



**Safeguarding children with  
disabilities & complex needs in  
residential settings**

A national Child Safeguarding Practice  
Review

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## Context

- On 26.10.22 Ofsted published a press release in respect of phase 1 of the Panel findings re. three Hesley Group RSS, with Children's Homes in the NW of England.
- This is far from an "easy or comfortable" read– it is a key document for us to realise that prolonged bad , abusive practice does still go on.....
- <https://www.gov.uk/government/publications/safeguarding-children-with-disabilities-in-residential-settings>



## Context continued

“ It is profoundly shocking that, in the twenty first century, so many children who were in **‘plain sight’** of many public agencies could be so **systematically** harmed by their care givers. The Independent Inquiry into Child Sexual Abuse (IICSA) has highlighted profound historical deficiencies in the safety and quality of residential care for children. This review evidences how some **children continue to be failed by a system** that should be caring for and protecting them.”



## Hesley – phase 2

- Published 20<sup>th</sup> April 2023 – wide reaching implications
- 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?





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**



# Voices & rights of children with disabilities

- 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
- 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
- Little access to independent advocacy support



## What to do...

- improve the quality of **leadership and safeguarding culture** in residential settings.
- **develop 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.





# Stop, look and listen to me – how to consult

- Direct interview
- Engagement in activities
- Observation
- Interviews with family members
- Interviews with professionals who know child well
- Advocates
- Augmented & alternative communication
- Evidence-based consistent approaches from staff and family
- Formal communication not necessary (although rights to interpreters etc should not be missed)





# Supporting structures

- Skilled staff, high quality training
  - Does your workforce plan map across to the needs of your young people?
- Supervision & support of staff
- Skilled external professionals, IRO, independent people and inspectors
- Parents value a named, trained and supported key worker
- Low staff turnover
- Developing children's communication is part of Behaviour Support Plan



# Framework for independent advocacy

Model of non-instructed advocacy **is essential**

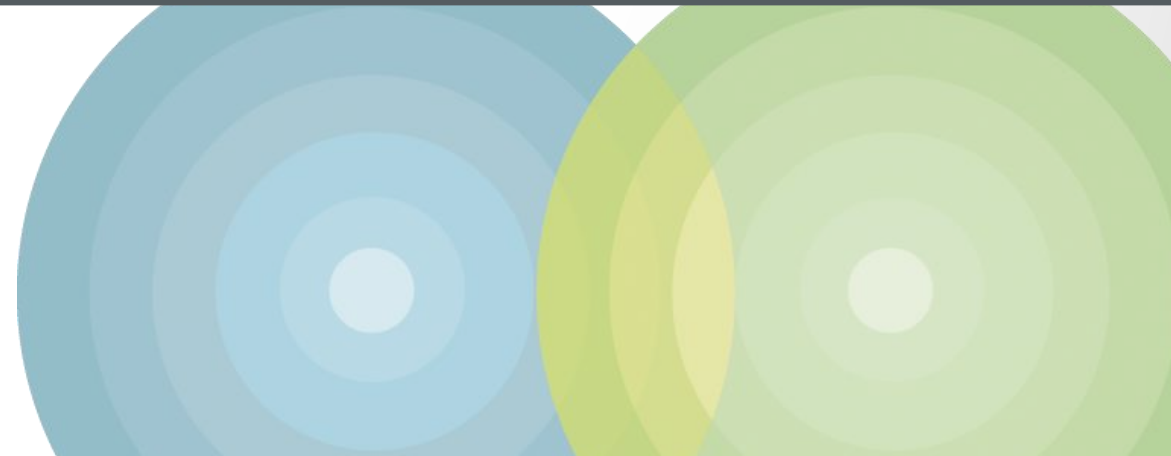
Advocates have:

- Understanding of care
- Skills around young people with disabilities
- Collaborative approach with family and social networks (who also advocate)
- Adaptability, especially around communication
- Ability to make the young person feel safe
- Genuine interest in SEND
- Links to a wide network of family and expert professional support



