regulation 40 – notification of Ofsted and the placing local authority when a serious incident occurs.
   - regulation 45 – review of quality of care every six months, sent to Ofsted, and on request to the placing authority.
2. Contact and visits from family members are a major protective factor. The child's keyworker and other care staff work within a robust safeguarding ethos to build trusting relationships and offer support according to a current care plan. Other professionals visiting the setting have 'eyes on' the child's safety and wellbeing in their roles.
3. According to the child's legal status, the pattern of visits can include a named social worker, SEND officer (to review educational health and care plans), or a contract monitoring officer. The provider appoints an independent visitor (regulation 44) to visit the setting at least monthly report formally on safeguarding effectiveness in the setting. Regulation 44 reports should be sent to Ofsted and the placing local authorities. They may also be sent to the host local authority on request.
4. Placing local authorities retain a corporate parenting role. Independent reviewing officers (IRO) scrutinise care plans to ensure that they reflect the child's views and needs, including safeguarding. They lead case reviews and visit the child. Health professionals from the placing authority and the area where the child is placed monitor the specified health care provision. The host authority is informed of children in residential placements in their area. The LADO, based in the host local authority, is responsible for the management and oversight of child protection allegations against staff or volunteers working with children.
5. There are specific and different regulatory expectations for children's homes (including residential special schools registered as children's homes), and other residential special schools. Some homes also undertake activity regulated by CQC. A small number of homes are dually registered.

6 Ofsted inspects using the social care common inspection framework. This is underpinned by quality standards for all children's homes (including residential special schools registered as children's homes) but for the rest of the residential special schools, Ofsted inspection is underpinned by national minimum standards.

Intelligence, information sharing and identification of risk

6.3 At Hesley Doncaster, professionals in distinct roles across the system had separate information about individual children indicating degrees of concern. However, the lack of a formal process for information sharing and triangulation of information meant that it was difficult to build up an understanding of the overall situation and the heightening levels of risk to children's safety. Practitioners at our round table events told us that this was a wider systemic risk. There was uncertainty about information sharing protocols when concerns were identified in residential settings and an over-reliance on Ofsted and CQC to bring together evidence from sources such as independent visitor reports, serious incident notifications and parental complaints to initiate intervention where risks to children's safety and wellbeing had been identified.

An enhanced role for host local authorities and ICBs

6.4 Sharing intelligence and information for children in residential settings is just as important as for a child in the child protection system. We consider that host local authorities and ICBs (through the host commissioner role) have a key role in bringing together and sharing information about safeguarding in residential settings and residential schools in their area, building on responsibilities and processes already in legislation and statutory guidance.[59] As the children are on 38- and 52-week placements they are registered members of the host ICB population. A possible operational framework is shown below.

59 Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review (2021) Regulation 13; Children and Families Act 2014, section 23 (**www.legislation.gov.uk/ukpga/2014/6/section/23/enacted**); Health and Care Act 2022; Children Act 1989 section 11; Education Act 1996, section 175; Working Together to Safeguard Children 2018, chapter 2, section 5 (**www.gov.uk/government/publications/working-together-to-safeguard-children--2**); Keeping Children Safe in Education 2022, Part 4 (**www.gov.uk/government/publications/keeping-children-safe-in-education--2**).

Intelligence and information sharing: host local authority and ICB

- Named officers in the local authority and ICB with responsibility, oversight and accountability for ensuring high quality care and health provision for children placed in the area.
- Maintained register of children living away from home in children's homes, residential special schools, residential special schools registered as children's homes, and dual-registered children's homes.
- Host local authorities and ICB named officers to receive and review monthly regulation 44 Independent Visitor reports, and six-monthly regulation 45 reviews of the quality of care. Ofsted and the regional improvement support lead to notify host local authorities and ICB of parental complaints and whistleblowing concerns.
- Review of section 11 safeguarding audits (children's homes) and section 175 audits (schools) in line with local procedures through the multi-agency safeguarding partnership.
- Monitoring and analysis of allegations referred to the LADO. LADO to share information about allegations with placing local authorities.
- Nationally agreed protocols for information sharing and escalation to enable early identification of, and response to, safeguarding risk.

We are aware that for some local areas, in particular regions in England, this could be more of an added burden than for others. It will be important for the DfE and DHSC to consult key stakeholders, co-produce and test a feasible operational framework for early implementation, including national protocols for information sharing and escalation.

Host Commissioner role – ICB

6.5 The host commissioner function[60] in ICBs has a central role in the oversight of the quality of health provision for this group of children in residential settings by acting as:

- the key point of contact for all quality and safety queries in relation to health provision for children with disabilities and complex health needs in residential settings in the ICB area.
- collating intelligence and triangulation of information to address any health-related quality and safety issues in residential settings.
- sharing and requesting intelligence across commissioners placing children in residential settings in the ICB area.

