

5. CHILDREN LIVING AWAY FROM HOME

INTRODUCTION

5.1. Many children are cared for in settings away from home. They need special attention to ensure that they are adequately safeguarded. Sir William Utting's report in 1997 *People Like Us* provided an influential and much-needed focus on children living away from home.¹ Research suggests much has been done since the Utting report to improve safeguards for these children. They are now less marginalised than before, but the needs of some particularly vulnerable children still need to be addressed [refs.24<http://www.jrf.org.uk/bookshop/details.asp?pubID=642>, and 25 <http://www.jrf.org.uk/bookshop/details.asp?pubID=642>].

5.2. Following the first *Safeguarding Children* report, inspection work has paid particular attention to children who live away from home. This chapter looks at how well agencies plan and deliver safeguards for children in a range of settings. In addition to inspection work, the findings are informed by the consultations of children looked after and in residential education carried out by the Children's Rights Director².

SETTINGS WHERE CHILDREN ARE CARED FOR

5.3. This report includes the following groups of children:

- **Children looked after in children's homes and foster care:** there are around 5,900 children in regulated children's homes. Around 41,600 children are in foster care. A further 3,300 children are placed for adoption. A special review looked at arrangements in five councils for meeting the needs of children who live outside their home area and tracked children to a further 10 councils. This chapter also draws on evidence from CSCI inspections of children and family social care services and regulatory inspections of foster care and children's homes³.
- **Children in boarding schools:** there are 555 boarding schools in England. This chapter draws on evidence from National Care Standards Commission (NCSC), and subsequently CSCI, inspections of welfare arrangements in all local authority maintained and independent boarding schools and on Ofsted's inspections in maintained schools, which look at educational arrangements.

¹ Utting, W. et al, *People Like Us – The Report of the Review of Safeguards of Children Living Away from Home*, The Stationery Office, 1997

² The Children's Rights Director, based within CSCI, has an independent statutory role in safeguarding and promoting the rights and welfare of children.

³ Until 1st April 2004, inspection of social care services was carried out by the Social Services Inspectorate and regulation of care settings by the National Care Standards Commission. The Commission for Social Care Inspection took over this work in 2004.

Reference in this chapter to 'boarding schools' refers to the evidence drawn from NCSC/CSCI's welfare inspections in these schools.

- **Children in residential special schools and colleges:** there are around 6,500 places in 242 residential special schools in England. This chapter draws on a review of provision for children in three special schools with residential facilities and two independent residential specialist colleges (for students with disabilities aged 16 and over) and on mainstream inspection work.
- **Children who spend long periods in hospital:** of the 1.8 million children who left hospital between April 2003 and March 2004, only 3,300 (0.2%) had spent more than 3 months there. Nonetheless, these children have acute, complex or chronic illnesses or a mental health condition and are particularly vulnerable. A special review looked at six NHS trusts in England, which are mainly specialist centres for children and young people with complex needs. The review included children with a chronic illness who visit hospital regularly as outpatients, experience frequent hospital stays over long periods or have received specialist treatment for many years in the same hospital.

Some children and young people are also treated in independent hospitals. The services provided for those who stay more than three months normally include specialist eating disorder services, psychiatric intensive care and secure services. The placements are invariably out of area. This means that most of these children are cared for a long way from home and they become detached from local services until the provider discharges them. The monitoring of these placements by the referring authorities and commissioning PCTs is variable.

- **Children in secure children's homes and secure training centres:** secure children's homes⁴ cater for around 388 children who are looked after under the welfare provisions of the Children Act 1989 or who are remanded or sentenced under criminal legislation. Four secure training centres provide secure accommodation for 280 children and young people who are remanded by courts in the process of criminal proceedings or who have been sentenced following conviction. This chapter draws on inspection evidence from eight secure children's homes and one secure training centre.
- **Children and young people in young offender institutions:** 12 establishments hold boys aged 15 to 18 and four hold girls in the same age group. In January 2005, there were 2,152 boys and 53 girls in young offender institutions (535 remanded in custody and 1670 sentenced). In 2002, a landmark judgment in an action brought by the Howard League ruled that children in prison are owed the same duties by local authorities under children and human rights legislation as if

⁴ Formerly known as local authority secure units.

they were living in the community, subject to the requirements of imprisonment [ref.26 <http://www.lawreports.co.uk/qbnovc0.3.htm>].

5.4. Children who are in private fostering may not be identified or adequately safeguarded, and this has long been of concern. The government is bringing in replacement regulations and guidance in relation to private fostering in July 2005, and new National Minimum Standards will be introduced. These aim to strengthen the existing notification scheme and provide additional safeguards for privately fostered children. They will require local councils to take a more proactive approach to identifying private fostering arrangements in their area. The greater focus on this area is welcome but it is not yet clear how effective the recent legislation and new guidance will be. Future inspection activity will need to focus on assessing safeguarding in this area to determine if the implementation of a full registration system for private foster carers, as provided within the legislation, should be recommended.

5.5. In addition, children live away from home in many unregulated settings. There are some residential education and training arrangements which are not subject to any form of statutory regulation since they do not accommodate and care for children away from home for more than the 27 day threshold that usually triggers a requirement to register and be regulated. There are also many specialist educational, sporting and recreational provisions that look after children by day away from home, which are not currently subject to regulation (unless attended by children under eight), where safeguarding issues are also critical. These include language tuition for foreign nationals and sports, drama and music provision.

