



Regulation 44 – Session 3

Hearing the Child's Voice

Focus points:

- Review of current issues in relation to hearing children's voices- ALL children
- Links to safeguarding
- When children are harmed – Hesley and Whorlton



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Organisational Abuse



Organisational Abuse

- The Care Act defines institutional abuse (or “organisational abuse”) as one of the 10 types of harm.
- It includes neglect and poor care practice within a specific care setting. This could be a hospital or a care home, but also the care you receive in your own home.
- Organisational abuse doesn’t have to involve physical violence. It can be something as small as insisting that a person in care must drink their tea at the same time every day.
- This is the sort of thing that many of us take for granted. But when the right to choose is taken away, it can count as abuse.
- The abuse can either be a one-off incident or an ongoing culture of ill-treatment. The abuse can take many forms, including neglect, and poor professional practices as a result of the structure, policies, processes and practices in an organisation.
- The combination of structure, policies, processes and practice that can result in organisational abuse has been identified as a closed culture.



Closed Culture

- 'A poor culture that can lead to harm, including human rights breaches such as abuse' In these services, people are more likely to be at risk of deliberate or unintentional harm.
- Any service that delivers care can have a closed culture.
- The Care Quality Commission (CQC) has published guidance to enable staff to recognise a closed culture and to flag the warning signs that there is the risk of a closed culture developing. This is relevant and transferrable to children's care.
- It highlights the need for professional curiosity, and being better at understanding, hearing from and 'seeing' children and adults who are placed in high-risk settings or who are isolated, perhaps due to their communication styles or the location of the service in relation to their safety network.
- Closed cultures page on CQC's website:
<https://www.cqc.org.uk/publications/themes-care/our-work-closedculture>



Whorlton Hall – May 2019

[Whorlton Hall hospital abuse and how it was uncovered - BBC News](#)