Local Authority Designated Officer

6.6 The LADO function brings together intelligence and information about any concerns regarding the workforce in a residential setting in their area, contributing to the local awareness of any practice which might impact on the safeguarding of the resident children. The Panel welcomes the initiative from the DfE to review aspects of the LADO function and to publish a handbook setting out the necessary key requirements. These should include an understanding of the inherent safeguarding risk factors associated with residential settings, the risks associated with 'closed cultures', and the and the importance of multi-agency advice to the LADO to support decision making about whether thresholds for LADO intervention have been met. The strengthened role for the LADO should include the expectation to work proactively across local authority boundaries, analysing and sharing information between the host authority, placing local authorities and regulators in respect of workforce concerns relating to staff in residential settings.

60 Learning Disability and Autism – Host Commissioner Guidance, NHS England (January 2021). **www.england.nhs.uk/wp-content/uploads/2021/01/Host-commissioner-guidance.pdf**

Regional networks

6.7 Regional commissioning frameworks can play a key role in identifying safeguarding risk in residential settings and initiating early intervention. Quality and safety reviews included good examples of regional commissioning frameworks in which participating local authorities carrying out peer reviews of the quality and safety of residential settings in other local authorities in the network.[61] This process enabled host local authorities to raise concerns directly with providers and alert placing authorities about current and potential concerns.

Recommendation 8

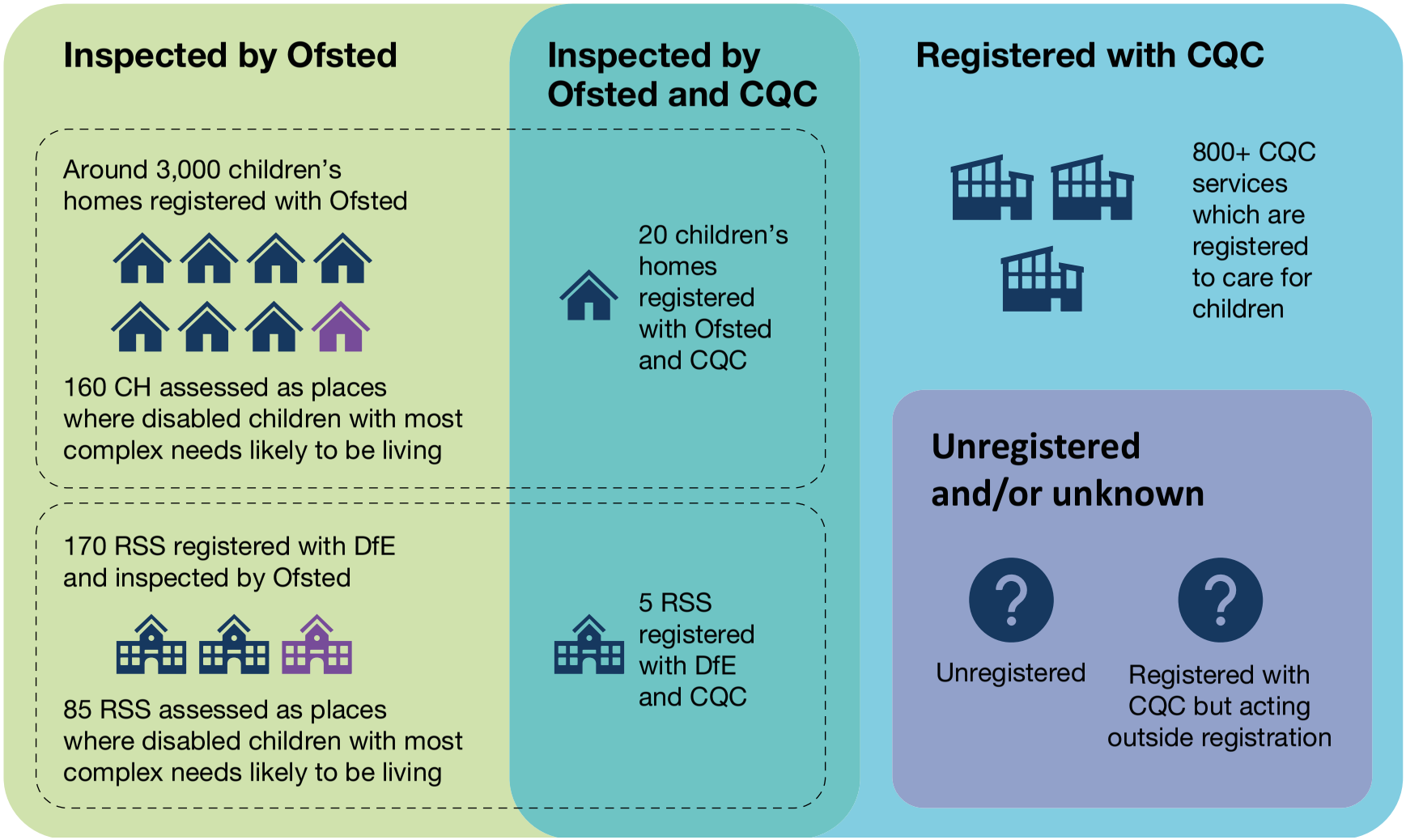
Systems for the early identification of safeguarding risks in residential settings should be strengthened through an enhanced role for host local authorities and ICBs in the oversight of residential settings in their area.

