



Overview of Children's Home findings from Annual Ofsted Review 2020/21

Dialogue has reviewed the annual Ofsted report and have taken the relevant information for residential care and children's services from the full report and compiled here for you to read. The full report can be read at <https://www.gov.uk/government/publications/ofsted-annual-report-202021-education-childrens-services-and-skills>

Dialogue also offers memberships to support RIs, RMs and R44 visitors, as well as a development programme for new managers and deputies looking to progress. Full details can be found at www.dialogueltd.co.uk/residential and for the management programme at www.dialogueltd.growyourown

Social care

The pandemic has been extremely challenging, both for the children in social care and for the social workers and care staff who protect and care for them. All services came under pressure due to restrictions and the difficulties some families have faced. Many of the most vulnerable children were adversely affected by this.

Despite this, we saw much positive work in difficult circumstances by unsung heroes in the social care sector. Many social workers, care workers and others working with families found imaginative ways to help the most vulnerable children.

Although children's social care services have worked hard through the pandemic, there are still long-standing problems to overcome. There are too many children whose complex needs are not being met. The system is failing to deliver the right services for them where and when they need it most, including finding places for them to live and arranging specialist health provision.

What we did

Our urgent regulatory and enforcement work continued as usual.

In autumn 2020, we began assurance visits to children's homes and other children's social care providers. These visits aimed to reassure parents, government and commissioners that children were safe and well cared for. They did not result in a grade, but reports included requirements or recommendations for improvement and highlighted any serious or widespread concerns. Between September and March, we did 933 visits.

We also did 43 focused assurance visits to local authorities. On these visits, inspectors evaluate an aspect of service, a theme or the experiences of a cohort of children within a local authority. This type of visit does not result in a judgement. Instead, we send the local authority a letter setting out narrative findings about strengths and areas to improve.



We prioritised lower-performing providers and local authorities and those where we had urgent safeguarding concerns. Findings from these visits formed the basis of three briefing notes about children's experiences of the pandemic.

Throughout the year, we also carried out monitoring visits in order to focus on specific concerns, to monitor compliance with a notice, or to follow up an inadequate inspection. We did around 1,000 monitoring visits to just under 900 children's social care providers and one monitoring visit to a local authority.

We resumed routine inspections for all children's social care settings inspected under the social care common inspection framework (SCCIF) in April 2021. Between 1 April and 31 August 2021, we carried out 1,100 full inspections, 180 monitoring inspections and four interim inspections, the majority of which were to children's homes. We also did one emergency inspection of a boarding school.

We restarted the inspection of local authority children's services (ILACS) programme in May 2021.

Sufficiency

The greatest challenge in the children's social care sector is having enough places, especially for the most vulnerable children with the most complex needs. A lack of suitable provision limits choice for where children can live, meaning children do not always get the help and support they need. At times, the pandemic has reduced the number of suitable places even further. Sufficiency is a problem in many aspects of children's social care, as explained in each section.

Children's homes

Between September 2020 and August 2021, the overall number of children's homes rose by 180 (7%) to 2,770, the highest number since at least 2012. This is due to around 290 children's homes registering and around 110 closing. However, new children's homes are generally smaller, with an average of three places compared with an average of six for recently closed homes. The net result was still an increase in places, to 12,790 (a 2% increase from 2020).

The number of children's homes and places increased in all regions in 2020/21.⁶³ However, there is still a shortage of places in many parts of the country. As at 31 August 2021, a quarter of all children's homes were in the North West, while only 5% were in London, which has had the fewest children's homes for many years. Furthermore, many placements are ill-matched to children's needs.

There are also regional differences in the types of care offered. For example, while London has the smallest number of children's homes, it has a high percentage of homes for children with sensory impairments (16%). The reverse is true for the East Midlands, which has a much smaller percentage of homes for children with sensory impairments (4%) than it does of all homes (11%). Similarly, the West Midlands, which has the second highest percentage of children's homes (18%) has a much lower percentage of homes for children with physical disabilities (11%) or complex health needs (13%).





This uneven distribution means that homes that cater for children with particular needs are often distant from the families whose children need them. For a small number of children, there are very few homes able or willing to provide what they need – particularly children with complex needs, including mental health needs.