5.6. Some of these providers are governed by a national body, such as the England and Wales Cricket Board, which has drawn up strict protocols on safeguarding and child protection, in partnership with the NSPCC, to which all members must subscribe. In order to run junior teams, affiliated members must complete a CRB check on adults involved with children, appoint a Child Welfare Officer, attend child protection courses and develop links with local ACPCs. The situation is much less clear in some of the other settings, particularly on such basic issues as whether staff looking after or instructing children are subject to CRB checks. However, there is encouraging evidence of a significant increase in child protection policies being developed by many of the bodies affiliated to the Arts Council, the Sports Council, various church organisations and community and volunteering groups. Safeguarding children would be greatly advanced by the adoption and implementation of CRB checks and child protection policies and procedures for all organisations looking after children away from home, either by day or residentially, even for short periods of time. The government proposals in response to the recommendations of the Richard Inquiry will be addressing these issues. {Ref 57 <http://www.dfes.gov.uk/consultations/conDocument.cfm?consultationId=1317>}

5.7. Recent reports by the House of Commons Defence Committee and the Adult Learning Inspectorate also indicate that there are significant deficiencies in the safeguarding arrangements for young people of 16+ who are recruits in

training in the armed services [refs.53 <http://www.publications.parliament.uk/pa/cm200405/cmselect/cmdfence/63/6302.htm> , and 54 http://docs.ali.gov.uk/MOD_files/PDFreports/h_shortreport.pdf]. Although these reports made wide-ranging recommendations, none specifically relate to child protection and the engagement of ACPCs. Welfare inspections focusing especially on the safety, protection and welfare of young people under 18 in armed services recruitment establishments could, with slight modifications, be established against the existing National Minimum Standards for residential provision for under 18s in Further Education Colleges. This would help to focus on the vulnerability of these young people and their particular needs for safeguarding and protection. In addition, the Howard League judgment established that social services responsibilities should apply to children in prison establishments. Clarification would be helpful on whether this should by extension apply to those under 18 in armed forces training and other establishments. Following specific recommendations made by HM Inspectorate of Prisons during inspection of armed services' detention facilities, child protection procedures have been put in place and implemented⁵.

PROMOTING CHILDREN'S RIGHTS AND SAFETY

5.8. Children living away from home identify a wide range of risks to their safety, including bullying, accidents, illness and abuse [ref.6 http://www.csci.org.uk/publications/childrens_rights_director_reports/safe_from_harm_report.pdf].

'Cars, roads, terrorists, kidnappers, people giving you drugs, getting left behind, bullying, food poisoning, drowning, other accidents and falls, and getting lost.'

'Being dumped with people you don't know.'

'You get the mick taken out of you at school when they find out you are in foster care.'

'It is important for people to ask how safe you are.'

5.9. The extent to which children feel safe in settings away from home varies greatly, both within and between different establishments. Children in residential homes generally reported to inspectors that they feel safe with staff. However, from casework the Children's Rights Director has raised concerns about looked after children in some settings being afforded fewer safeguards than children living at home, because of untested assumptions about the level of protection that the care system must be affording them. He has also had significant concerns about unregulated children's homes and there are particularly disturbing, but exceptional, examples of children being cared for in caravans some distance from home by the unchecked staff of an

⁵ HMI Prisons full inspection of the Military Corrective Training Centre, Colchester, June 2004.

unregistered provider. Because of action taken in these circumstances, including successful prosecutions and a Chief Inspector letter reminding all authorities not to place children in unregistered establishments, there is now a wider recognition of the potential risks involved in councils placing vulnerable children in the care of unregistered services.

5.10. In education settings, children generally feel safe and well supported by adults. In some residential special schools and colleges, however, staff are not always sufficiently attuned to the needs of lone pupils, who may not be part of a social group. The views of children and parents on boarding schools are particularly positive [ref.27

http://www.csci.org.uk/publications/childrens_rights_director_reports/boardingschools_report.pdf], although in consultations they raised problems with children's separation from home and family, the need to counter bullying and homesickness and the need for privacy.

5.11 The Government asked the Children's Rights Director to consult privately fostered children on the draft regulations and National Minimum Standards it has prepared to improve safeguarding arrangements for children who are privately fostered, as described in paragraph 5.4. Privately fostered children strongly support the proposed improvements, but wish safeguarding measures to go even further [ref. 63

http://www.csci.org.uk/publications/childrens_rights_director_reports/default.htm]. They want to be visited more frequently by social workers, at least in the first year of placement; to be able to speak to social workers away from the carer's home; to have a social worker's telephone number to call if they feel unsafe; to be able to request a visit from a social worker if they have concerns; to be supported in maintaining contact with their birth parents if they wish, and for both children and private foster carers to receive more information before placement. It is important that the experience of children informs the final version of the relevant regulations and National Minimum Standards.

5.12 A significant proportion of children are very distressed on arrival at young offender institutions, having already led unsafe lives in the community. Surveys⁶ show that 25% of boys and almost 50% of girls feel depressed on arrival. They may then become exposed to significant risks of bullying and intimidation by other children and of self-harming. The first *Safeguarding Children* report expressed considerable concern about conditions in young offender institutions, especially in relation to bullying. In 2003 and 2004 combined, there were more than 21,000 admissions to young offender institutions, but until January 2005, there had been no self-inflicted deaths among children for more than two years.