Regulation and inspection – areas for improvement

6.8 The reports from the Independent Review of Social Care and the Independent Inquiry into Child Sexual Abuse have both raised concerns about the over-complex and fragmented regulatory framework for residential settings and recommended substantial revision and streamlining. Figure 2 and the table below show the network of residential settings in which children are living away from home and the respective regulatory frameworks through Ofsted, CQC and DfE.

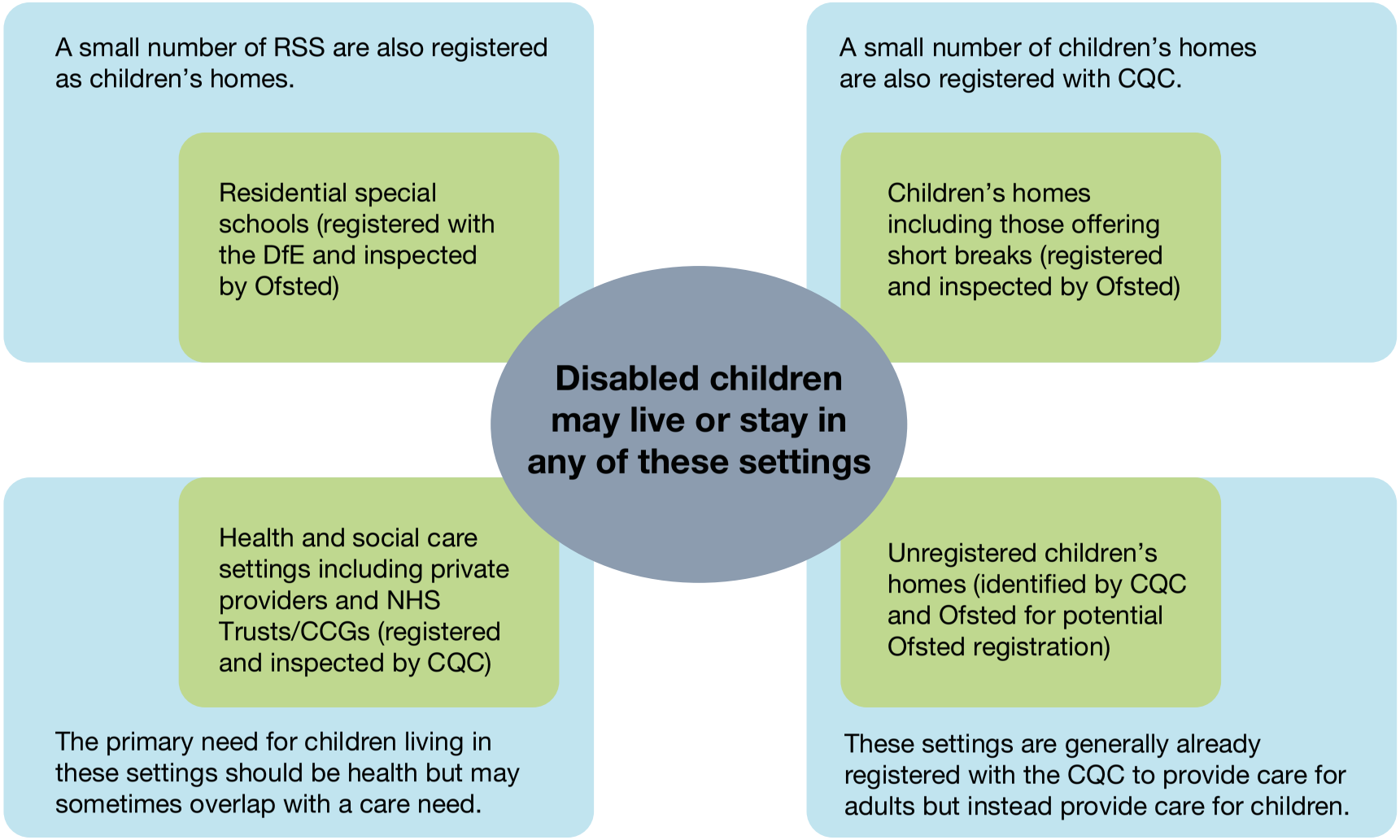
61 See for example the Children's Cross-Region Arrangements Group (CCRAG). CCRAG is a partnership of local authorities, hosted by Hertfordshire, working together to support the sourcing, contracting, monitoring, and annual negotiations for children's placements. **www.ccrag.org.uk/s4s**

