



*National Centre for Excellence in Residential Child Care*

## **Developing the regulation of the new Supported Accommodation sector**

**NCERCC takes Supported Accommodation to be an aspect of  
Residential Child Care.**

### **Sections in this document**

- 1. Supported Accommodation – a sector without the benefit of decades of accumulated knowledge and experience is a national experiment**
- 2. Supported Accommodation should be driven by principle not pragmatism and be a specialism not generic**
- 3. The most ‘appropriate placement’ and ‘matching’ must apply**
- 4. Situating Supported Accommodation in the conceptual framework of children’s social care placements.**
- 5. Safe Uncertainty**

The sections that follow address the practice basis for the regulation of the sector and has been informed by the many presentations made by their Supported Accommodation team and most notably the words from Ofsted slides - “The evaluation criteria that inspectors use as benchmarks of quality will be based on: Existing research evidence, including findings from serious case reviews”. NCERCC has used this as the guide to its thinking in considering what needs to be present and active in the regulation of the new Supported Accommodation sector.

- 6. Serious Case Reviews provide the reflective culture that is essential**
- 7. Serious Case Reviews provide the essentials for regulatory practice.**

- 1. Supported Accommodation – a sector without the benefit of decades of accumulated knowledge and experience is a national experiment**

Supported Accommodation is a new sector without the benefit of decades of accumulated knowledge and experience. It was accepted as such by an Ofsted speaker at a national conference recently. It is without an accepted evidenced theory and practice.

This, then, is a surprising turn taken by Government as it places in jeopardy all claims for innovation based on evidenced based practice into question.

It is a fundamental of social work/care practice to always state the obvious. The speaker explained the sector was 'fluid and being constructed not by design. Described in these terms what has been started on is a national experiment.

It should not be taken that the new Supported Accommodation bears any resemblance to that which existed previously. In every way it will be different, especially in the degree of numbers, and crucially of needs.

There may be some mitigating factors such as theory and practice and personnel to be transferred across from other sectors. However, it is clear from the service specifications to date that this will be, by design, without many fundamental safeguarding factors that exist in these sectors, and that have been developed over decades for good reason of protection or promotion of child welfare and well-being.

In such circumstances it can be anticipated that there will be risk and uncertainty, these are addressed below.

## **2. Supported Accommodation should be driven by principle not pragmatism and be a specialism not generic**

If it is to be taken forwards it should be seen as a specialism, in the same way as all the others. From mainstream and long-term homes to therapeutic and mental health all Residential Child Care settings are specialist.

Supported Accommodation must be a specialist setting. It should not be a generic, we have learned the necessity, efficiency and effectiveness that follow when admissions are driven by principle not pragmatism.

## **3. The most 'appropriate placement' and 'matching' must apply**

The most appropriate placement and matching must apply in the same way as to all other Residential Child Care settings. Not to do so is not to give the sector its professional regard. It needs defined boundaries for its practice as only through this means is there psychological containment.

## **4. Situating Supported Accommodation in the conceptual framework of children's social care placements.**

Everything that has been spoken or written thus far directs us to situate the 'most appropriate' needs for Supported Accommodation to be in the low to medium areas of frequency and difficulty.

