

Alternative Action Plan – Safeguarding and Regulation Actions  
Draft actions from the November 2022 CB-NSG

### Safeguarding

<b>Action: what is needed (in CYP adults or all age)</b>	<b>How it will be done</b>	<b>Who will do it</b>	<b>When will it be done</b>
<p>Independent safeguarding enquiries of all closed culture organisations. This includes specialist housing and residential special schools and colleges. In terms of regulation, closed provider services require the equivalent to His Majesty’s Inspectorate of Prisons – light touch inspections don’t work</p>	<p>Developing greater powers for bodies that inspect these services</p> <ul style="list-style-type: none"> <li>• Currently, adult safeguarding has very limited powers; it can (i) commission enquiries but has no clout in terms of ensuring that recommendations are acted on; and (ii) write annual reports</li> <li>• Ofsted and CQC have some enforcement powers, e.g., can refuse/cancel registrations and can make recommendations for action; Ofsted and CQC can also prosecute in some cases</li> </ul>	<p>DHSC and DfE to look at regulation with the NHS</p>	
<p>The LGSCO, PHSO and other Ombudsmen (e.g., housing) require new and extensive investigatory powers for this population and their families</p>	<p>DHSC and DfE to create the powers necessary – just as in Northern Ireland and other jurisdictions</p>	<p>DHSC, DfE and Ombudsmen</p>	
<p>Safeguarding personnel, CQC and Ofsted should engage with and learn from families who frequently visit their relatives. Families want the services in which their relatives reside to be safe - and yet they are not perceived as people who may credibly supplement safeguarding enquiries and/or inspections</p>	<p>CQC’s investment in “Experts by experience” has to be paralleled with investment in the experiential knowledge of families, some of whom are professionals in their own right and may have quasi-legal roles such as LPAs</p> <p>Ofsted need equivalent approach</p> <p>Production of (statutory?) guidance setting out how to work with families, and clear and effective routes for families to challenge if they are not being involved/their knowledge is not being respected</p> <ul style="list-style-type: none"> <li>• <i>Links with WWF+PWLD and Evidence-Based Practice actions</i></li> </ul>	<p>CQC and Ofsted</p>	

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<p>CQC and Ofsted need to follow the money due to the long-standing, poor stewardship of public resources, and to ensure accountability and transparency of financial operations of care homes, hospitals, residential schools, and other providers</p>	<p>CQC and Ofsted regulation</p> <p>Inspection reports should describe the business models, ownership and how money is spent – including dividends paid to shareholders, who are paid regardless of the quality (or lack thereof) of services</p>	<p>DHSC and DfE change law and regulations if needed and CQC and Ofsted will implement</p>	
<p>Understanding the needs of this group and their risks of admission to “secure” provider services including those without language and who communicate through behaviours</p>	<p>Training for specialists with credible expertise who – over the life-course – may connect families to relevant and responsive professionals and networks</p> <p><i>Other action tables include further details of kinds of training needed</i></p>	<p>BtRS Board to discuss and commission it</p>	
<p>Concerns, complaints, alerts and allegations should be brought together to build a picture. They may be unknown and/or scattered across agencies. They have to be collated and seen as a body of significant evidence – for commissioners, services, inspectors, safeguarding personnel and families.</p>	<p><u>Ask Listen Do</u> Implemented effectively throughout education, health and social care for children and adults’ services. Organisations are not defensive and people and families are empowered to speak up without fear</p> <p>CQC and Ofsted as regulators Ombudsmen Children’s and adults’ commissioners</p>	<p>All the signatories to the Ask Listen Do Call to Action and Children’s and adults’ commissioners</p>	
<p>Specialist Social Workers/navigators for Learning Disability and Autism across the life course</p> <p><i>Described as ‘Expert Navigators’ in workshop</i></p>	<p>Acknowledgement that transferring to “mainstream” generic services loses sight of specialist, life-long support needs</p> <p>Building on existing work and campaigns led by BASW in this area</p>	<p>DHSC, DfE and BASW through BtRS Board</p>	