5.13 Around one third of boys and girls in young offender institutions say they

⁶ HMI Prisons survey of a sample of young people's views in every young offender institution, 2003-04.

have at some time felt unsafe, although this varies considerably between establishments. There is a small but significant minority – around 7% of children – who say they feel unsafe always or most of the time. HMI Prisons has also found a small minority who are clearly inappropriately placed in young offender institutions and who are therefore particularly vulnerable.

5.14 In secure children's homes and secure training centres, young people expressed similar feelings of uncertainty, particularly at the time of admission. However, these establishments have significantly better staffing ratios than young offender institutions. This is reflected in young people's view that bullying is identified at an early stage and there are robust policies and procedures in place providing protection to the victim and targeted work with the perpetrator. In the course of inspection work, inspectors always talk to young people. In most units, children say they feel safe and are well looked after and treated fairly. Self-harming is a regular occurrence in secure children's homes, reflecting the fact that many children placed in a secure setting are at risk of self-harming, or have already self-harmed.

5.15 Inspections of secure settings where children and young people are held have raised concerns in relation to children's rights and welfare. For young offender institutions, they include: the length of journeys to and arrival times, which can be late at night; strip-searching on arrival when young people are at their most vulnerable; and the use of segregation. For secure children's homes and training centres, there are concerns about the use of 'single separation', when children are confined to their rooms as part of the daily routine, and variations in practice on physical or intimate searches.

5.16 There is also concern about the use of force in young offender institutions to control behaviour, where procedures used on adults are also applied to children. Similar concerns have arisen about the suitability and safety of the various methods of physical control in use in secure children's homes and secure training centres. Physical control is also used in residential special schools, children's homes and some health settings, such as mental health units.

5.17 Following growing concerns, the Children's Rights Director canvassed the views of children and young people themselves in some of these settings. They had raised the use of physical control as an issue when asked about the main risks to them – '*Untrained staff trying to restrain you*' [ref.28 http://www.csci.org.uk/publications/childrens_rights_director_reports/restraint_report.pdf]. They were concerned that adults working with children and young people should know how to use physical control properly and without pain. They were also concerned by the use of physical control measures as punishments or to secure compliance with staff instructions. These are not acceptable uses for physical control or restraint, which is rather for preventing likely injury, serious damage to property or severe breakdown in order.

5.18 Concerns about physical control fall into four main categories:

- The under-use of other strategies for managing behaviour;
- The inappropriate nature of the methods used for physical control and its use at times for inappropriate purposes;
- Lack of staff training in how to: avoid pain and injury; apply de-escalation techniques; judge when restraint is appropriate or not; assess the outcomes of restraint for children; and use individual behaviour management plans to best respond to children's needs; and
- Lack of consistent monitoring of episodes of physical control, resulting in an incomplete national picture of the extent of its use.

5.19. A working party co-ordinated by the Youth Justice Board is currently considering the safety of practice in this area in settings where the Youth Justice Board makes placements. This is part of a wider review of the most effective methods of managing disruptive and challenging behaviour. This work is particularly timely since a young person sadly died in a secure training centre during a restraint in 2004. In parallel, an independent inquiry set up by the Howard League for Penal Reform is looking in detail at practice relating to strip-searching, segregation and physical control in secure settings.

5.20. The YJB is also seeking to establish a code of practice for behaviour management. It will include consideration of restrictive physical interventions with young people. The YJB is also seeking to engage with the DfES to see whether a common approach can be established so that a code of practice can be shared with open children's homes.

LISTENING TO CHILDREN AND YOUNG PEOPLE

5.21. One of the most common findings from the work of the Children's Rights Director is that children themselves want to be treated as individuals [*ref.6* http://www.csci.org.uk/publications/childrens_rights_director_reports/safe_from_harm_report.pdf], not just as one of many. Consulting children and taking their individual views and needs into account is important in providing tailored services and ensuring safeguarding. For children living away from home, means of achieving this include: providing access to reliable and trusted adults so that children's views and concerns are recognised; actively consulting and involving children, parents and carers in decisions; and providing access to child-friendly and effective complaints procedures and advocacy arrangements.

5.22. Some children are happy with the level of contact and communication, while others feel isolated [*ref.14* <http://www.dh.gov.uk/PublicationsAndStatistics/Publications/fs/en>].

'[It's helpful] having a social worker who does all she can and I have a lovely foster carer ... knowing I will be listened to.'

'I have been helped to live with my grandparents and can keep in touch with my friends.'

'I wasn't questioned on how I felt whilst living at the foster home.'

'[It's unhelpful] not knowing my social worker has left and then not having one...not having anyone from social services to talk to except a duty social worker who doesn't know me... having too many changes of social workers...when meetings are cancelled...not knowing who my social worker is.' [ref. 15 http://www.dfes.gov.uk/acpc/pdfs/Audit-findings_report_web.pdf]

'Since I moved to my current placement, I found it difficult as I have been moved away from my friends and family to a place where I didn't know anyone.'