Figure 2: Children with disabilities living away from home[62]



62 Diagram created by Ofsted (March 2023).

Figure 3: Residential provision for children with disabilities[63]



63 Diagram created by Ofsted (March 2023).

Standards and regulation

6.9 Research evidence suggests that for residential settings quality standards are an important component of safeguarding, but the widespread view from stakeholders at our round table events was that the current standards for children's homes are not fit for purpose and require substantial updating.[64]

Opportunities though the CSC Implementation Strategy and SEND/AP Improvement Plan

6.10 We note that a review of quality standards in children's homes is underway and that an expert group has started its work.[65] There is an opportunity to improve quality and regulatory oversight by introducing revised quality standards to all settings where children are living away from home, with similar obligations to make notifications to the regulator. New standards should set out greater ambition in terms of quality and outcomes, reflect the changing and more complex needs of children now being placed in residential settings and include specific guidance and expectations for settings supporting children with disabilities and complex health needs. Consideration should be given to the designation of a single consistent regulator across all residential settings, with the same powers to intervene wherever children are living away from home. This would be an opportunity, also, to address anomalies in current regulation such as circumstances where children with disabilities and complex health needs are placed in adult social care settings where the regulatory framework does not have the same protection for children as those registered with Ofsted where enhanced protection applies.

6.11 The process for developing national SEND standards needs to be aligned with the work underway in related to children's social care so that they are completed in a timely way for residential special schools as well as children's homes (see supplementary recommendation 8).

64 Barron and others (2019): Exploration of the relationship between severe and complex disabilities and child sexual abuse: a call for relevant research. Journal of Child Sexual Abuse, 28 (7), 759 to 780. **pubmed.ncbi.nlm.nih.gov/31386603**

65 CSC Implementation Strategy, chapter 5, paragraph 198. **www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love**

Inspection of residential settings

6.12 We concur with the widely held view of stakeholders that the framework for inspection of residential settings should be aligned with new national standards and undertaken by specialist multi-agency teams of inspectors with relevant experience of the particular needs of children with disabilities and complex health needs. As well as understanding the risks in 'closed cultures' they must have the professional curiosity to challenge settings and expose poor leadership and practice. The model for inspection should adopt a proportionate, risk-based approach and enable inspection across a group of providers, incorporating wider issues such as governance and finance.

6.13 We welcome the work by Ofsted and CQC to make adaptations to the current inspection framework to ensure a more consistent role for CQC inspectors to assist Ofsted in inspections where the children have significant health needs. Updates to the memorandum of understanding between the DfE and DHSC should enable immediate implementation of these adaptations, which will be a major step forward in ensuring that the inspection process is appropriate to the risk and vulnerability of the children. Both Ofsted and CQC have indicated that additional resources may be required to enable inspections of residential settings for this group of children to be carried out jointly.

Recommendation 9

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

Quality assurance – areas for improvement

Quality assurance by providers

6.14 The Children's Home (England) Regulations 2015 require the registered person to review the quality of care for children at the home every six months. In more effective residential settings, this formal review process is part of a cycle of quality assurance to promote learning and improvement, with monthly visits, reports and scrutiny from the independent visitor (required under regulation 44) forming part of the process. To ensure greater effectiveness and consistency in the independent visitor role, it should be a requirement that those appointed to the role have skills and experience relevant to the children and the type of home. The scope of the role should include a requirement for the visitor to raise significant concerns directly with the regulator and the placing local authority. There was strong support at our round table events for independent visitors to be appointed through an independent commissioning body. This could be through a national children's organisation or charity.

Quality assurance and monitoring in placing local authorities and integrated health partnerships

6.15 There is scope to streamline the quality assurance and monitoring of individual children's placements by local authorities and health commissioners, adopting the Quality and Safety Review model specified by the Panel for the urgent assurance action in autumn 2022. Some local authorities have already told us that they intend to do so for all children placed in residential settings. As part of this streamlining, consideration could be given to revisions to the oversight arrangements for children in residential settings who are not looked after to ensure that SEND reviews focus sufficiently on overall wellbeing.

6.16 Local authority overview reports stress the importance of face-to-face statutory visits by social workers, independent reviewing officers and health commissioners, emphasising the need for greater curiosity and challenge at those visits to recognise inherent safeguarding risks. Practitioners in these roles also need the requisite skills to communicate with children with disabilities, complex needs and behaviour that challenges.

6.17 The EHCP annual review process similarly provides the opportunity to consider the child's wider progress, with expert support and challenge from educational psychologists and health professionals to ensure that the full range of the child's needs are identified and met through appropriate provision. A number of local authorities are putting in place processes to combine care and EHCP reviews so that professionals across all agencies maintain a shared view of the child's progress and continuing needs.

7. National recommendations

Recommendation 1: 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.

