Safeguarding – reactive phase/assumptive risk

Managing risk

Aims of session 2

- To be able to take a strategic view within the service/ organisation re. safeguarding in all aspects this underpinned by an understanding of risk

- To understand the structure and impact that a robust safeguarding CULTURE brings.
- To understand how the impact of risk and its' effective assessment is key to the management of risk

- To understand what individuals bring in terms of the perception of risk and bias

What happens when cultures or systems go wrong?

- regression therapy (Leicestershire) 'Frank Beck'1992
- pindown (Staffordshire)-report June 1990
- Winterbourne View- 2012
- Independent Review of Greater Manchester Mental Health NHS Foundation Trust 2024
- Ongoing child abuse enquiry UK:-
- IICSA report February 2022
- Safeguarding children with disabilities and complex health needs in residential settings 2021 Pts 1 & 2 (Hesley)

- Officially sanctioned
- Publicly lauded and acclaimed as a "good thing"
- Not appropriately monitored and inspected
- Managers and leaders ALLOWED a culture of abuse to flourish

Systems and failures like this can happen anywhere- are you sure they could not happen in your home / your organisation?

Hesley

- "Safeguarding children with disabilities and complex health needs in residential settings": Pt1 and Pt 2-released April 2023.

Closed culture caused /exacerbated by:

- Lack of oversight
- Poor (weak) leadership-poor accountability
- Lack of external oversight/involvement
- Covid (although first report on issues made in 2010)

Findings:

- No children's voice
- Lack of cultural promotion/respect
- Systemic abuse

Other issues:

- Ofsted not recognising patterns across homes
- Reg 44 not identifying issues

Hesley phase 2……..

- This wide-ranging report highlights significant factors which contributed to the culture which developed, and which led to children experiencing:
- significant neglect, abuse and harm
- not having local support and services options to meet their needs
- having their individual cultural needs and dignity violated
- failure by and of the multiple systems and safeguards that should have been in place to protect them

Hesley Phase 2

- The report also notes the way in which the cultural backgrounds of children in the care of the Hesley Group in these homes , were ignored and their dignity and rights violated.
  e.g.
  - black female children had their hair shaved short when they were placed in the homes.
  - children's cultural needs were marginalised
  - children of differing cultures experienced unacceptable and degrading practices
  - human rights were violated

  PRACTICE- are you ensuring that the cultural needs of children are fully met ? Does your SoP reflect your skills ? Does your workforce development plan reflect appropriate training? are you listening to the views and wishes of children and their families ? Do your team respect the cultures and needs of the children ? Are they aware of the impact of culture on an individual's well being ?

Hesley phase 2-The child's voice and their families

- Hearing the voices of children and acting upon them- CRUCIAL. Practice- is this in place? Can you evidence this ? Is it worth carrying out a point in time review of practice and developing as required ?
- Developing and USING individual communication methods- Practice- in place ? Evidence ? Training ? Links to SoP and workforce development plan ?
- Children being key partners in decisions about them. Practice- is this happening ? If not why not and what needs to be changed ?
- A child's right to family life… being placed a long way from home.
- Keeping in touch with home – CRUCIAL. Practice- evidence this is happening ?
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leadership and the safeguarding culture

“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.”(Yvette Stanley 2022)

Practice – can you describe your culture ? Can the team ? Do children inform and shape that culture ? Do you test it regularly ? How would you know when a culture was starting to / had become closed ?

(closed cultures to be included in KCSIE and the revised Working Together guidance)

Hesley phase 2- Deprivation of Liberty..

"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)"

Practice …in terms of practice are you absolutely clear about Dols and the law/ children ? Are your team ?

Hesley phase 2 – external oversight…..

- **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
- Ofsted were the SINGLE agency receiving all of this information and *"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."*
- PRACTICE- are you monitoring for themes ? Acting on learning ? Undertaking root cause analysis? Is your RI monitoring effectively ? Is your R44 effective? Is the LADO robust in response ? Do you challenge the LADO when needed ? Is whistleblowing embedded in your culture ? Are you using R40 effectively? Does your R45 indicate actions taken with measurable outcomes and impact?