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Build greater understanding of the complementary role of Housing Support Workers – they provide support that is over and above what it is that landlords do	Housing policy, strategic leads and delivery organisations		
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### Regulation

Action: what is needed (in CYP adults or all age)	How it will be done	Who will do it	When will it be done
Ensure visibility of this group over the life course – from the maternity ward (if additional support needs are conspicuous at birth) to pre-school, school, adolescence, early adulthood...through to end of life care	Expert Family Navigators throughout the life stages  Better join up across Education Health and Social care, specifically flagging complexity  Tracking people's life stories	SEND Review and BtRS Board, CYP Steering Group led by Anne Longfield	
Funded, skilled advocacy to complement Family Navigators for (i) people of all ages, (ii) their families and (iii) most particularly for people without families		DHSC and DfE to commission  NICE guidance  Ofsted and CQC regulation to be reflect need for this to be done properly	
Dynamic Support Registers that will both identify people at risk of admission and lead to support being put in place where needed		All areas including ICBs, DHSC, DfE, CYP Steering Group led by Anne Longfield	Already a requirement. New NHS England guidance expected

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			and will be included as a statutory requirement in MHA reform
GP Learning Disability Register (currently free-standing and disconnected)		All Primary Care and wider health	Already a requirement
Improved data collection and sharing to ensure that there is a full picture of each person	Coding and data accuracy across all education, health and social care	NHS Digital, DfE and DHSC through BtRS Board and SEND Review, CYP Steering Group led by Anne Longfield	
Consistent use of language across education, health and social care in relation to learning disability and autism	Produce guidance on standardised language	DfE and DHSC through BtRS Board and SEND Review, CYP Steering Group led by Anne Longfield – should review language and standardise	
Providing each person on dynamic support registers a designated keyworker who will support them	Keyworkers part of NHSE Long-Term plan, already funded through NHS England and required for those on DSRs and at risk of or admitted to inpatient mental health settings 0-18, soon up to 25 (pilots/programme ongoing)  Could seek to extend but this would need new funding	NHS England, ICBs, BtRS Board, CYP Steering Group led by Anne Longfield  Above, CB-NSG – seek to identify sources of funding that could be used to extend service to all	
Ensure visibility of all services for this group over the life course	A directory of local offers for children and adults	SEND Review and Care Act / LGA, BtRS Board, CYP Steering Group led by Anne Longfield	
SEND Reviews need to specifically focus on this group of children and young people  SEND Reviews need to address post code lotteries	Influence SEND Review through BtRS Board across Government  CB-NSG members to identifying areas where they can influence SEND review/policy, and to act (e.g., existing	DHSC, DfE, CYP Steering Group led by Anne Longfield  CB-NSG members	ASAP

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	contacts; responding to consultations; co-ordinated campaigning)		
Identifying and understanding the needs of this group and the known risk of them being separated from their families and communities when they are very young	Identifying any gaps in current research/evidence-base and commissioning/conducting research to fill in these gaps  Using this information to influence policy, challenge current policy, raise awareness	DHSC, DfE, CYP Steering Group led by Anne Longfield  Research Sub-Group <sup>1</sup>	
The principle of externality is required for closed organisations and institutions. Closed services should not be providing in-house training, advocacy or healthcare for example.	Example of Dr Heather McAlister’s specialist CYPMH service in Derbyshire which trains staff in PBS Practice and also offers reflective practice to staff employed in independent care settings  CB-NSG members to a) (where applicable) work with their organisations to prevent closed services, b) campaign on externality	Needs to be commissioned but also written into BTRS Action Plan, NICE and other documents  CB-NSG members (where applicable)	
Credible commissioner training with the expectation that they are familiar with and remain in contact with the services they commission. Linked to NHS host commissioner and placing commissioner guidance	DHSC, DfE, ICBs, NHS England	BtRS Board, CYP Steering Group led by Anne Longfield	

<sup>1</sup> See ‘Evidence-Based Practice’ Action Table for further details on the Research Sub-Group