Recommendation 2: 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 jointly commissioned and suitably resourced local Special Educational Needs and Disability Information Advice and Support Service, with allocation of a 'navigator' to work with the family where this is identified as being necessary.

Recommendation 3: Local authorities and ICBs should be required in statutory guidance developed by the Department for Education and NHS England 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.

Recommendation 4: The DfE, DHSC and NHS England should co-ordinate a support programme for commissioners in local authorities and ICBs, focusing on improvements in forecasting, procurement and market shaping.

Recommendation 5: Local and sub-regional initiatives to improve the quality and range of provision in the community and in schools 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 SEND.

Recommendation 6: 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.

Recommendation 7: National leadership and investment by providers is urgently required to address the longstanding challenges in recruiting, retaining and developing a skilled workforce in residential settings.

Recommendation 8: Systems for the early identification of safeguarding risks in residential settings should be strengthened through an enhanced role for host local authorities and ICBs in the oversight of residential settings in their area.

Recommendation 9: The DfE and DHSC should (a) review and revise the regulatory framework for residential settings to reduce complexity and improve the impact of the current arrangements for monitoring, quality assurance and oversight; (b) take immediate steps to establish arrangements for joint inspection by Ofsted and CQC of residential settings for children with disabilities and complex health needs.

Supplementary recommendations

These are recommendations to be taken forward through national implementation plans or local partnerships.

1. To ensure that practitioners understand the requirements for legally compliant practice in relation to Deprivation of Liberty Safeguards local authorities, health services and residential settings should review their current systems, procedures and practice to determine their readiness for meeting the requirements under this framework.
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.
5. To assist the understanding of all staff, statutory guidance about the inherent 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/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.

8. Conclusion

8.1 The Child Safeguarding Practice Review Panel is committed to making sure that radical changes are secured so that children with disabilities and complex health are kept safe and enabled to thrive. Too often the most vulnerable children in our society are failed because systemic weaknesses lead to organisational cultures which create the conditions where those who seek or have the potential to harm and abuse children are enabled to do so.

8.2 This review, including our phase 1 report, has sought to make sense of how the horrific and shocking abuse perpetrated on children with disabilities and complex health needs could happen. It is clear that these children's voices were not heard and their needs poorly understood. Poor leadership and management of a poorly trained and supported workforce, together with failures in regulation and statutory oversight of the settings all played a part in the abuse of children being sustained over an extended period.

8.3 Our national recommendations are designed to address each of these failings but also to go further. For some children, high quality full-time residential care and education will be right, but for many, community-based support alongside more flexible, adaptable models of mainstream and residential school provision, will meet their needs more effectively.

8.4 The quality and safety reviews that the Panel asked Directors of Children's Services to undertake have demonstrated the importance of regular contact between professionals and children, parents and those working in residential settings. These reviews need to reflect the educational aims, the care needs and health provision in a coherent way. Joint regulation of the settings is an important next step and one that we believe will go a long way to address the risks inherent in what happens daily when educating and caring for this group of children.

8.5 Residential settings need to be places where children feel loved, safe and cared for. We hope that the legacy of this review will be just that. The changes proposed here will enable a step change in how we meet the needs of this group of children, but we know too that there is much more to be done in the longer term to enable these children to live the lives they want and should be able to have.

8.6 We look forward to a response to our national recommendations from government within six months of publication of this report.

Annexes

Annex A: Acronyms and glossary

AP	Alternative Provision
CBF	Challenging Behaviour Foundation
CETR	Care, Education and Treatment Review
CQC	Care Quality Commission
CSC	Children's Social Care
CSCNF	Children's Social Care National Framework
DCS	Director of Children's Services
DfE	Department for Education
DHSC	Department of Health and Social Care
DSR	Dynamic Support Register
ICB	Integrated care board
LADO	Local Authority Designated Officer
MLD	Moderate learning difficulty
NICE	National Institute for Health and Care Excellence
Ofsted	Office for Standards in Education, Children's Services and Skills
RCC	Regional Care Cooperative
RISL	Regional Improvement Support Lead
SEMH	Social, emotional and mental health
SEND	Special educational needs and disabilities
The Panel	The Child Safeguarding Practice Review Panel

Adultification	The practice of authority figures being less protective of and more punitive towards children of racial minorities.
Extra-familial harm	Risks to the welfare of children that arise within the community or peer group, including sexual and criminal exploitation. A key element of extra-familial harm is that in general, harm does not arise from the home environment; parents may not be aware that their child is at risk or may be struggling to protect their child and the family from harm against exploiters.
Intra-familial harm	Harm that occurs within a family environment. Perpetrators may or may not be related to the child and a key consideration is whether the abuser is seen as a family member or carer from the child's point of view
Intersectionality	The concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination 'intersect' to create unique dynamics and effects.
Minoritise	To make (a person or group) subordinate in status to a more dominant group, its members or another person
Safeguarding partners	Local safeguarding arrangements are led by three statutory safeguarding partners: the local authority, the police and the integrated care board.