Response

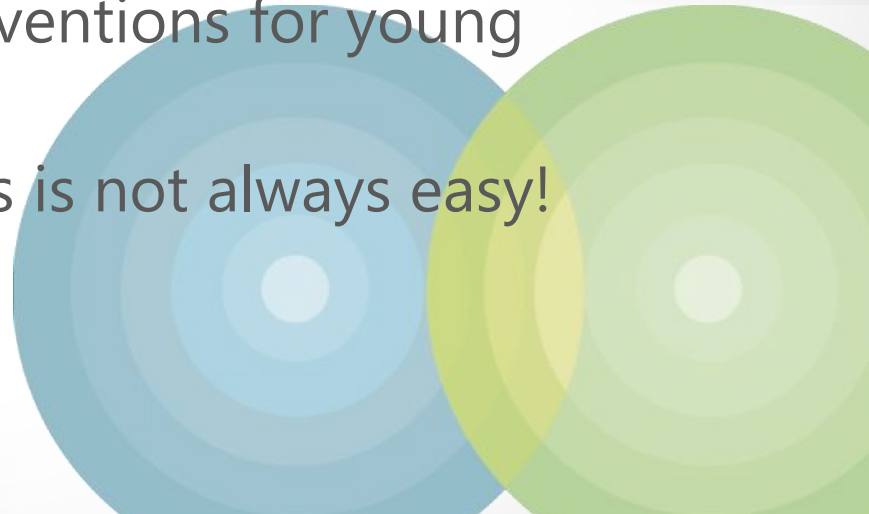


WhorltonHallReport-May2023.pdf



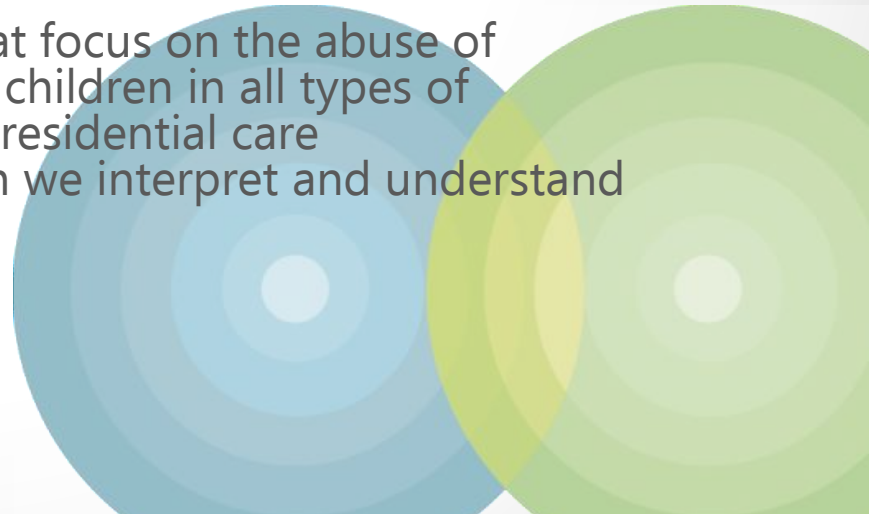
Professional curiosity ?

- Professional curiosity is where a practitioner tries to understand what is happening within a family or care environment for an individual. Rather than making assumptions or taking a single source of information and accepting it at face value.
- A lack of professional curiosity can lead to missed opportunities to identify less obvious indicators of vulnerability or harm. Assumptions made wrongly can lead to the wrong interventions for young people.
- Being professionally curious is not always easy!



Scope of the investigation – who were the victims?

- There are currently 144 children and young adults identified as residents during the scope period 2018 – 2021. Their Home Authorities spread across the UK (England – 64 Local Authorities and Scotland -1 Local Authority). 108 of these 144 are known to have been abused that is 75% of the children identified.
- 13.8 years was the average age when placed in the setting, and 16.8 years when they left. 7 Children were placed when they were under 10 years.
- Over three-quarters were boys
- The most common ethnic group was White British – 68%
- Most common diagnosis of disability was Autism – 82%, Learning Disability – 76%, Global Development Delay 14%, Attention Deficit Hyperactive Disorder 25%.
- There is a long history of reviews that focus on the abuse of children in care. These reviews cover children in all types of placements, adoption, fostering and residential care
A consistent issue is the way in which we interpret and understand the behaviour of children in care





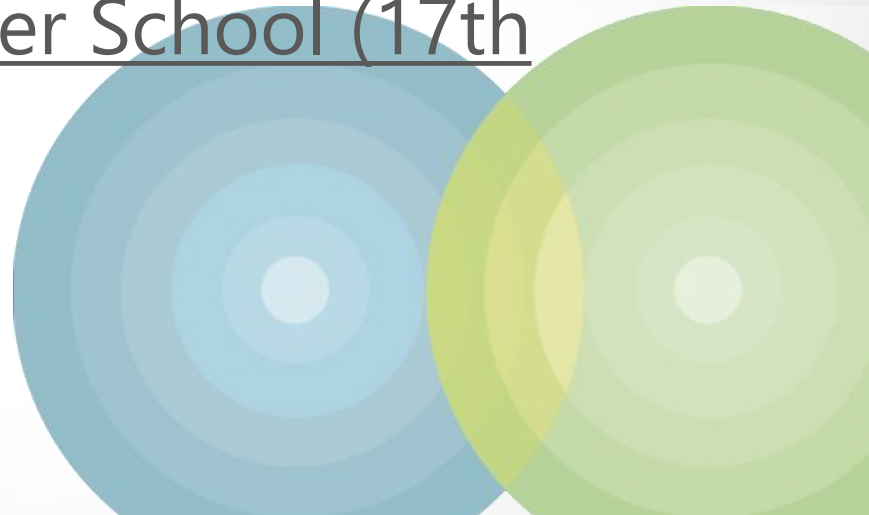
Response to Hesley

- Hesley phase 2 The report is built upon the experiences of 108 children and young adults with learning disabilities and complex needs and events occurring between between 1st January 2018 and March 21st 2021.
- It builds upon the findings of the phase 1 report which highlighted a broad range of safeguarding issues , risks and abuses which occurred
- 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



