

## **Residential provision: notes from key texts**

A small minority of children and young people with SLD/PMLD/CLDD may be educated in residential special schools. Children living away from home are recognised as being additional vulnerable.

The following extracts are taken from Chapter 11 (p. 292) of HM Government (2010) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. Annesley: DCSF Publications.

11.2 Previous high profile inquiries and reports into abuse of children living away from home have raised awareness of the particular vulnerability of these children.

## **Essential safeguards**

11.5 There are a number of essential safeguards that should be observed in all settings in which children live away from home, including children in care, private fostering, healthcare, boarding schools (including residential special schools), prisons, young offenders' institutions, secure training centres and secure units, and when children are detained whilst within the immigration system. Detailed guidance and standards are in place for service providers in each of these sectors. Where services are not directly provided essential safeguards should be explicitly addressed in contracts with external providers. These safeguards should ensure that:

- Children feel valued and respected and their self-esteem is promoted
- There is an openness on the part of the institution to the external world and to external scrutiny, including contact with families and the wider community
- Staff and foster carers are trained in all aspects of safeguarding children, alert to children's vulnerabilities and risks of harm and knowledgeable about how to implement safeguarding children procedures
- Children who live away from home are listened to, and their views and concerns responded to
- Children have ready access to a trusted adult outside the institution – for example, a family member, the child's social worker, independent visitor or children's advocate. Children should be made aware of the help they could receive from independent advocacy services, external mentors and ChildLine
- Staff recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means
- There are clear procedures for referring safeguarding concerns about a child to the relevant local authority
- Complaints procedures are clear, effective, user-friendly and are readily accessible to children and young people including those with disabilities and those for whom English is not their preferred language. Procedures should address informal as well as formal complaints. Systems that do not promote open communication about 'minor' complaints will not be responsive to major ones and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture that needs to be addressed. Records of

complaints should be kept by providers of children's services or secure settings – for example, there should be a complaints register in every children's home and secure establishment that records all representations or complaints, the action taken to address them and the outcomes. Children should genuinely be able to raise concerns and make suggestions for changes and improvements which should be taken seriously

- Bullying is effectively countered;
- Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers
- There is effective supervision and support that extends to temporary staff and volunteers
- Contractor staff are effectively checked and supervised when on site or in contact with children
- Clear procedures and support systems are in place for dealing with expressions of concern by staff and carers about other staff or carers. Organisations should have a code of conduct instructing staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways that do not prejudice the 'whistle-blower's' own position and prospects
- There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability; and
- Staff and carers are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.

The following extracts are taken from Chapter 2 (p. 28) of:

Department for Children, Schools and Families/Murray, S. and Osborne, C. (2009) *Safeguarding Disabled Children: Practice guidance*. Annesley: DCSF Publications. [Online at: <https://www.education.gov.uk/publications/eOrderingDownload/00374-2009DOM-EN.pdf>; accessed: 28.12.11]

### **Disabled children living away from home in care homes, residential schools and health settings**

**2.26** Disabled children are over represented in the population of looked after children. Annual statistics show that 10% of children looked after in England have a disability (for further details see section 4.15). When disabled children are placed away from home they are far more likely to be placed in residential care rather than family settings, which in turn increases their vulnerability. Many other disabled children attend residential schools or are placed in health settings but are not legally looked after by the local authority. This means that they do not have the statutory rights and protection afforded by being looked after by the local authority.

**2.27** It is known that some children attending residential school placements funded by the local authority for 52 weeks of the year are not subject to regular reviews of their overall progress. Isolation from parents, and their placing authority and the absence of regular reviews means that changes in behaviour and other indicators of abuse or neglect may not be noticed and questioned.

**2.28** Disabled children are more likely than non-disabled children to spend time in health care settings. They may be admitted to children's wards or hospices as a result of illness, deterioration in their condition, or for assessment or treatment

relating to their impairment. Disabled children are sometimes also admitted to children's wards or hospices in order to give parents a break from caring for them.

**2.29** It is important that all residential educational settings, NHS and independent health providers have safeguarding policies and procedures, which specifically address the needs of disabled children.

**2.30** Organisational culture and custom and practice can contribute to institutional abuse or harm. Poor practice can become pervasive in influencing staff to behave inappropriately. Such cultures can also become ideal contexts for determined abusers to manipulate both children and adults. For disabled children in these particularly vulnerable situations, LSCBs need to ensure that rigorous quality assurance procedures are in place, representations and complaints procedures can be accessed and understood by the children and that they have access to independent advocacy and independent visitors as and when appropriate.

*Ch. 4, Pg. 53*

**4.15 Spending greater periods of time away from home**, particularly in residential settings, is a risk factor for abuse and Utting noted that this risk is compounded in the case of disabled children. Researchers have examined the particular vulnerability of disabled children in residential care linking this to characteristics of institutional life, problems in management and staffing and separation of children from parents and others whom they trust and who are able to understand their communication methods. The welfare of disabled children at residential schools (especially those with 52 week provision) and in health units has been questioned given the wide variation in practice of notifying the responsible local authority of the child's placement as required by section 85 of the Children Act 1989. Researchers concluded that for children in placements funded solely by education there is unlikely to be anybody other than a parent actively checking whether or not the child is safe and happy. However a third of disabled children living in residential care have been found to be isolated from their parents. The Second Joint Chief Inspectors Report found that less than 50% of residential special schools met the National Minimum Standards for responding to complaints and just 40% of residential special schools did not meet or only partially met the National Minimum Standards for child protection systems and processes.