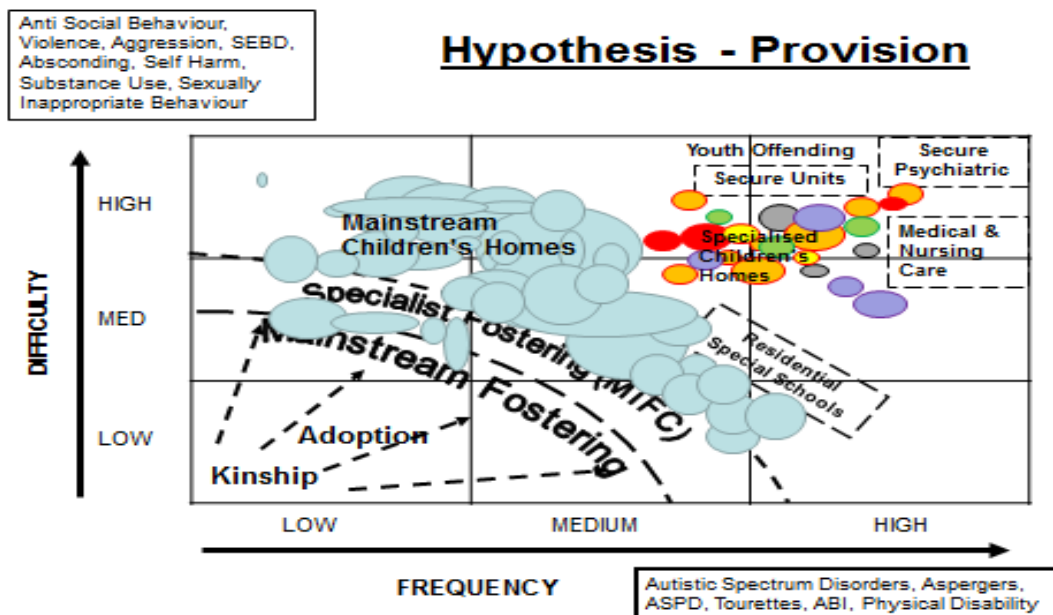
It is not a competitor/alternative for specialist fostering or children's homes.

It is not a competitor/alternative for mainstream fostering.

It is for children who can successfully and demonstrably live independently without the care of and with only the limited support of adults. There must be evidence by assessment and observed experience to support this as the 'most appropriate' placement. (As an aside it is interesting to observe this sector is not described commonly as 'home').

It is not a competitor/alternative for Staying Put or Staying Close as both rely on 'staying connected.'

This being the case Supported Accommodation is a specialism situated appropriately for children (the legislation uses this word for those under 18 years) whose needs are beneath the line for mainstream fostering in the diagram below.



### 5. Safe Uncertainty

It is important to reiterate that what is being described in government documentation is a set of circumstances where it is anticipated that there will be risk and uncertainty. NCERCC will be returning to this focus in its next publication regarding Supported Accommodation and a further input to the consultation regarding its regulation. NCERCC sees it is necessary for there to be reminders of the learning from tragedies in previous decades. There are features and themes that are relevant.

The concept of safe uncertainty was initially described by Barry Mason (1993), working in the field of family therapy. He used a four-quadrant model to describe unsafe uncertainty, safe uncertainty, safe certainty and safe uncertainty. He illustrated how a shift in thinking to allow space for safe uncertainty can help the dynamics and interactions that occur in a setting.

The values, beliefs and subsequent behaviours of the leadership team will shape and inform the culture that pervades the organisation.

If the senior leadership team are not committed, engaged and willing to examine the impact of their own behaviours on the overall culture – nothing will change.

There are observable elements in the thinking regarding Supported Accommodation that relate to the various quadrants.

Unsafe Uncertainty – in the presentation of this new sector there have been elements of denial, obfuscation and hope.

Unsafe certainty – this is where there is an atmosphere of false certainty – ‘we’ve thought of that and put a checklist in’, that may be reactive to a symptom rather than identify the root cause of an issue. Because of this belief that things are OK, there is often a time lag when evidence to the contrary is presented.

Safe Certainty - there has been a degree of Government and its agencies being unable and/or unwilling to listen to feedback either internal or external, being one dimensional and inflexible.

The safest way to proceed in the development of any new provision, or sector, is to adopt a Safe Uncertainty position. This is described as follows, but has yet to be evidenced from documents seen to date

- Safety comes from clarity of intent and confidence in delivery – ‘we know exactly where we are going, we’re just not too sure as to how we’re going to get there, but we will’.
- Open and responsive to feedback externally and internally with the resilience to manage short term setbacks.
- A culture of enablement and personal leadership with high levels of engagement and commitment to a shared purpose.
- Edgy and energising once the realisation and acceptance of a safe and supportive environment is achieved