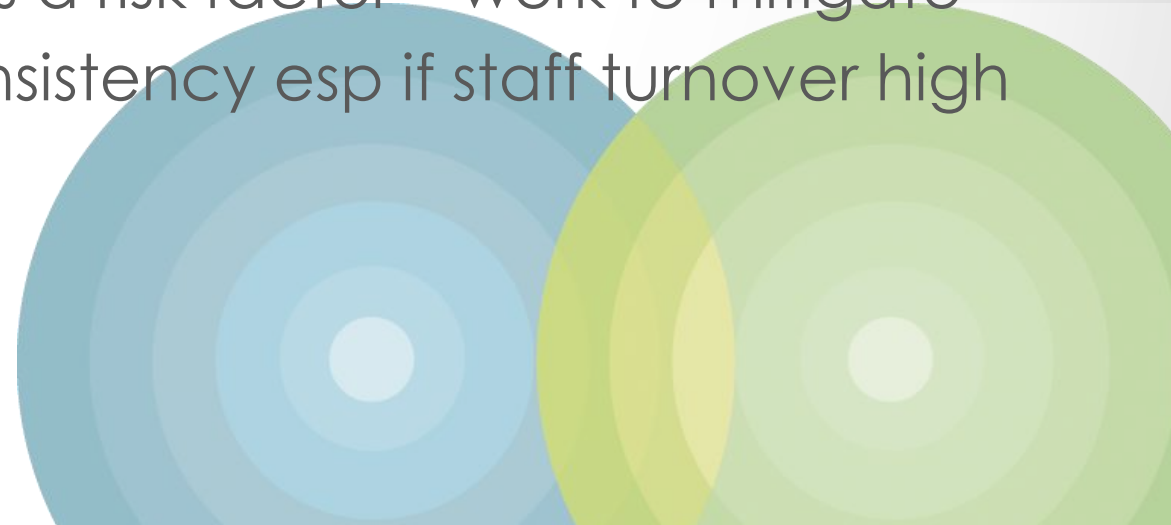
## **Recommendation 1**

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 & carers

- Right to family life and to know and be care for by their parents
- Young people need to know they are still loved and when they will be in touch with family
- Presumption of keeping in touch with families
- Recognise challenges and difficulties for families
- Physical visits, regular information and involvement for friends and family are key protective factors
- Distance from home should be seen as a risk factor – work to mitigate
- Recognise value of family network consistency esp if staff turnover high



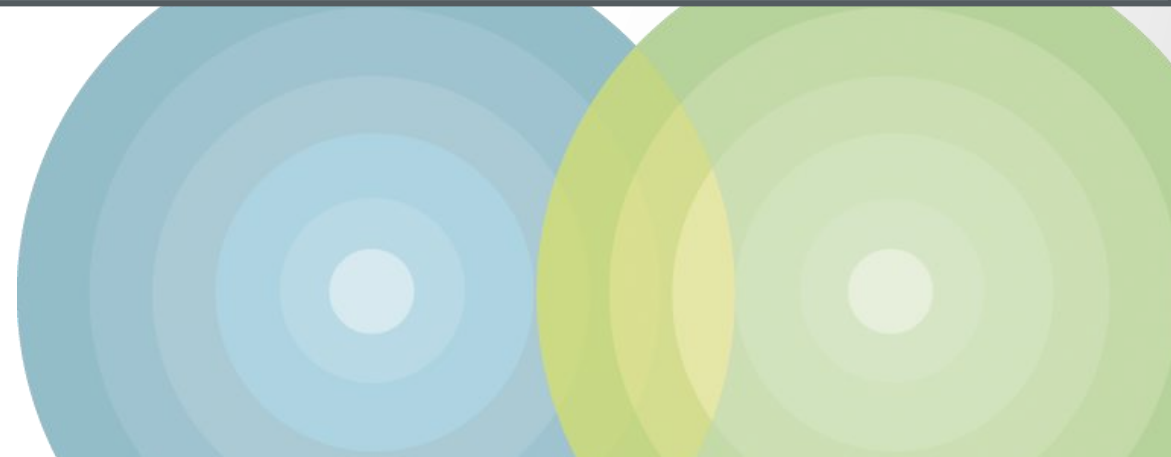
## What is 'keeping in touch'

- 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.



## **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.



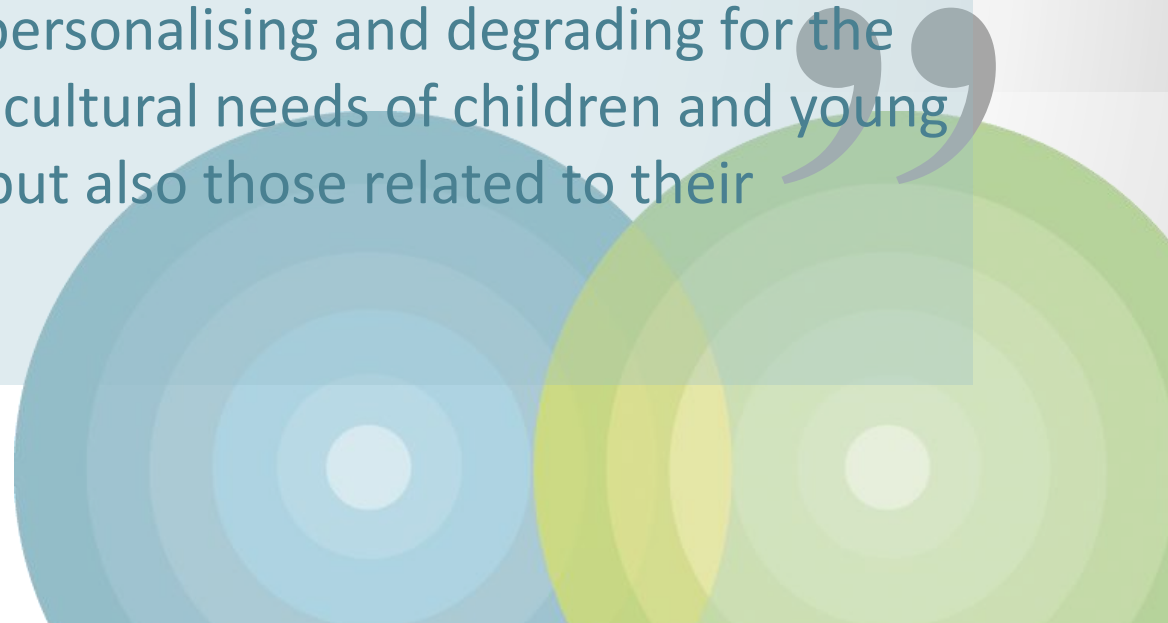
# Culture & identity

- Plans must recognise, understand and respond effectively to a child's cultural background
- Cultural needs are reflected in
  - positive affirmation of their racial, cultural and linguistic background
  - 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





“ 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

- Practice issues around restraint and restrictive interventions and authorisation are **not well understood** by practitioners in local authorities and residential settings
- Authorisation for legal safeguards under MCA not recognised or understood
- Urgent training requirement