Regulation 44……

- "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 of Support Review (SA) Reg 32

- The registered person should undertake a review that focuses on the quality of support provided by the service and the experiences of young people living in the each of the provider's settings, looking at the impact the support is having on outcomes and improvements for the young people.
- The review should enable the registered person to identify areas of strength and possible weakness in the service's support, which will be captured in the written report, which must be submitted to Ofsted. The report should clearly identify any actions required for the next 6 months of delivery within the service, including any specific actions to individual settings if appropriate, and how those actions will be addressed. The whole review process and the resulting report should be used as a tool for continuous improvement of the service
-

When School cultures close

- Knowl View Rochdale
- Chethams Music School
- Hillside First School
- Stony Dean
- Clifton College
- Hesley School

The Truth Project "I will be heard"

Participants who shared an experience of child sexual abuse told us how individuals in positions of authority failed to protect children by ignoring signs of abuse, denying or minimising perpetrators' actions, and even shifting the blame onto children. Victims and survivors described two different types of institutional environments that may have enabled the perpetration of child sexual abuse:

- Informal environments marked by over-familiarity and informal relationships between professionals and children which enabled perpetrators to sexually abuse children without raising suspicion;
- Strict and controlling environments in which control was exerted either through bullying and violence that often preceded and sometimes accompanied sexual abuse, or through the deference and perceived power or reputation of the institution.

risks in **residential/service** care

an overview of main risk areas

Risks FROM staff in residential care

- 10-12 allegations per 100 children across the UK
- 2-3 allegations per 100 substantiated
- ½ allegations physical abuse or excessive physical restraint – 75% about men – mirrors the data from education
- Heightened risk of neglect for disabled children
- Assumptions made and decisions based upon them
- Blurring of boundaries- never assume it does not happen-and "leeway" for that young person and the approach to safeguarding
- A person determined to come into to children's' services for their own reasons in accessing children will succeed
- Perception of risk changes with longer established members of staff- viewed as being less likely to abuse.

Risks from other children and young people.

- child sexual exploitation/CCE
- peer on peer/child on child(latter KCSIE 2022) abuse....think the June 2021 Ofsted review
- bullying
- violence
- abuse on social media- various forms
- emotional abuse
- relationships

Can you be sure that you have safeguarded as reasonably as you can for these issues? What others must you consider ? How do these issues feed into your wider culture?

Building on the first session are these protective factors in place in your service and your home?

- strong leadership
- positive staff culture
- close inclusive relationships with young people
- high quality supervision
- effective monitoring and placement review
- good interagency communication
- use of LADO
- child centred, rights-based approach
- calm, authoritative staff, with strategies to respond
- external review
-

Managing risk and safeguarding "reasonably"

- **Uncertainty and risk** are features of child protection work…Risk management **cannot** eradicate risk: it can only try to reduce the **probability of harm**….
- Those involved in child protection must be "**risk sensible**".
- There is no option of being **risk averse** since there is **no** absolutely safe option

The Munro Review of Child Protection: A Child Centred System, May 2011

- "The big problem for society (and thus for professionals) is working out a realistic expectation of professionals ability to predict the future and manage risk of harm to children and young people"
- "Risk assessments are fallible and can err by overestimating or underestimating. A Well thought out assessment may indicate the risk to the family is low, However low probability events happen. "
- "Professionals, particularly social workers, currently face the possibility of censure – damned if they do, damned if they don't"

Risks

- What influences our reactions to risk?
- Our own previous experiences- personal and professional
- Our knowledge/ training/ formal understanding of risk
- Bias / unconscious bias
- Competing issues e.g. financial
- Assumptive risk/ assumptions

- Any other factors?

Unconscious bias

- **Unconscious biases** are social stereotypes about certain groups of people that individuals form outside their own conscious awareness. Everyone holds **unconscious** beliefs about various social and identity groups, and these **biases** stem from one's tendency to organise social worlds by categorising.
- **Affinity bias** refers to when you unconsciously prefer people who share qualities with you or someone you like. It occurs because your brain sees them as familiar and relatable, and we all want to be around people we can relate to.
- **Attribution bias** refers to how you perceive your actions and those of others. It stems from our brain's flawed ability to assess the reasons for certain behaviours – particularly those that lead to success and failure.