### Organisational Operating Domains

	<b>Safe</b>	
<p><b>Safe certainty</b></p> <ul style="list-style-type: none"> <li>• Dogmatic &amp; inflexible</li> <li>• Denying &amp; defensive</li> <li>• Status quo &amp; looking back</li> <li>• Blind to others viewpoints <ul style="list-style-type: none"> <li>• Stagnating</li> </ul> </li> </ul>		<p><b>Safe Uncertainty</b></p> <ul style="list-style-type: none"> <li>• Clarity of intent</li> <li>• Edgy &amp; energetic</li> <li>• Responsive awareness &amp; learning</li> <li>• Resilience &amp; agility</li> <li>• Confidence &amp; creating hope</li> </ul>
<b>Certainty</b>		<b>Uncertainty</b>
<p><b>Unsafe Certainty</b></p> <p>Reacting to symptoms</p> <ul style="list-style-type: none"> <li>• Over reliance on checklists &amp; guidelines</li> <li>• Blame when things go wrong <ul style="list-style-type: none"> <li>• Learned helplessness</li> <li>• Slow to respond to the unexpected</li> </ul> </li> </ul>		<p><b>Unsafe Uncertainty</b></p> <p>Lacking direction</p> <ul style="list-style-type: none"> <li>• Fear of consequences</li> <li>• Micro-management &amp; over control <ul style="list-style-type: none"> <li>• Inertia</li> <li>• Energy sapping</li> </ul> </li> </ul>
	<b>Unsafe</b>	

## **6. Serious Case Reviews provide the reflective culture that is essential**

Some of the most appropriate learning for this new sector can be found in the serious case review materials, here the lessons to be learned are presented in a distilled manner.

With regard to Supported Accommodation there are recurring practice implications found in the SCPRs that are clear and are to be omitted only to the detriment of the children.

**This above view is that of Ofsted as in the many presentations made by their Supported Accommodation team as follows (words following are from Ofsted slides)**

***“The evaluation criteria that inspectors use as benchmarks of quality will be based on:***

**▪ *Existing research evidence, including findings from serious case reviews”***

NCERCC has used this as the guide to its thinking in considering what needs to be present and active in the regulation of the new Supported Accommodation sector.

## **7. Serious Case Reviews provide the essentials for regulatory practice.**

The following has been derived from the annual reports of the Child Safeguarding Practice Review Panel

[Child Safeguarding Practice Review Panel 2021 - annual report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92222/child-safeguarding-practice-review-panel-2021-annual-report.pdf)

- Is there a detailed referral? Social work, psychology, psychiatry assessments? What use is made to determine if this is an appropriate referral? What is the ratio of referrals turned aside and is there a record of the decision making?
- Is there a chronology in the referral? What use is made of this to ascertain patterns and themes? How is this learning included in the support plan?
- How is the impact of cumulative trauma understood? How are the origins responded to in professional practice?
- How does this affect the need for a settled safe and secure emotional environment?
- How are the causes of behaviour understood: how is behaviour understood (as communication?)
- What is understood as continuity and consistency?
- How do practitioners understand attachment?
- How is attunement and attentiveness understood in their professional task of sustained support?
- How is a resilient environment understood? How is has it been created?
- How is a resilient practitioners understood? What is their workforce development to attain this practice?
- How has the need for insightful assessment been addressed?

- How is assessment used to inform admission and planning?
- What are the measures that ensure there are no shortcomings in the timeliness and quality of assessments?
- What are the measures that ensure needs are not underestimated in decision making for admission, in planning and in the practice of practitioners?
- How are particular vulnerabilities identified and acted upon? Do they lead to rejection of some referrals?
- How has fragility of functioning in some areas been weighted with overall functioning?
- Has the assessment given due regard to performance and not only capacity? (What happens in reality not only as on paper)
- What are the measures for considering the impact, effects and consequences of insufficient support?
- How is the intrusive role of others in the life of a child to be mitigated or managed and marginalised?
- What are the particular lessons for both commissioners, IROs, and social workers, as along with practitioners they will be the main, or only, agencies involved?
- Is the referral addressed as a being of a child rather than an adult? How is adultification excluded in practice? Does the setting understand stage not age and how does it affect their planning and practice?
- How does a provider ensure it is not pressurised into accepting referrals as a result of a wider lack of age-appropriate and needs-appropriate facilities?

The Child Safeguarding Practice Review Panel has produced useful reflective materials that should be used to inform the development of the new sector and by which the policy, commissioning, regulation, provision and practice should be evaluated.