Local authorities are undoubtedly in a difficult position when it comes to finding somewhere for children to live. But some are not doing all they can to make sure that the places they choose meet children's individual needs and are safe and secure.

A greater understanding of the characteristics and needs of children in care would help to resolve these gaps, overlaps and mismatches in provision. There is also scope for better planning above local authority level for high-cost, specialist provision – including for children who need bespoke placements in secure mental health or youth justice provision.

Many local authorities are struggling to find suitable placements for children who have spent time as mental health in-patients, but who were deemed not to have a treatable disorder and then released. A fifth (21%) of children's homes in England (475 homes) offer care for children with mental health difficulties. Of the 40 homes that specify the severity of difficulties that they are equipped to deal with, only around a third (15) state that they can care for children with moderate or severe mental health difficulties.⁶⁴ Half of these 15 homes are in the North West; none are in the East Midlands or the North East, Yorkshire and the Humber; and there is only one in each of the East of England, South West, South East, and London.

Children's homes that have done well during the pandemic usually achieved this through the commitment and flexibility of their staff. Some staff have shown great creativity in finding solutions to restrictions, and are still managing to carry on with activities, family time and emotional support. In inadequate homes, the pandemic tended not to be the only reason for poor performance. But in some cases, it made existing problems worse.

Some providers have struggled to manage COVID restrictions, which has led them to reduce the activities they offer to children and also had a negative effect on children's education. These shortfalls were sometimes due to a lack of creative thinking, or linked to poor staff training or a lack of resources.

Staff shortages due to COVID have also been a problem in many homes. When a home's core team has needed to self-isolate, replacement staff did not always have the same strong relationship with children. And in the worst cases, staff shortages left children unsafe.

In some homes, regulation 44 independent visits have not been carried out effectively during the pandemic. With 'visits' taking place off site, some independent visitors were not doing all they should to assure themselves of children's welfare. This means that homes did not always get the same level of independent feedback about how they were functioning.





The 'market'

The children's social care 'market' remains problematic. Commissioning of specialist services is often linked to individual children, and involves high prices and limited choice. This means that commissioners are rarely in a good position to negotiate the best care and support for children. A national approach to commissioning these specialist services is necessary and long overdue.

The largest private owners of children's homes have grown, now owning more homes and offering more placements. The 21 largest companies own 880 homes, 43% of all private homes. These companies accounted for 38% of all growth in the number of private homes this year.

The 10 largest companies own a third of all children's homes. This means that the loss of any of the bigger providers could leave major gaps in supply.

Meanwhile, our own regulatory powers reflect historical sector operating models. No organisation has the responsibility of overseeing the 'market' for children's home places in the same way that the Care Quality Commission (CQC) does for adults, providing important safeguards against business failure or withdrawal. In a dynamic 'market' with large providers that operate a considerable proportion of provision, this is a serious gap.

The impact of the pandemic on children in care

Despite clear challenges, many social care providers did a good job of keeping children safe during the pandemic, helping them to live as normally as possible in difficult circumstances.

Providers worked hard to help children keep up with their schoolwork and to keep them motivated. Staff and carers appreciated the impact the pandemic was having on children's health and happiness. Many went the extra mile to support children, for example moving into children's homes to isolate with them when children had COVID-19 symptoms.

Children who responded to our social care surveys spoke highly of the support that staff had given them during the pandemic. This ranged from helping them to understand the restrictions and how to keep safe, to making sure they had fun despite repeated lockdowns, to enabling them to keep in touch with family and friends.

Social care providers made good use of technology to help children keep in contact with their families and social workers. The move to online communication even helped some children who had previously found direct contact with family members or social workers stressful. In some instances, it also meant that partners could more easily attend multi-agency meetings.

Not all children found it easy to access technology. This affected their ability to learn remotely, access the job market, and keep in touch with friends and family.





For many children, being locked down in their children's home led to closer relationships with staff and carers. However, for some older children, the restrictions led to increased anxiety, low mood and, in some cases, self-harm and/or drug and alcohol misuse. School closures and isolation from friends proved particularly difficult for some children in care, as they did for most other children. Disruption to education and the challenges of remote learning and home schooling also placed increased demands on carers and staff.