5.23. Reliable adults can include foster carers, key workers, residential staff, social workers, relatives, independent visitors, or independent reviewing officers. They are important for all looked after children, but especially for children in out of area placements in foster care, children's homes or residential special schools. Those children often have infrequent contact with their social worker from their placing council, their views are not always sought or listened to and advocacy is under-developed.

5.24. In practice, staff shortages within social services can undermine the ability to provide such contacts. A review of 30 councils in 2003 showed that only half the councils had allocated all looked after children to a social worker⁷. This places additional responsibility on the child's immediate carer to consider their best interests, and safeguarding concerns arise if the child wishes to raise issues about their carer. Social services often fail to arrange for a looked after child who is not in touch with their family to have an independent visitor which, subject to the individual child's wishes and welfare, they should consider providing.

5.25. In specialist centres in the NHS, staff recognise the difficulties experienced by children with complex needs who have access to many different medical consultants. Some trusts, such as Great Ormond Street Hospital, have appointed a consultant paediatrician with a general responsibility for co-ordinating the care of individual children. Other trusts visited were seeking to employ either a nurse or other health care specialist to provide a coordinating role.

'Usually I have like a senior house officer, they kind of go to different hospitals to build their experience. So I usually see one of them which is annoying because it changes every time I come, by the time they've

⁷ Social Services Inspectorate, *Review of Delivery and Improvement Statements for Children's Services in 30 Councils*, 2003.

got to acquaint themselves with my notes.' [ref.29
http://www.city.ac.uk/chrpu/projects/healthyfutures/report/pdf/hf_cover.pdf]

Good practice

Great Ormond Street Hospital has a children's website which provides age-appropriate information for children and young people, who were involved in its development. They can ask questions about their condition and make contact with others with similar complex conditions.

[Healthcare Commission/CSCI]

5.26. In young offender institutions (YOIs), prison officers in their capacity as personal officers, or key workers to individual children, are very important as adult role models. But some establishments regard personal officers as a greater priority than others and the function remains seriously under-developed. There should be a strong emphasis on teamwork across the establishment and the growing numbers of social workers, advocates and other specialist staff should support and enable personal officers rather than displace and marginalise them.

5.27. The extent to which services consult children and involve families and carers varies considerably. Most councils consult with looked after children as part of their corporate parenting responsibilities, sometimes with a range of creative approaches. Groups of looked after children have been involved in designing consultation leaflets and there is increasing use of specialist software to consult children. However, it is not always evident to young people, or inspectors, that their views are acted upon or lead to better outcomes.

Good practice

Bethlem adolescent unit, part of South London and Maudsley NHS Trust which provides mental health services, has redesigned the unit as part of a series of initiatives to address children's safeguarding needs. Young people using the unit were consulted about its redesign and the design of the planned secure unit.

Birmingham Children's Hospital NHS Trust, has also developed a purpose-built, modern in-patient, adolescent CAMHS unit, which is located separately from the main Trust site and viewed positively by young people and their carers.

[Healthcare Commission/CSCI]

5.28. The involvement of children in drawing up or reviewing their care plan also varies. Social workers do not consistently spend time with children to find out their wishes and feelings for their future, although this is a fundamental part of a social worker's role, and depend too much on feedback from other agencies involved with the child or commissioned to establish their views. In children's homes, the opinions of children and their families are

generally sought about key decisions and 78% (1,204) of homes inspected fully met or exceeded the National Minimum Standard in this respect⁸. New statutory requirements for independent reviewing officers (IROs) were introduced in September 2004. The role is intended to improve the quality of care planning and decision making for looked after children, and IROs have a particular responsibility to make sure that the care planning process takes account of the child's views.

Good practice

To promote best practice in service provision for black and minority ethnic children, Leicester City Council set up Black Cases Panels to review the cases of individual children in need, looked after children and care leavers. The panels produce an annual action plan based on lessons learned and gaps in services identified. This approach is based on Leicester's nationally recognised Heritage Model, through which staff explore with service users how aspects of their individual heritage and cultural needs should influence the services they require.

[CSCI]

5.29. Schools generally seek and take into account the views of children. 87% (151) of residential special schools and 82% of boarding schools fully met or exceeded the National Minimum Standard for consulting children⁹. However, some of the residential special schools visited for this review did not always give pupils sufficient opportunities to develop skills of self-advocacy and assertiveness, for example through the personal, social and health education curriculum. In the residential specialist colleges visited, students felt they have good access to learning opportunities for self-advocacy and self-protection.

5.30. Young offender institutions vary in the encouragement and support they provide to maintaining family links, although some successful schemes have been developed. Some secure children's homes have consultative groups while some ask children, parents, carers and placing agencies to give feedback on services. Secure children's homes encourage contact between children and parents or carers, who are kept well informed.

5.31. The existence, effectiveness and child-friendliness of complaints procedures also vary. Surveys of looked after children during inspections of social services show that the majority know how to make a complaint and independent reviewing officers remind children of the complaints service during their reviews. There are good advocacy systems in an increasing number of councils, as required by legislation¹⁰, many of which are

⁸ National Care Standards Commission, Inspections of National Minimum Standards, 2003-04, inspections of 1,564 children's homes.

⁹ National Care Standards Commission, Inspections of National Minimum Standards, 2003-04, inspections of 174 residential special schools; and 2002-04, inspections of 208 boarding schools.