As follows

### **Understanding effective risk assessment and decision making**

#### **A systems framework for policy makers, regulators and providers**

<b>Systems and Processes (including key decision points on continuum of care pathway, sharing information, use of specialist assessment)</b>	<b>Practice and Practice Knowledge (incorporating the Panel's 'Key Practice Themes to Make a Difference')</b>
<ul style="list-style-type: none"> <li>• The importance of robust multi-agency arrangements for contact, referral and assessment, including high quality inter-agency discussion</li> <li>• Thresholds or levels of need to be understood by practitioners across all agencies and consistently applied</li> </ul>	<ul style="list-style-type: none"> <li>• The importance of relational practice models that promote purposeful direct work with children and families.</li> <li>• Practitioners apply critical thinking to their work, reframing their understanding of risk in the light of changing circumstances.</li> <li>• Practitioners have the requisite professional knowledge to identify risk in particular safeguarding contexts such</li> </ul>

	as risk outside the home. A key gap in professional knowledge relates to cultural competence as absence of cultural competence can lead to inaccurate assessments and decision making
<b>Wider Service Context (including workforce development, commissioning strategy, funding, match of resources to priorities, impact of socio-economic factors)</b>	<b>Leadership and Culture (including vision and values, partnership relationships, multi-agency working, quality of supervision, management oversight, challenge between professionals, timely and appropriate escalation)</b>
<ul style="list-style-type: none"> <li>• The impact of wider socio-economic factors such as poverty and inadequate accommodation.</li> <li>• The provision of early help services to support families in helping themselves.</li> <li>• Workforce development – effective recruitment and retention of staff, with appropriate caseloads</li> <li>• Using data effectively to respond to changing patterns of demand and need.</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision is crucial to risk assessment and relies on effective leadership to create the learning culture within which effective supervision can thrive.</li> <li>• Leaders promote wider values to underpin the relationships between professionals across the partnership, and in the work with families</li> </ul>

### Reflective questions for Supported Accommodation providers and practitioners

<b>Wider service context</b>	<b>Practice and Practice Knowledge</b>
<p>Have we developed a positive approach to the scrutiny of safeguarding practice?</p> <p>How do we recognise and respond to the impact of wider socio-economic factors such as poverty and inadequate accommodation?</p> <p>How do we review the strategic use of funding to invest in services to support children in helping themselves?</p> <p>How do we match priorities to resources including the effective use of data and intelligence to respond to changing patterns of demand and need?</p>	<p>Do practitioners hear the voices of children, explore their identity and understand their lived experience?</p> <p>Do they consider the influence of race, culture and ethnicity?</p> <p>Do practitioners listen and hear the views of family members/significant others and have the skills to work with complex situations?</p> <p>Are practitioners confident to offer professional challenge including across agencies boundaries and in their own practice, for example, how their biases and prejudices may influence their work?</p> <p>Do practitioners have the necessary professional knowledge and understanding about different communities and cultures to support good, accurate assessments and decision making?</p>

<b>Systems and processes</b>	<b>Leadership and culture</b>
<p>How can barriers to information sharing be addressed so practitioners develop a comprehensive understanding of the child within the care network?</p> <p>Is there a clear expectation that all records, assessments and plans document and analyse the impact of a child's racial, ethnic and cultural context?</p> <p>Do adult-facing systems such as MARAC, probation, substance misuse and mental health services work effectively with child safeguarding processes?</p> <p>Is there a clear risk assessment framework which is understood and owned across agencies, and does risk assessment identify vulnerability at critical moments of a child's life – particularly the vulnerability?</p>	<p>Does leadership and culture support practice which:</p> <ul style="list-style-type: none"> <li>• Promotes multi agency working</li> <li>• Is culturally considerate</li> <li>• Supports practitioners to develop practice skills including work with families in complex situations?</li> </ul> <p>Is there a supervision culture across all agencies which supports positive challenge and provides an opportunity for the exploration of biases and assumptions that might be driving practice decisions?</p> <p>Do senior leaders promote a culture that welcomes criticism, acknowledges the potential for bias and recognises the importance of challenge to drive improvement?</p>