In every kind of provider, strong leadership and committed staff have been central to making the best of a very challenging time. But the picture has not been universally positive. Often, public health guidance was fit for the adult social care sector rather than the children's sector, so providers struggled. Access to personal protective equipment, testing and wider support was difficult. This all put extra pressure on the sector. Providers that were not managing well before the pandemic, because of a lack of structure or inadequate leadership or staffing vacancies, were put under even more strain. Many had difficulties working with partner agencies or accessing specialist services for children.

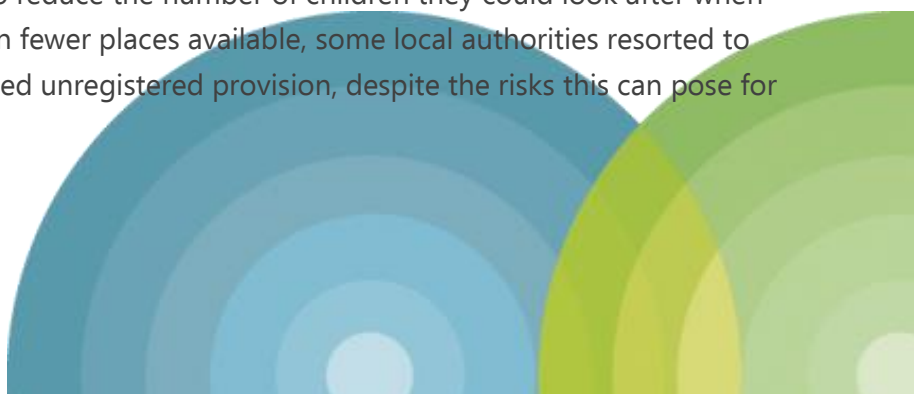
Secure estate

Secure children's homes (SCHs) mainly provide places for children who pose a significant risk to others or themselves and children who have been placed there on welfare grounds. They also accommodate children who are on remand or serving a custodial sentence. The children in SCHs are vulnerable, often with very complex needs.

The shortage of secure placements for children placed by local authorities under section 25 of the Children Act 1989 or under the inherent jurisdiction of the high court is a long-standing issue. Since 2002, 16 SCHs have closed. As at March 2021, 13 SCHs remained. When operating at capacity, they offer just 231 places, of which 101 are for children on remand or serving a custodial sentence, with the remaining places for children placed on welfare grounds. This limited number of SCH places means that, even when children get a place, they are likely to be living far away from home, which can make family visits harder.

On any given day, around 25 children are waiting for a secure placement. At times there have been substantially more, especially when homes have needed to reduce capacity because of COVID-19 restrictions.⁷⁷ Additionally, on any given day, around 20 children from English local authorities are living in Scottish secure homes, having been placed there due to a lack of places in England. The Scottish government has decided not to accept placements from local authorities outside Scotland from 2022, which will reduce available places even further. And in some cases, children's needs are so complex that SCHs' capacity has had to be reduced so that enough staff are available for these children.

During the pandemic, many SCHs also had to reduce the number of children they could look after when staff were off sick or had to isolate. With even fewer places available, some local authorities resorted to alternative placements. Some of these included unregistered provision, despite the risks this can pose for children.





SCHs generally performed well during the pandemic, despite facing these challenges. Children had an almost normal routine, including attending face-to-face education. However, new arrivals were required to self-isolate for 14-day periods, which only increased anxiety for children who were already emotionally vulnerable. In some cases, this resulted in children physically attacking others or self-harming.

We also carried out assurance visits at the two remaining STCs: Rainsbrook and Oakhill. The Secretary of State for Justice is responsible for taking any necessary action to secure improvements.

After a monitoring visit in December 2020 found poor care and leadership at Rainsbrook STC, we issued an urgent notification to the Secretary of State for Justice. Inspectors found that children as young as 15 were subject to 14-day COVID-19 isolation periods and were only being let out of their rooms for 30 minutes a day. This decision by managers at the centre was not justified. In a full inspection in June 2021, we found the overall experiences and progress of children to be inadequate, due to serious concerns about their care and safety, as well as about leadership and staffing. Following the full inspection, we issued a second urgent notification. The Secretary of State for Justice then decided to remove all children from Rainsbrook STC.