We generally attribute our own accomplishments to our skill and personality, and our failures to external factors – to hindrances that we believe are beyond our control. We are less likely to blame and find fault in ourselves

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Examples of unconscious bias- recognise any?

- **Conformity bias** happens when your views are swayed too much by those of other people. It occurs because we all seek acceptance from others – we want to hold opinions and views that our community accepts.
- **Confirmation bias** refers to how people primarily search for bits of evidence that back up their opinions, rather than looking at the whole picture. It leads to selective observation, meaning you overlook other information and instead focus on things that fit your view. You may even reject new information that contradicts your initial evidence.
- **Contrast effect**
- This type of bias occurs when you assess two or more similar things and compare them with one another, rather than looking at each based on their own merits.
- **Gender bias** is simply a preference for one gender over the other. It often stems from our deep-seated beliefs about gender roles and stereotypes.
- **Halo and horns** effects you focus on either a positive or negative feature to the exclusion of all else

Risk analysis – principles to consider

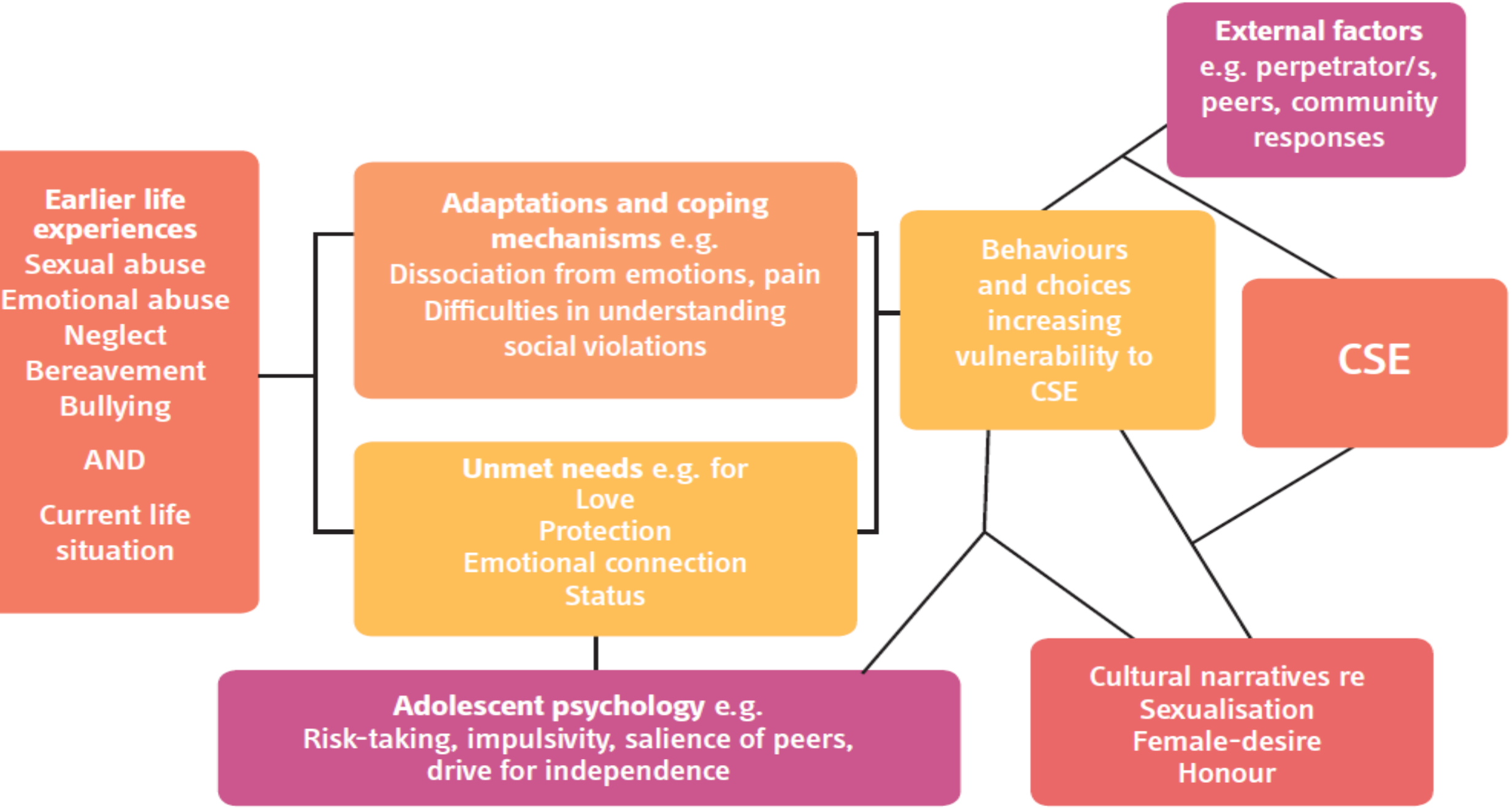
We need to **distinguish…**

what has brought things about in the **past**

what keeps things going in the **present**

what is likely to happen in the **future**

create a balance in terms of our approach to risk



igure 1 *An illustration of the presenting and underlying causes for CSE*

Impact risk assessment

- Initial identification of risk in tender/care plan docs
- What do we know? What don't we know?
- Pre-placement assessment
  - Social work reports
  - Voice of young person, family, significant others
  - Previous carers – what makes you so different?
  - Interagency contribution

Impact risk assessment

- Initial identification of risk in tender/care plan docs
- What do we know? What don't we know?
- Pre-placement assessment
- Level of risk, nature of risk
- Impact in your home
  - Other young people
  - Locality
  - Staff
  - Physical environment