¹⁰ S119 of the Adoption and Children Act 2002 requires councils to have advocacy services in place.

commissioned from the independent sector. Initiatives by children's rights officers include involving children and young people in writing complaints leaflets, running children's rights groups for children with disabilities and supporting children in making complaints. However, there is insufficient support for social workers to help with consultation and advocacy for children with complex needs, including communication disorders. Systems for checking whether looked after children believe they have been listened to and taken seriously are not always effective.

Good practice

In West Berkshire children feel safe and have their views taken into account. The Independent Visitor Mentoring and Advocacy Scheme visits all looked after children in out of area placements and attends the children's reviews.

[CSCI]

5.32. Although less than 50% (79) of residential special schools met the National Minimum Standard for responding to complaints, most of the others nearly met the standard. However, in the schools visited, few parents and carers were aware of formal complaints procedures, although they generally felt able to contact the school informally about concerns. In boarding schools, there have been significant improvements in meeting national minimum standards relating to listening to children. Complaints procedures are fully in place in only 41% (85) of schools inspected, with a further 54% nearly meeting the National Minimum Standard for responding to complaints¹¹.

5.33. In young offender institutions, children frequently do not complain since their expectations are low or they may not wish to upset the system, and they often have little experience of formal procedures. This underlines the importance of the personal officer and other staff in recognising and passing on matters that are of concern to the child. All young offender institutions have provided advocacy services since March 2005.

5.34. All secure children's homes and secure training centres have complaints procedures and there is growing evidence that complaints are taken seriously and responded to in effective ways. Some establishments have developed imaginative ways of encouraging and enabling children to express their views, and the units where complaints are given priority are generally those where children express most confidence in the system. Independent advocacy services are regular visitors to secure training centres and secure children's homes, providing an important external link for young people.

MAKING SAFEGUARDING A PRIORITY

5.35. The priority that agencies give to safeguarding in policies and planning for children living away from home has progressed since the last safeguards review. However, this is not the case in all settings, and there are concerns

¹¹ National Care Standards Commission Inspections. See note 17.

about how far the safeguarding needs of particular groups of children are prioritised or met.

5.36. National developments have led to improvements in safeguards for certain groups of children, such as those in prison custody. Following the Howard League judgment, a major review to examine safeguarding arrangements in all YOIs that held children [ref.30] concluded that there were weaknesses in safeguarding practice. A safeguarding action plan was generated for every YOI, and a report with recommendations was issued and is being implemented.[ref.31

<http://www.hmprisonservice.gov.uk/resourcecentre/psispsos/listpsos/index.asp?startrow=51>]. However, much has still to be done to produce detailed guidance in specific areas of safeguarding such as bullying, behaviour management and the care of the very vulnerable. The Youth Justice Board is also consulting widely on a new strategy for the secure estate, stressing the importance of promoting safe custody throughout.

5.37. There is often a strong commitment at senior levels in individual agencies to prioritising the needs of children and recognising their vulnerability. Elected member concern for safeguarding looked after children has increased significantly and councillors pay considerable attention to their statutory duty to provide a corporate parenting role. In some councils, this includes making contact with children and young people placed away from their home area and monitoring their well-being. The commissioning, purchase and monitoring of external placements of looked after children are a high priority for elected members and senior managers. This is driven by the high costs involved and poor outcomes for the children concerned.

5.38. Most councils recognise the need to minimise the factors that lead to children being looked after and to provide better access to placements nearer home. The best councils are developing a combination of preventive services, including family support and work with adolescents at risk of entering the care system, and better placement choice. This is achieved through a supply of local children's homes, well-supported foster carers and partnerships with independent fostering agencies. Inter-agency panels and regional commissioning are also starting to counter what was previously a 'seller's market' for placements. However, there is still a long way to go, especially for children with complex needs. The pace of change has been slow and has been held back by difficulties in switching resources and by staff turnover.

5.39. Overall, greater priority is now given to safeguarding in individual agencies' policies and procedures, but they vary considerably in their coverage and quality. For example:

- the child protection systems in 6.5% of children's homes inspected did not meet the National Minimum Standard, with another third of the homes inspected falling slightly below the standard. Similarly, 10% of

fostering services inspected did not meet, and an additional third of those inspected did not fully meet, the equivalent standard¹²;

- the existence of child protection procedures in schools is also variable. 40% (70) of residential special schools did not meet or only partially met the National Minimum Standard for child protection systems and procedures, while nearly 60% (124) of boarding schools inspected did not pass on that standard¹³;
- most residential special schools and boarding schools have anti-bullying policies, and some are excellent at dealing with bullying, although some of the residential special schools visited do not sufficiently recognise the additional needs of children with disabilities in relation to safeguarding; and
- secure children's homes, secure training centres and young offender institutions generally have good policies and procedures for child protection, although not all are agreed with the ACPC. This is not necessarily the responsibility of the establishment, since some ACPCs have been slow in welcoming their involvement. Establishments have policies and increasingly effective practices for monitoring children at risk of self-harm and all have anti-bullying policies.