Annex B: Learning from Quality and Safety Reviews – Autumn 2022

Framework

The Quality and Safety Reviews will ensure that:

- children's communication plans are in place, updated and there is evidence of how they are used.
- children have positive behaviour plans in place, and staff are trained and supported to use them.
- children have accurate, up-to-date medication records and medications are securely stored and that there is appropriate use of medication (e.g. consider use of Pro Re Nata (PRN) medication).
- children's physical and mental health needs are met and understood.
- children are attending school and have clear progress targets.
- children are supported to have the maximum contact with those who care about them, including parents/carers and siblings.

Reviewers will need to ensure they hear the voice of the child and know what their day-to-day experience of care is like by:

- using the methodology of the communication plan to obtain the maximum opportunity of hearing directly about the child's experience, (this must include seeing the child face-to-face).
- talking directly to families about the child and about how they experience the child's placement.
- talking to key professionals in the child's life and ask about their experience of placement.
- ensuring the child is seen in both home and school.

Reviewers will need to ensure that the child is receiving a safe, quality placement by:

- checking if any safeguarding issues have been raised and, if so, that these have been followed up appropriately – this will include looking at all notifications in the last 12 months and all physical intervention records and if necessary, ensure appropriate follow up is in place.
- assuring themselves that liberty protection safeguards are in place where needed.
- looking at staffing records to ensure children have the ratios agreed by the contract.
- assuring themselves that all outstanding actions from annual reviews have been completed.

Emerging learning

- Local authorities and ICBs were developing plans to strengthen quality assurance processes for children in residential settings by adopting and adapting the Panel's quality and safety review processes and criteria. Local authorities were looking to bring together arrangements for children looked after and EHCP reviews to ensure cohesion between plans and coordination of multi-agency support. Many proposed enhanced visit schedules to reflect the vulnerability of the group of children in scope.
- Reports highlighted the need for greater curiosity and challenge from social workers and independent reviewing officers in visit and review processes. Reviews were an opportunity for critical consideration of the progress and outcomes in the placement and a proactive look for alternatives rather than accepting what was on offer from a provider.
- Many local authorities proposed to increase their scrutiny of regulation 44 reports as part of their quality assurance processes. Following their quality and safety reviews, a number were taking steps to ensure that providers were sharing independent visitor reports with local authority commissioners and social workers. Another area for scrutiny was recording of incidents and physical restraints, with evidence of analysis and learning from them.
- Commissioning teams in local authorities and health identified improvements in contract monitoring processes and were seeking to join up contract monitoring as part of other quality assurance processes.
- DOLS criteria were not always understood or applied in a timely way.
- Some reports from local authorities highlighted the need for more effective matching to reflect children's cultural identity/needs.
- A frequent area for development was the provision of advocacy to promote children's voice.

- There were good examples of regional peer partnership arrangements to assess the quality of providers.
- Protocols to support effective information sharing between LADOs were identified as an area for development.

Suggested draft template for local authorities and health commissioners to use as a guide/aide memoire when undertaking reviews of children and young people placed in residential settings

Name of LA /ICB area.	
Methodology for the review.	
Who was involved? Specify role of people carrying out the review, including practitioners from health, education and other partners.	
Number of children and settings.	

During the review of the child/young person, the reviewer/s should look at information and evidence available to them that helps to answer the following questions:

Are communication plans in place for the child/young person; are they updated at timely internals with clear evidence of how they are used?	
Does the child/young person have positive behaviour plans in place. Are staff trained and supported to use the behaviour plans?	
Does the child/young person have accurate, up-to-date medication records? Are medications securely stored and appropriately used (e.g. consider use of Pro Re Nata (PRN) medication).	
Are the child's/young person's physical and mental health needs met and understood?	
Is the child/young person attending school and have clear progress targets? Is the child/young person supported to have the maximum contact with those who care about them, including content with parents/ carers, siblings, and other key family members?	

Reviewers should seek to ensure that the child is receiving a safe, quality placement by seeking evidence that addresses the following points:

Have any safeguarding issues have been raised and, if so, that these have been followed up appropriately? (This should include looking at all notifications in the last 12 months and all physical intervention records and if necessary, ensure appropriate follow up is in place.)	
Are liberty protection safeguards in place where needed?	
Do staffing records indicate that the child/young person have the appropriate ratios as agreed by the contract?	
Have outstanding actions from annual reviews have been completed?	

During the review, the reviewer/s should ensure that the review process enables the 'voice of the child' to be heard and that their day-to-day experience of care, health and education is known by:

Using the methodology of the communication plan to obtain the maximum opportunity of hearing directly about the child's experience, (this must include seeing the child face-to-face).	
Talking directly to families about the child and about how they experience the child's placement.	
Talking to key professionals in the child's life and ask about their experience of placement.	
Ensuring the child is seen in both home and school.	