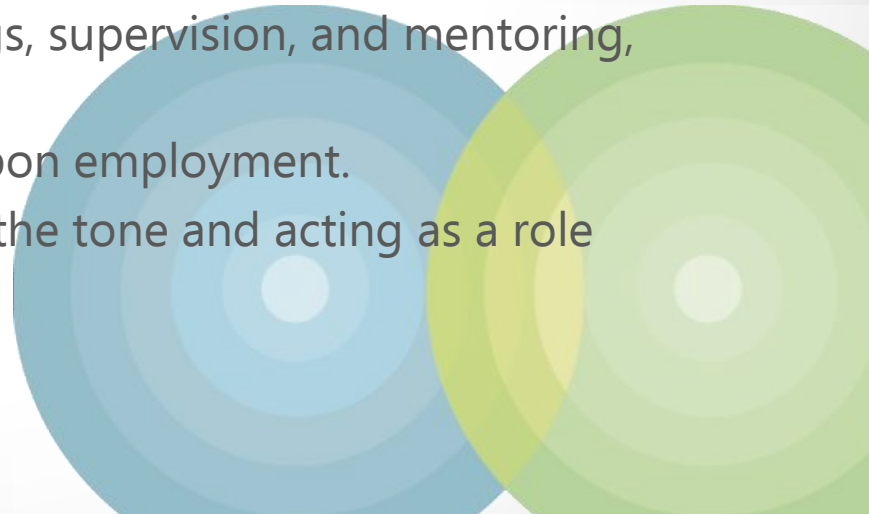
What can you see....

- Watch this clip from Panorama – Abuse in the classroom
- While watching, write down all the red flags you see, how many do you get?
- Panorama - Undercover School (17th June 24) - YouTube



What can we do...

- Protectively identify and promote the individual's human rights, wishes and desires in line with the Mental Capacity Act
- Work with families (with the child's wishes) as equal partners
- Consider least restrictive practice- Mental Capacity Act
- Promote Professional Curiosity among staff
- Understand, hear from, and 'see' children who are placed in care settings or who are isolated
- Encourage and support a transparent culture
- Familiarise yourself with your organisation's whistle blowing procedure
- Discuss with staff; use team meetings, supervision, and mentoring, etc.
- Make sure staff have an induction upon employment.
- Senior leaders have a role in setting the tone and acting as a role model to staff.



Guide to the children home regulations, paragraph

9.8-9.15, pg 43 - A safeguarding culture and ethos

- 9.8 The registered person should build a strong safeguarding culture in the home where children are listened to, respected and involved in both the development of the home and decisions about the home
- 9.9 Children must feel safe and be safe. Staff should support children to be aware of and manage their own safety both inside and outside the home to the extent that any good parent would. Staff should help children to understand how to protect themselves, feel protected and be protected from significant harm.
- 9.10 Staff skills for safeguarding should include being able to identify signs that children may be at risk, and support children in strategies to manage and reduce any risks. Staff should encourage children to express their views about whether they feel safe both within and outside the home. Staff should support children to understand how to ask for help to stay safe and that the home is an environment which supports this.
- 9.11 All staff should strive to build positive relationships with children in the home and develop a culture of openness and trust that encourages them to be able to tell someone if they have concerns or worries about their safety. Staff should make available in the home, information in an appropriate form which enables children to contact their placing authority to call for a review of their care plan if they have concerns about their safety or welfare. Homes should encourage children to understand they can speak to an independent advocate, Independent Reviewing Officers (IROs), Ofsted inspectors or other relevant persons if they have concerns about their safety

Continued

- 9.12 Staff need the knowledge and skills to recognise and be alert for any signs that might indicate a child is in any way at risk of harm. The registered person should ensure that skills in safeguarding are gained, refreshed and recorded in the homes workforce plan.
- 9.13 Children should be encouraged to develop positive relationships with others both in and outside the home as set out in the positive relationships standard. However, staff should be alert to the possibility that children may be at risk from such relationships including with other children in the home, staff, family members, friends and others outside the home, and they therefore should take appropriate steps to protect a child where there are concerns for a child's safety.
- 9.14 Supervision of staff practice should ensure that individual adults in the home are engaged in the safeguarding culture of the home so they understand what they would need to do if they found other staff misusing or abusing their position to the detriment of the safety of a child.
- 9.15 As part of the policies for protection of children, the registered person should include information about whistle blowing, with clear procedures for how a staff member should report to an appropriate authority any concern they have about a child within the home being either at risk of, or already experiencing significant harm. The policy should reflect the principles set out in the Francis review '**Freedom to speak up**'.