5.40. There are some groups of children whose safeguarding needs are recognised but for whom support services are inadequate or unsuitable. Some children of 15+ have been inappropriately placed in young offender institutions, despite attempts by the Youth Justice Board and youth offending teams to place them appropriately. Similarly, there is a national shortage of secure CAMHS beds and a lack of suitable settings to meet the mental health needs of young people with special needs. Some children with a severe or chronic mental disorder are therefore placed in secure settings. These children are often the most disordered, vulnerable and challenging and their needs cannot be appropriately met in these settings. In addition, their presence can significantly affect the stability of an entire unit.

5.41. Children also need to be adequately safeguarded at transition points in their lives, especially where they move in and out of services or from one geographical area to another. Attention given to this is variable. Critical points include transitions:

- to a new school in a new LEA, especially if this coincides with a move from primary to secondary schooling;
- to adult health care services for children with a chronic illness, complex health needs or mental health condition;

¹² National Care Standards Commission, Inspections of National Minimum Standards, 2003-04, inspections of 1,564 children's homes and 206 fostering services.

¹³ National Care Standards Commission Inspections. See note 17.

- to adult social care services for looked after young people with disabilities;
- from care to independent living. Some councils manage this well, with a comprehensive multi-service approach. In other places, outcomes for care-leavers are less of a priority; and
- from secure settings back into the community.

ASSURING SAFEGUARDING IN PRACTICE

5.42. Services for children in public care are highly regulated. CSCI inspects councils' children's social services and regulates children's homes and foster care, and inspects the welfare of children in boarding and residential special schools, to National Minimum Standards. Regulatory inspections are being reviewed to provide a clearer focus on outcomes for children. In addition, the Children's Rights Director within CSCI has an independent statutory role in safeguarding and promoting the rights and welfare of children. He recently consulted children living away from home about their experiences of inspection and their views will inform future inspection processes [ref.51 http://www.csci.org.uk/media/press_releases/childrens_views_of_inspection.pdf]. Opportunities to share learning through inspection are not fully exploited: not all inspectorates consistently provide an overview of information and disseminate good practice in children's safeguards identified through inspection work.

5.43. The previous chapter raised concerns about how far safeguarding policies and procedures for children who live at home are embedded in practice and monitored. This is also a concern for looked after children. Councils have procedures for monitoring placements of looked after children, including those placed away from their home area, but there is an assumption that once practitioners have understood procedures they will be implemented and little further monitoring takes place. This puts safeguarding at risk. Key findings include:

- few councils identify specific safeguarding requirements in placement contracts for looked after children or have a system to monitor their application. There is little feedback about incidents from social workers to placement commissioners to inform decision-making about future placements;
- the system for notification of children placed in another local council area is haphazard and officers in receiving councils say that some placements are made without notifying them or sufficiently checking standards;
- placements with family or friends are often not sufficiently monitored; and

- social workers do not consistently visit looked after children.

The strengthened role of the Independent Reviewing Officers (see paragraph 5.28) does have the potential to improve safeguarding for looked after children. The role includes the responsibility to ensure effective care planning, the child and family's access to advocacy and the complaints procedure as appropriate. Ultimately, if the council did not carry out its duties responsibly, with the possibility that the child's human rights might be breached, IROs have the power to refer the case to the Children and Family Court Advisory and Support Service (CAFCASS) who could take the case to court on behalf of the child.

WORKING TOGETHER TO SAFEGUARD CHILDREN AND YOUNG PEOPLE

5.44. Children living away from home often have contact with many agencies and experience a range of different settings. For example, 40% of children in young offender institutions say they have been in care or have a care history, while 83% have at some time been excluded from school. Frequently, very little information about this background is available to the staff caring for them. In these cases, identifying and sharing information about children is vitally important in planning a suitable response to their individual needs. It is also essential that staff know how to recognise welfare needs and report them to social services where necessary.

Sharing information and assessing needs

5.45. Arrangements between agencies for providing and sharing information about children to assist needs assessment and identify safeguarding issues vary considerably.

5.46. Where looked after children are placed out of area, there is evidence that the system for notifying receiving councils is not working well. One council estimated there might be substantial numbers of children in their area of whom they are unaware. Councils are even less likely to be informed when children move out of placements in their area, so their lists are out of date. Although the statutory Code of Practice on school admissions, which was revised in 2003, recommends that admission authorities should give looked after children top priority in their over-subscription criteria, LEAs and schools do not always give sufficient priority to the early provision of school places to looked after children who are placed by a different council. The lack of clarity about who is responsible for providing background information to the school often hinders speed of provision. A Department for Education and Skills working group on looked after children in out of authority placements is reviewing a range of issues, including the need to strengthen the notifications process. Inspection evidence demonstrates the need for the system to be made more robust. In future, information sharing index systems which may be established under S12 of the Children Act 2004 will help, as a key function of any system to be developed would be the ability to operate between different local areas. This would assist in the onward provision of support.

5.47. Similarly, arrangements for notifications of looked after children from the placing council and NHS trust to the receiving NHS trust are often unclear, and health information can be delayed or not provided at all. Healthcare provision may therefore be disrupted following a child's move. This has a particularly adverse impact on looked after children in need of CAMHS services, where fast-track arrangements in the home authority are not in place outside it. The government is currently consulting on revised arrangements for determining responsibility for commissioning health services for children living away from home.

Good practice

East Midlands regional protocol covers nine councils and supports arrangements for looked after children and their education when children move across council boundaries. The protocol is supported by all directors of education and representatives of the Association of Directors of Social Services.