Conclusion

Comment on overall quality of the provision, child's safety, wellbeing and progress, any action taken to address concerns.	
Local learning points for policy and practice.	
Learning points for wider regional/national consideration.	

Annex C: Ofsted analysis of evidence around workforce sufficiency

Text of letter from National Director of Regulation and Social Care (Ofsted) to Chair of Child Safeguarding Practice Review Panel, September 2022 about Ofsted analysis of evidence around workforce sufficiency in residential special schools also registered as children's homes – focusing on its suitability, training and support.

We have reviewed our children's homes pre-inspection data request (data from the 1 April 2021 to, or as at, 31 March 2022) and data held about registrations. Some of this is self-reported and at different points in time so there are limitations.

Qualifications:

- In RSS registered as children's homes, 63% of registered managers have the level 5 qualification. This is in line with the picture for all children's homes (62%)
- 52% of registered managers have a level 4 qualification – this is above the
- picture for all children's homes (45%)
- In RSS registered as children's homes, 55% of permanent care staff have the level 3 qualification. This is in line with the picture for all children's homes (57%)
- Registered managers with a level 5 qualification has improved from 51% to 62%. Permanent staff with a level 3 has stayed fairly stable over the years.

Sector profile for the leadership and management judgement:

- For RSS registered as children's homes, 71% were judged good or outstanding for leadership and management. This was slightly above all children's homes (66%)
- The percentages of homes judged inadequate were very similar (7% and 6% respectively).

Registered managers:

- RSS registered as children's home had 13% vacant registered manager positions, compared to all children's homes at 14%
- For RSS registered as children's homes, 60% of registered managers have been in the post for more than 2 years, compared to 76% for all children's homes
- For RSS registered as children's homes, 8% of registered managers have been in the post for more than 10 years, compared to 2% for all children's homes
- Pre-pandemic (March 2019) the vacancy for registered managers was 9%, but as of March 2022 this has risen to 14% (unpublished data).

Staffing:

- RSS registered as children's home had a lower percentage of agency staff, compared to children's homes; 14% compared to 24%
- The percentage of staff leaving the home was the same for both RSS registered as a children's home and other children's homes. This includes staff who moved to another children's home, including in a different type of role, and staff who left the sector
- A greater percentage of staff were new in role in children's homes (45%) than RSS registered as children's homes (36%). This will include staff new to the sector, staff moving from other children's homes, including from a different type of role, and potentially staff joining a newly opening home.

We also reviewed 16 evidence bases from recent full inspections of RSS registered as children's homes that covered the four judgement areas - four each of those were judged outstanding, good, requires improvement to be good, and inadequate. This represents 27% of all RSS also registered as children's homes. Evidence bases were reviewed from inspections carried out across all eight Ofsted regions.

All settings, irrespective of inspection judgements faced staffing shortages and used agency staff. Stronger settings with highly effective senior leaders both train and induct agency staff well and create a culture where staff, despite shortages, all pull together to ensure the needs of children are their paramount consideration. In weaker settings staff feel demoralised and operate in an 'all hands-on deck' manner which is much less child-focused. In weaker settings examples of staff 'going the extra mile' for children is associated with the endeavours of individual staff members, whereas in good or outstanding homes, this reflects the overall culture of the establishment.

The size of the setting means that the relationship between the school and home is an important factor with the best settings operating as a 'whole' where the registered manager benefits from the support of the wider senior leadership team; care staff are equally valued; and children benefit from the skills of multi-disciplinary staff such as speech and language and behavioural therapists working across both the school and care settings. When done well, children receive a consistent approach to care around-the-clock. This requires effective communication between multi-disciplinary teams, and on occasion, the high number of staff involved can lead to a disjointed approach. In outstanding settings, they call on the expertise of well- resourced health care teams to provide a holistic approach which linked the school day and care day.

In weaker homes we see the children's home 'part' of the school failing to receive focus and attention from senior leaders who do not always recognise its status as a children's home. In improving homes, senior managers ensured that registered managers were not isolated and that they were being supported to bring about improvements, including increasing the number of permanent staff.

Many RSS registered as children's homes provide care in a number of buildings. Where this is not managed well, these 'units' can be perceived by staff as 'boarding houses', rather than a single children's home.

In stronger settings, inspectors are much more likely to see a positive culture where relationships between staff and children are valued and can flourish. This is not to say children living in less well performing settings do not benefit from staff who have good relationships with them, but this is more to do with individual staff, rather than the prevailing culture of the home or school.

In summary, leadership is key: levels of staff qualification, the induction programmes for new staff and the quality of on-going training, support and supervision are important, but staff skills and children's experiences are only fully realised in a culture which embraces the value of education and care together in a holistic child-centred environment. The increasing lack of registered managers is one of our primary concerns.