Impact Risk Assessment – summary page

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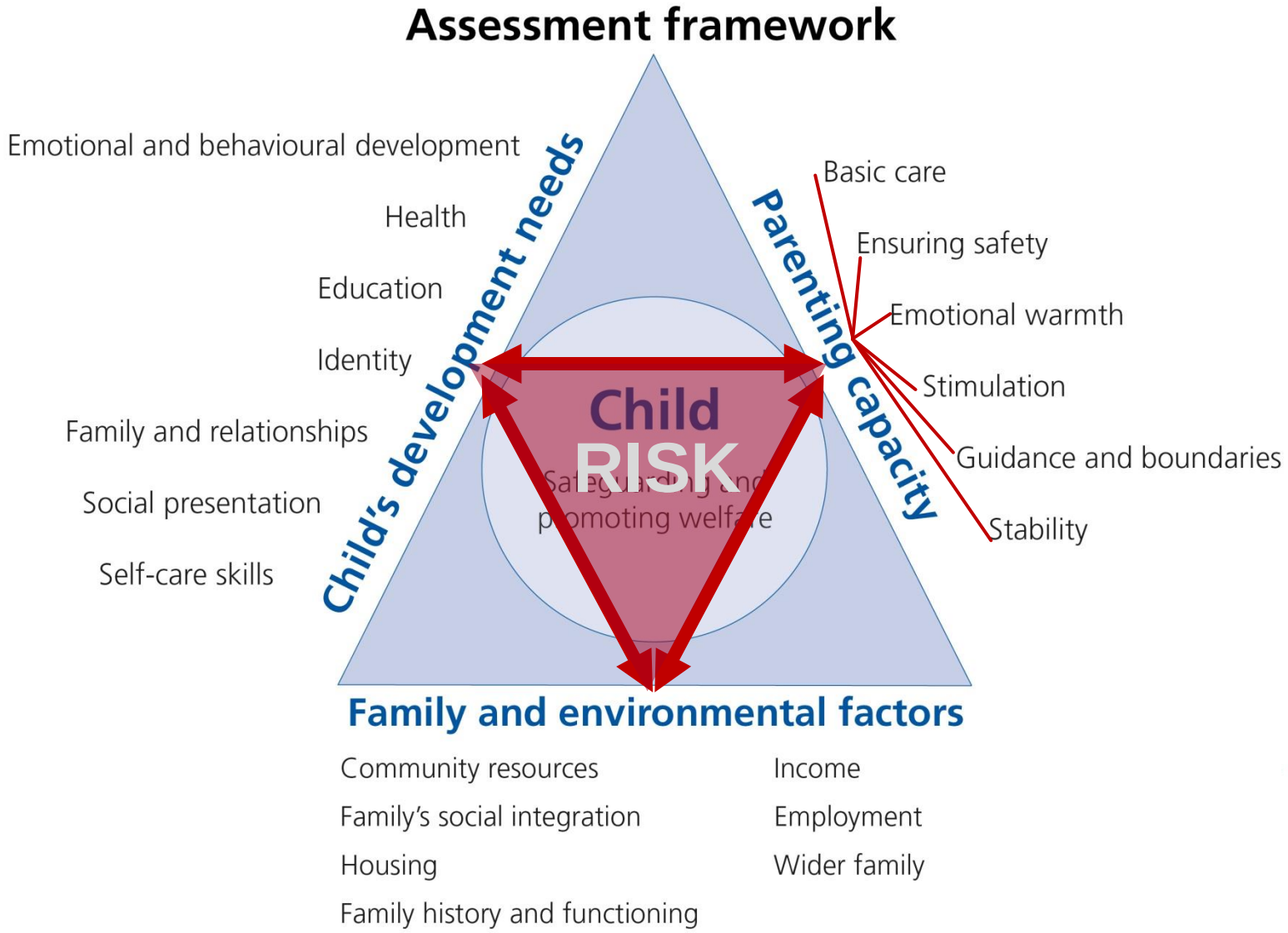
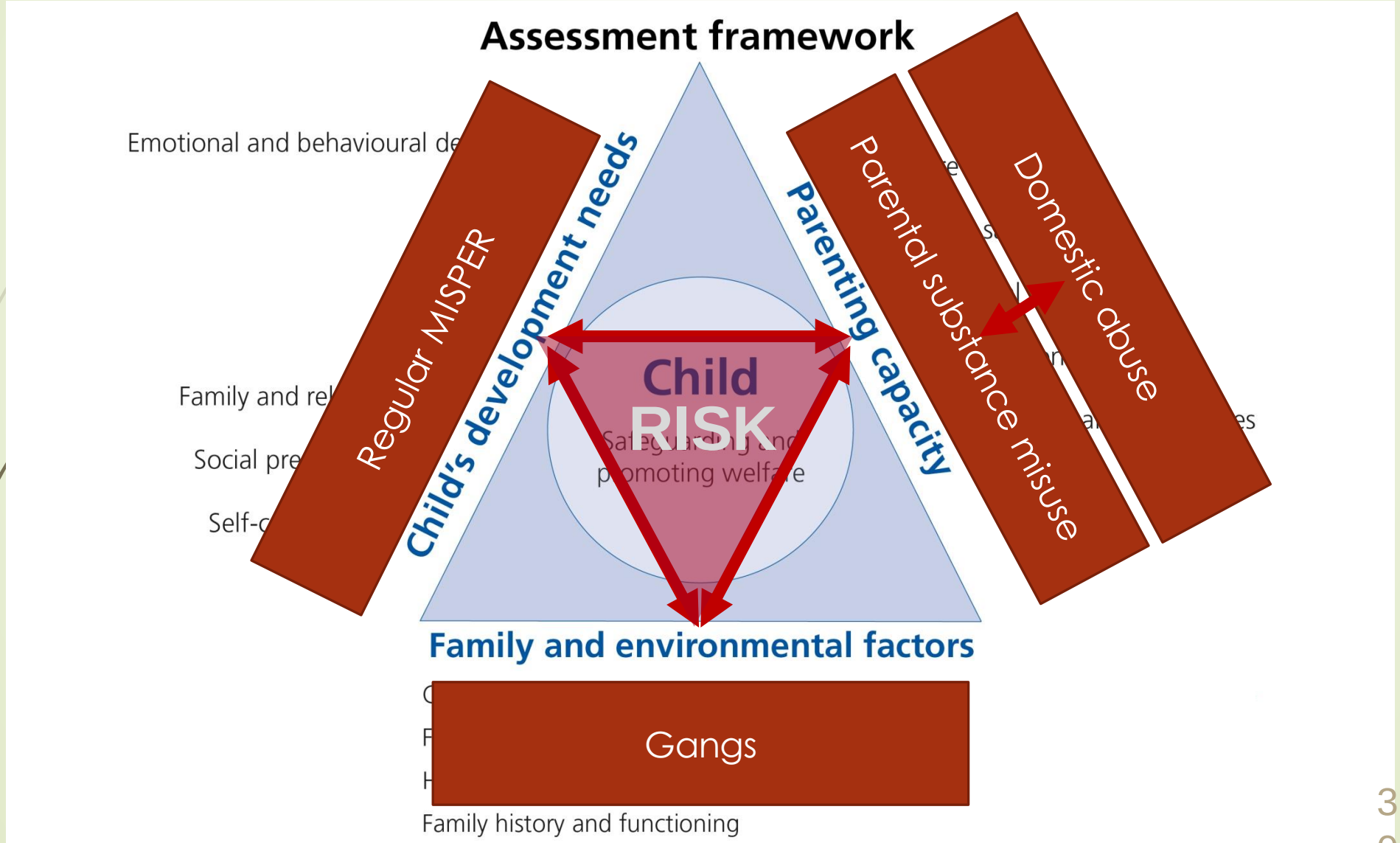
  - Interagency contribution
- Level of risk, nature of risk
- Impact in your home
  - Other young people
  - Locality
  - Staff
  - Physical environment
- Skills of the team
  - Training
  - Experience
  - Access to services
  - Supervision, support, clinical
- Is this a match?? Whose decision is this?