[Ofsted/CSCI]

5.48. Children are often placed in residential settings or foster care without full background details or risk issues being shared with the provider to enable them to care for children safely. Where full risk assessments are carried out in residential settings, the identified risks are not always addressed. For example, there are cases of young people with a history of abusing children being placed in a dormitory with younger children. Agency contributions to assessments are not always well co-ordinated, particularly for annual reviews of looked after children with statements of special educational needs when they are placed away from home in residential special schools. Where the *Assessment Framework for Children in Need and Their Families* has been used effectively for new placements to inform the care plan, the higher quality of information has led to better outcomes for these children [ref. 17 <http://www.archive.official-documents.co.uk/document/doh/facn/fw-00.htm>].

5.49. Many children arriving in young offender institutions are already vulnerable because of their earlier experiences, and are at risk of suicide and self-harm, bullying and intimidation. Some children adapt particularly badly to life in custody. Establishments should give high priority to the vulnerability assessment prescribed by the Youth Justice Board for children on arrival. The young person should also be accompanied by the assessment carried out at court by a youth offending team worker. The availability and quality of the vulnerability assessments has improved since the last review but there is still scope for improving the recording of their findings and conclusions.

5.50. Secure training centres have clear procedures for ensuring effective risk assessments are carried out at admission and updated as the placement progresses. Like young offender institutions, secure training centres have benefited from improved provision of information, but it is often lacking in accuracy and detail. Secure children's homes have procedures for risk assessment on admission, but the results are not always well recorded and

the quality of records in general is variable. Information from placing authorities is sometimes missing or incomplete.

Raising welfare concerns

5.51. There is much variation in arrangements for identifying and notifying social services and other agencies of welfare concerns or issues. There are also some reports of social services failing to treat welfare concerns with sufficient priority, as highlighted in the previous chapter.

5.52. Many children's homes report difficulties in persuading social services that child protection referrals meet thresholds. However, children's homes themselves do not consistently report serious incidents to inspectors, such as children who go missing or run away. Joint protocols with the police for missing children are increasingly common but staff are sometimes unaware of them and the police response varies. In 2005, the Association of Chief Police Officers (ACPO) issued guidance to all police forces on the *Management, Recording and Investigation of Missing Persons* [Ref 62 http://www.acpo.police.uk/asp/policies/Data/missing_persons_2005_24x02x05.pdf]. Putting this guidance into practice will result in greater consistency in how the police respond to reports that looked after children have gone missing from their care placement.

5.53. Boarding schools and residential special schools are often unclear about which council they should notify about child protection concerns and sometimes receive confusing responses from social services, in spite of the existence of clear guidelines.

5.54. In the specialist hospitals reviewed, large and numerous files that are hard to navigate make it difficult to identify welfare concerns. Most of the trusts had undertaken audits of records and were looking at methods to improve accessibility of the files. These include introducing front sheets containing clear biographical information and amalgamating duplicate sets of notes. Trusts' incident reporting systems are not always robust and some staff are unclear about child protection procedures or how to get advice after hours. There is also an absence of post-mortem protocols in some hospitals, so it is not always clear at what point it might be necessary to refer a case to a coroner or to consider a Serious Case Review.

5.55. NHS organisations are required to notify social services of all children who spend more than three months in hospital so that their welfare needs can be assessed¹⁴. In practice, some NHS staff are not aware of this requirement. In addition, almost two thirds of social services departments do not have an agreed protocol with local trusts about this requirement and a quarter do not have a recording system specifically for children in this category.

5.56. In young offender institutions, the reporting of and response to child protection concerns has been inconsistent, despite the Howard League

¹⁴ Under sections 85/86 of the Children Act 1989.

judgment [ref.26 . <http://www.lawreports.co.uk/qbnovc0.3.htm>]. There have been wide variations in the numbers of referrals, reports of unsatisfactory responses from social services and incomplete or poorly recorded investigations. There is still considerable scope for improvement, but there are now signs of progress. This is assisted by the issuing of a Department for Education and Skills circular in July 2004, underlining the obligations of councils to children in custody [ref.32 <http://www.dfes.gov.uk/childrenandfamilies/cfcirculars.shtml#LAC>]. Also, the Youth Justice Board has provided funding of specialist social workers to work with young offender institutions.

ENSURING SAFE ADULTS WORK WITH CHILDREN AND YOUNG PEOPLE

5.57. There are many committed and highly skilled staff working with children living away from home, but they are often under considerable pressure because of staff turnover or difficulties with recruitment. Such difficulties in respect of social services staff are noted in Chapter 4. They also apply to prison staff, especially in London and the south east, and in secure children's homes and secure training centres, many of which are unable to meet consistently the staffing levels set out within their statement of purpose. This has significant implications for safeguarding. Staffing ratios in young offender institutions are already low in relation to other secure settings, which reduces opportunities to develop the role of personal officers discussed earlier (paragraph 5.20).