Annex D: Wider systemic issues – phase 1 report

Wider systemic issues – phase 1 report	
Systemic issue	Area of focus – Phase 2
Voice of the child	
Limited skills of staff to recognise and respond to the communication styles and behaviours of children with profound difficulties in expressive and receptive communication so that they can make known their wishes and feelings and participate in reviews and meetings.	• Leadership and culture in residential settings. • Developing the skills of the workforce to enable children's communication and respond appropriately and effectively to behaviour that challenges. • Developing a framework for advocacy for children with disabilities and complex health needs. • Engagement of, and support for, parents who 'speak on behalf of the child'.
Understanding that behaviour is itself a form of communication and that behaviours that challenge may indicate distress and the need for support.	
Limited evidence of access to independent advocacy support for children living away from home.	

Wider systemic issues – phase 1 report	
Systemic issue	Area of focus – Phase 2
Shortage of appropriate long-term placements	
Major difficulties in securing placements for children with disabilities, complex health needs and behaviour that challenges. Limited range of options meant in practice children placed considerable distance from home, which increased their vulnerability.	• Examination of ways to improve the placements market so that children can access provision that meets their needs locally. • Research and call for evidence of best practice in decision-making.
Some children placed inappropriately and could have had their needs met without the need for a residential placement.	
Support for leadership and workforce development	
Importance of leadership to promote a safeguarding ethos that is reflective and progressive, with opportunities for staff to develop and learn.	• Identify the changes required to professional development and support to ensure that residential settings are led by appropriately qualified leaders to promote a safeguarding ethos and maintain the quality of safety and care. • Learning from urgent assurance action by Ofsted to review its evidence around workforce sufficiency, focusing on its suitability, training and support to inform recommendations for workforce development.
Detrimental impact of 'closed culture' in residential settings: lack of openness to external scrutiny and challenge; limited involvement from other agencies; limited learning and review from practice to inform improvement; risk of abuse where children are highly dependent on adult care givers.	
Impact of high staff turnover, vacancies, and weaknesses in training, induction, support and supervision reflected in poor quality of practice with the children.	

Wider systemic issues – phase 1 report	
Systemic issue	Area of focus – Phase 2
Quality assurance and regulation	
Over-reliance on reports from providers – lack of challenge and triangulation with other information. Variability in the quality of statutory visits by the placing local authorities and proactivity of response to observed concerns. Lack of liaison between the LADO function in 'host' local authorities where residential settings located and counterparts in placing authorities to alert them about enquiries into staff conduct at a setting where a child from their local authority is placed. Lack of consistency in the approach of LADOs in different local authority areas, particularly in applying thresholds for LADO action. Intelligence available to Ofsted from complaints, allegations and inspection evidence not brought together to identify risk.	• Examination of the changes required in monitoring and oversight arrangements for providers and placing authorities to ensure children are safe and not at risk. • Urgent assurance action to ensure that, for all residential special schools registered as children's homes, any LADO referrals, complaints and concerns over the last three years relating to the workforce had been appropriately actioned. • Consideration of changes required to the framework for inspection of residential settings, including scope for a multi-agency inspection process.

Wider systemic issues – phase 1 report	
Systemic issue	Area of focus – Phase 2
Commissioning requirements	
Focus on child's disability meant greater complexity of need often not recognised.	• Understand commissioning requirements for children with the most complex needs to ensure that they have access to the best provision to meet their needs in a timely way. • Best practice in commissioning and potential for commissioning through statutory arrangements including new integrated care boards. • Consideration of evidence about alternatives to residential placement. • Options for responsive and flexible models of school provision.

Annex E: List of participants at round table events

- Association of Directors of Children's Services representatives
- Care Quality Commission (CQC)
- Children's Commissioner, Rachel de Souza, and Children's Commissioners Office representatives
- Contact – for families with disabled children
- Doncaster Council
- Doncaster CCG
- Health commissioning representatives
- Health Education England (HEE)
- Independent Chair of the NHS Children and Young People Learning Disability and Autism Board, Anne Longfield
- Independent Children's Homes Association (ICHA)
- LADO network
- Local authority representatives
- Local Government Association (LGA)
- National Association of Independent Schools and Non-Maintained Special Schools (NASS)
- National Autistic Society (NAS)
- NHS Improvement (NHSEI)
- Ofsted
- Parent Carer Representatives
- Provider organisation representatives
- Social Care Institute for Excellence (SCIE)
- The Association of Safeguarding Partners (TASP)
- The Challenging Behaviour Foundation
- Tizard Centre
- What Works for Children's Social Care (WWCSC)

THE CHILD
SAFEGUARDING
PRACTICE REVIEW PANEL

COUNCIL
FOR DISABLED
CHILDREN

NATIONAL
CHILDREN'S
BUREAU
Part of the family