decision to tender
referral
LA care plan
impact risk assessment
specific risk assessments
risk management plan
specific risk assessments
specific risk assessments
positive behaviour support plan
information reports
organisational risk assessments

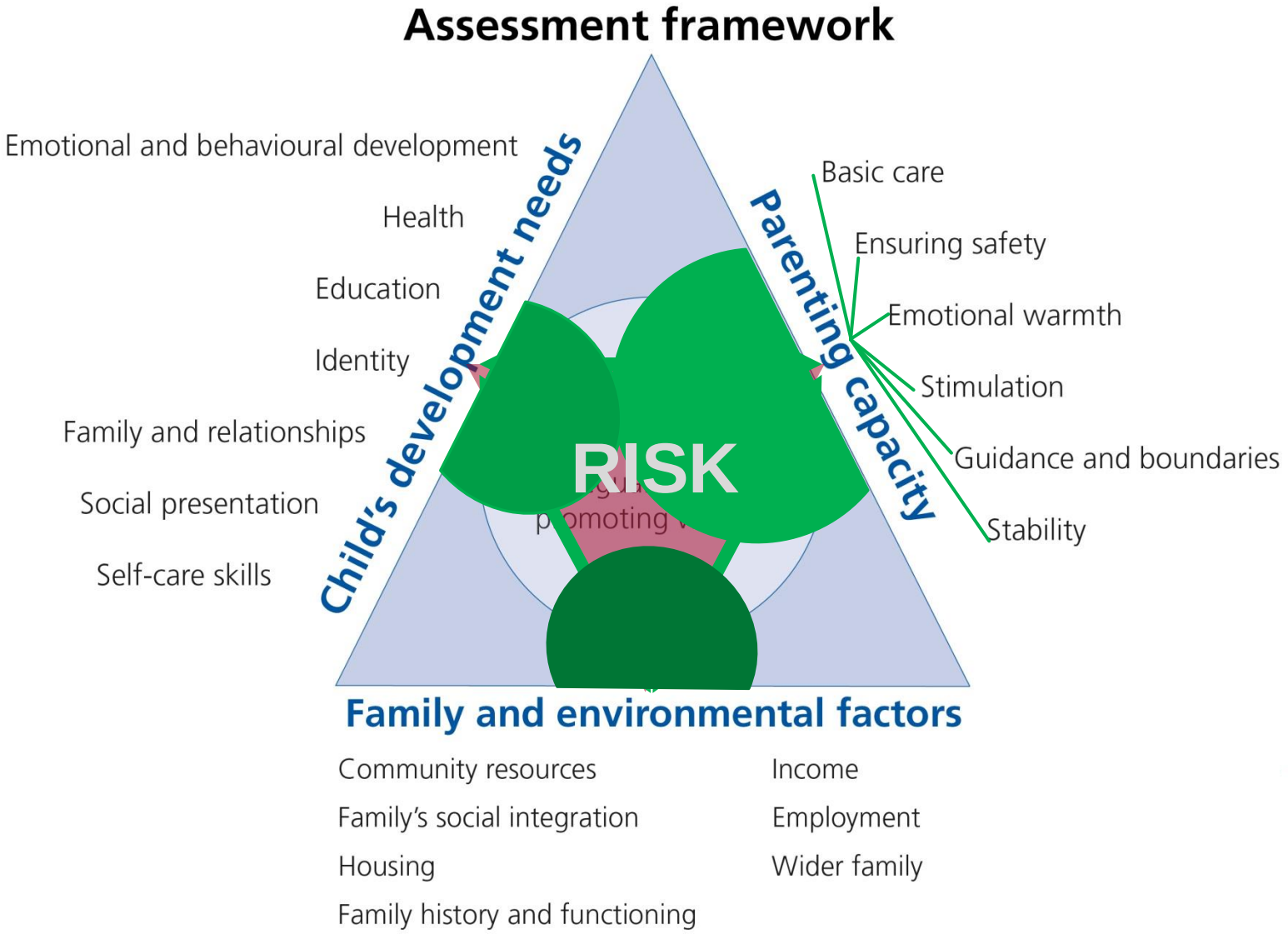
Drawing risk from need- what does the child need:



Specific risks



Strengths in place ?



Principles :

- Risk and need are two sides of the same coin
- Risk and the right to take risk are normal part of life and can be positive
- Assessing and managing risk are part of the same system
- Risk has to be understood broadly in relation to all aspects of children's well-being
- Risk includes looking at current risks and the long term impact of those risks
- Risk involves looking at the consequences of failing to meet needs and the impact on the child.

Risk and being reasonable :

- all reasonable steps have been taken;
- reliable assessment methods have been used;
- information has been collected and thoroughly evaluated;
- decisions are recorded, communicated and followed through;
- policies and procedures have been followed;
- managers adopt an investigative approach and are proactive
-

Plans

- Risk management / support plans must be clear
- Regularly reviewed and changes indicated and communicated
- Aligned to a range of other risk assessments and documents such as behaviour support plans
- Aligned to impact risk assessments
- Plans should be dynamic and responsive.

Records- what should they look like?

- be **specific** – who said what, when
- use **actual words** of children and parents
- add **analysis** – *why* you are worried about what you have seen or heard
- **link** to the threshold tool, chronologies
- set out the **actions** you think are required
- what do we **know?**
- what do we **think?**
- what should we **do?**
- Child's full name and date of birth
- Date and time of the concern
- Signed , dated with date and time of the record, job role of the person creating the record

Reading/Sites

- IICSA: The Independent Inquiry into Child Sexual Abuse | IICSA Independent Inquiry into Child Sexual Abuse
- NHS England Report Template 7 - no photo (Edenfield)
- Safeguarding children with disabilities in residential settings - GOV.UK (www.gov.uk) Hesley
- Homepage | Children's Commissioner for England (childrenscommissioner.gov.uk)
- Information commissioner: Information Commissioner's Office (ICO)
- Gov.uk Sign up to receive email alerts - Find an Inspection Report - Ofsted
- Everyone's Invited (everyonesinvited.uk)
- NICE: Find guidance | NICE

What next?

Has the extra contextual information made you review the safeguarding risks for this placement/ If so – why? What have you changed?

How did you assess the risk?