The issues.....

- We know that there are still issues in relation to the voices of children with difference or disability being heard (see Hesley phase 1 and 2) Whitefield School
- Why?
 - ignorance / lack of knowledge
 - fear
 - medical model ?
 - time
 - tokenism
 - communication needs and rights not understood
 - parents' and professional's voices dominate
 - ANYTHING ELSE YOU CAN THINK OF?



Breadth of difference and disability.....

- The breadth is enormous and thus hearing the voices of children is highly individual with practice approaches tailored to fit the unique needs.
- Generic approaches run the risk of capturing only “broad brush” information or missing an individuals’ viewpoint.
- Can include
 - a range of additional needs
 - special needs- primary and secondary
 - hidden disabilities
 - ANYTHING ELSE?



Principles of practice

- Giving disabled **children** a **voice** promotes self esteem and self worth
- By giving **children** a **voice**- choice, opinion, feelings and emotions can be expressed
- **Children** can develop and learn that they are **important** and valued.
- Feeling valued plays a large role in how a **child** develops and relates to others
- ANY examples?



Audit:

1. Are all adults in the home aware of age / stage/difference / disability and what we expect in terms of development of communication for each of the young people?
1. Are we setting the bar too high with assumptions? Particularly when some young people communicate in a way which makes them seem more cognitively able that they really are.
2. Is there internal challenge to assumptions?
3. Is the child's voice embedded in practice- with all staff?
4. Is training appropriate and up to date- link to SoP and WF Development plan. ?



Audit

Is the environment suitable

- ▶ Layout
- ▶ Lighting
- ▶ Space
- ▶ Noise levels- quiet area?
- ▶ Opportunities to communicate ?

Is the equipment diverse enough to meet need?

Is the equipment accessible?

Does the set up enable children to communicate independently?

Children's Guide-different formats, info re: advocates, Children's Rights etc

Audit

- Specific communication needs may be linked to:
 - Processing
 - Vocabulary
 - Comprehension
 - Complex needs
 - Alternative methods- Makaton , PECS, Grid, Pro Loquo to Go, Widget, Eye Gaze, photo cues, social stories, BSL, Big Mack, Braille, objects of reference
 - Non verbal communication
 - Mental health/trauma/PTSD
 - Depression
 - English as a second language
 - ANYTHING ELSE?



What next?

- Staff training- essential..... and often overlooked unless a formal alternative method of communication is in place
- Ask the young person / involve them in how they express their views
- Work in partnership- young person and other professionals
- Value , respect , time
- Patience
- Positivity
- Active listening and hearing
- Alternative methods equipment – working , available , charged ?
- Body language
- Reflection
- ANYTHING ELSE?

Small group work:

- Thinking of the services visited consider –
 - the barriers you have encountered in the service and with other agencies and professionals ?
 - ease of access to SALT support if needed?
 - staff confidence?
 - staff advocacy?
 - role of the EHCP?
 - any other thoughts?

NOMINATE ONE PERSON TO TAKE
NOTES AND FEEDBACK



Useful information

- Equality Act 2010-covers Disability Rights (Replaced DDA in 2010)
- Safeguarding children with disabilities and complex health needs in residential settings Parts 1 and 2 (Hesley) & Gove response
- Convention on the rights of persons with disabilities
- Looked-after children and young people: NICE 2021
- SCCIF 2024
- Promoting the Wellbeing of Children in Care: NSPCC
- Positive Environments where children can flourish: Ofsted

where children



Useful info

- Coram Voice
- NSPCC
- [BBC Radio 4 - File on 4, Caught on Camera: The special school staff who abused kids](#)
- The Big Listen
- Children in Care Council
- [5414-DfES-AdvocacyServices.txt \(publishing.service.gov.uk\)](#)
- [Letter to Providers - National Review – Children with disabilities and complex health needs living in residential settings](#)
- [Safeguarding children with disabilities in residential care homes phase 2 report.pdf](#)
- [Francis Freedom to Speak Up Executive-summary.pdf](#)