5.58. The Warner report made recommendations for ensuring staff working in children's homes and residential schools are suitable for such employment¹⁵. In some areas, there have been significant improvements to selection and recruitment processes, for example for foster carers. However, there are continuing concerns across services about staff recruitment and vetting practices. These include:

- allowing staff to start work before the results of a new Criminal Records Bureau (CRB) check have been received, for example in some secure children's homes inspected and some local authority residential special schools. Secure children's homes indicate that staff would not be allowed unsupervised contact with children until the CRB check results were received. However, this means that an essential safeguard is being applied inconsistently and this is contrary to current regulations¹⁶. Councils also cite delays in CRB clearance increasing the risk of losing staff and exacerbating staff shortages. This was the case when the CRB was first set up, but since CRB performance has improved it also reflects some providers' failure to progress applications for checks promptly;

¹⁵ Warner, N. *Choosing with Care: the Report of the Committee of Inquiry into the Selection, Development and Management of Staff in Children's Homes*. London: HMSO, 1992.

¹⁶ Regulation 26 of the Children's Homes Regulations 2001.

- checking of staff from outside the UK. Many foreign doctors come on postgraduate placements to gain experience with children who have complex needs, but the CRB is unable to carry out checks outside the UK. Inspections of independent and voluntary sector health providers reveal a similar situation and there are similar concerns about staff from abroad in some children's homes;
- lack of checks where the employment history is incomplete and little verification of references, for example in some residential special schools, boarding schools and secure children's homes. In some children's homes, references were not on file and there were concerns where positive written references had been followed up by off-the-record negative comments from previous employers;
- little rechecking of staff already in post, for example in boarding schools. There is no requirement for boarding schools, as there is for children's homes, that all staff, including those already in post, should have been subject to a new CRB check. Similarly, prison officers appointed, promoted or transferred after April 2002 are checked up to enhanced CRB level. Staff remaining on the same grade who would have been subject to the standard criminal records checks do not undergo any further re-checking; and
- the supplying of staff to regulated children's settings by unregulated recruitment agencies, which are sometimes reluctant to divulge 'confidential' information about staff. There are also reports of some foster carers moving between agencies, despite previous concerns about them.

Good practice

In addition to carrying out enhanced CRB checks for all new staff and contracted staff who have contact with children and young people, Great Ormond Street Hospital also rechecks all staff who move to different directorates within the Trust.

[Healthcare Commission/CSCI]

5.59. Training for staff who work with children living away from home is improving but still variable. Foster carers are generally trained in child protection, but access to training on other safeguarding issues varies and supervision of carers is inconsistent. Although 62% (970) of children's homes inspected met or exceeded the National Minimum Standard for child protection systems and training¹⁷, inspections have raised concerns about the numbers of staff in independent children's homes who lack skills, experience and training.

¹⁷ National Care Standards Commission Inspections. See note 16.

5.60. In education settings, the standard of staff training also varies. The boarding schools sector has introduced its own externally validated national welfare and safeguarding training programme for all boarding staff and boarding schools normally have at least one member of staff trained in child protection. Nonetheless, a high proportion of both boarding schools and residential special schools (60% and 40% respectively) did not meet or only partially met the National Minimum Standard for child protection systems and training¹⁸.

5.61. For prison staff, there was no national training for working with young people before mid 2004. The Prison Service¹⁹ and Youth Justice Board then introduced a new seven-day training course for prison officers with a target of training all staff working with children by 2007. However, arrangements are not always in place to enable staff to be released for training.

5.62. In some young offender institutions, secure children's homes and secure training centres, the quality and extent of child protection training is variable while in others it is of an excellent standard. The secure children's homes and training centres that offer effective training are generally those that have forged good relationships with their ACPC. However, in some units, night staff are not trained and there is a lack of refresher training.

CONCLUSIONS

5.63. Recognition of the safeguarding needs of children who live away from home has increased since 2002. Agencies are now giving more priority to developing services for, consulting and communicating with, and ensuring safeguards for these children. There is evidence of improvement at a national level, for example in the attention given to safeguarding children in prison custody. There are also examples of strong commitment at senior levels to safeguarding children looked after, for example by elected members.

5.64. However, there are some areas of policy and practice in relation to children who live away from home that are in need of significant improvement. There is still an assumption that because these children are already in care or under supervision, they must be safe, despite the fact that the extent to which children themselves feel safe varies considerably. This level of complacency militates against effective safeguarding. Key areas for improvement include:

- contact for all children with people to whom they can express their views or concerns. Social services do not consistently ensure that independent visitors are in place (subject to the child's wishes) when a child is not in contact with their family;
- practices in relation to the physical control in many settings where children are cared for. The use of strip-searching and single

¹⁸ National Care Standards Commission Inspections. See note 17.

¹⁹ The Prison Service and the Probation Service merged in June 2004 to form the National Offender Management Service.

separation in young offender institutions, local authority secure children's homes and secure training centres also needs to be reviewed;

- ensuring that there are policies and procedures for child protection in all settings, especially in some education settings;
- priority to the safeguarding needs of all children, including vulnerable boys and girls inappropriately placed in young offender institutions and children with a mental health condition admitted to secure settings. There is a need for continuity of care and provision for children in transition between areas or institutions;
- consistent arrangements by councils to monitor placements adequately, especially those outside the home area;
- robust arrangements for sharing information to identify welfare issues and needs. This is particularly important where children are placed in a council area by another placing council;
- ensuring all agencies consistently and appropriately raise welfare or child protection concerns;
- effective notification from NHS organisations to local councils about children who spend more than three months in hospital so that their welfare needs can be assessed; and
- effective recruitment processes and staff checking procedures across all settings.