We also carried out a monitoring visit to Oakhill STC in September 2021. While the focus of the visit was narrow, it found serious and widespread concerns about the care and protection of children. Our full inspection in October 2021 found the overall experiences and progress of children to be inadequate, with serious and widespread concerns about children's safety and well-being. We issued an urgent notification to the Secretary of State for Justice.

Children at risk of harm

In the first months of the pandemic, local authorities saw far fewer referrals to children's social care due to schools being closed to most pupils and the disruption to health services. Referrals remained low in some areas even after schools reopened fully in September, giving rise to concerns that neglect, exploitation or abuse could be going undetected – although this was not a universal picture.

Most local authorities had responded quickly and appropriately to children at risk of harm. In most places, we saw child-centred, risk-assessed decision-making and sensible use of the flexibilities given by the COVID-19 regulations.

The pandemic placed a great deal of pressure on family courts and the family justice system, which were already significantly stretched. This in turn affected local authorities' ability to issue care proceedings to protect children. The backlog of public law cases also delayed adoption and special guardianship cases, as well as making it harder to return children home or move them out of care, with all that entails for children's well-being. This backlog is continuing to slow down decision-making for children.





Unregistered provision

In the absence of suitable placements, many local authorities resort to using unregistered provision. In recent years, there have been a number of high court cases where judges have reluctantly approved unregistered placements for children with complex needs in the absence of suitable registered places.

In December 2020, the President of the Family Division asked courts to notify Ofsted when using their inherent jurisdiction to authorise the use of unregistered placements to deprive children of their liberty.

Since then, we have been notified of 33 of these court-ordered placements. None of these settings has registered with Ofsted, although one (which is responsible for four placements out of the 33) had an application to register refused. Four of the 33 placements are in settings registered with the DfE or CQC.

The average age of children living in these placements is 15. Many have complex mental health needs that are defined as 'untreatable' by the NHS. As a result, they have nowhere else to go.

This year, we carried out 181 investigations into unregistered providers. Of these:

- 121 (67%) were found to be unregistered settings
- 54 (30%) were found not to be unregistered settings (for example unregulated provision for over-16s)⁸⁰
- six (3%) are still being investigated.

Care leavers

Local authorities that support their care leavers effectively tend to know their young people well and during the pandemic have been able to prioritise tailored, individual support to those who need it most.

Many care leavers continued to make progress and live with the right support this year. Personal advisers and social workers maintained good relationships or increased contact with care leavers, particularly young people who were vulnerable or isolated.⁸¹ But not every care leaver had a positive experience. In some cases, the support that care leavers would normally have received was unavailable or extremely difficult to access.

The quality of relationships that care leavers had with their personal advisers and social workers had a strong bearing on the support they received during restrictions. Some young people reported frequent changes of social worker, leaving them feeling disillusioned and abandoned. For some care leavers, these issues were evident before the pandemic, which only magnified them. Some young people at university said that they felt as though they had to cope alone.





Care review

We welcome the independent review of the family support, child protection and care system. Our inspection findings show an improving but fragile system.

At their best, strong local social care leaders and partners work proactively with families. They secure the timely help and protection of children at risk of significant harm, and they are relentlessly ambitious for children in care and care leavers.

In struggling areas, there is a lack of focus on the risks to children and a failure to deliver timely, purposeful and effective help and protection. This leaves families unsupported and too many children at risk for too long. It also fails to secure timely permanency, and leaves children in care and care leavers without the support they need to thrive.

A review is therefore overdue and necessary. It is, in fact, a unique opportunity to create an ambitious and joined-up cross-government strategy for at-risk and vulnerable children.

In particular, there needs to be clarity about the funding for and accountability of all partners in providing help and protection services. Resources need to be carefully targeted to help children remain safely with their family, whenever possible preventing the need for more intrusive state intervention. For the children who need to be in care, we urgently need the right range and volume of fostering and residential places, as well as the right support for adoption and kinship families. Support for care leavers into early adulthood also needs considerable improvement to secure better education and employment opportunities and outcomes, as well as better physical and mental health. Beyond this, the care regulations need urgently updating to set sufficiently high standards while responding to the changing care market and gaps in oversight.

