

Eaton Hall Specialist Academy

Eaton Hall School, Pettus Road, Norwich NR4 7BU

Residential provision inspected under the social care common inspection framework

Information about this residential special school

Eaton Hall Specialist Academy caters for pupils with social, emotional and mental health needs. The school is a day and residential special school located in a residential area of Norwich. The residential accommodation is in a purpose-built building in the school grounds.

There are 52 pupils on roll, 23 of whom board for up to four nights a week.

The inspectors only inspected the social care provision at this school.

The head of care has been in post since September 2014 and has a relevant qualification.

Inspection dates: 7 to 9 March 2023

Overall experiences and progress of children and young people, taking into account **inadequate**

How well children and young people are helped and protected inadequate

The effectiveness of leaders and managers requires improvement to be good

There are serious failures that mean children and young people are not protected or their welfare is not promoted or safeguarded, and the care and experiences of children and young people are poor.

Date of last inspection: 1 March 2022

Overall judgement at last inspection: outstanding

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children at this school have many positive experiences. Staff build nurturing relationships with children, who take part in a varied programme of activities. However, this is undermined by significant shortfalls in relation to the help and protection of children. These shortfalls have significantly reduced the overall quality of care because children's safety has not been assured.

Children enjoy staying at school. They build warm and nurturing relationships with staff and enjoy being in their company. They are helped to form and maintain positive relationships with their peers. Staff provide a clear structure and expectations of behaviour and children generally respond well.

A wide variety of therapeutic interventions help children. These include group and individual dance-movement therapy and regular one-to-one sessions. Trained practitioners focus on children's emotional well-being. Managers have good oversight of these sessions and have taken steps to improve them as a result of this oversight. Work takes place with families to help them understand their children's needs. One parent said that this work has increased their understanding of their child's behaviour and given them additional response strategies. Therapeutic input for children and their families helps to improve children's well-being, in school and at home.

Staff help children to make progress in their education. Some children have previously had extremely poor school attendance and this has significantly improved. Parents and professionals said that children have made good progress academically. Staff have a good understanding of this, and there is effective communication between the residential and education staff. This helps to ensure that all staff are aware of children's progress and can identify additional support needs.

Children enjoy a wide variety of different activities and experiences. These include regular residential trips, when children stay in different environments and enjoy outdoor activities. Staff help children overcome their fears through activities. One child had anxieties in relation to water. However, by the end of a residential trip they were able to swim and snorkel in open water. This demonstrates that children trust staff and that staff help them to overcome their anxieties. Some children have also been on a multi-night sailing trip. The variety and scale of activities on offer means that children benefit from experiences that they have not previously had.

Staff respond well to the children's health needs. They take part in medication reviews with families and GPs. This helps to ensure that staff contribute their excellent knowledge of children. Staff are responsive to any health concerns and ensure that children receive appropriate medical support.

How well children and young people are helped and protected: inadequate

There have been three separate incidents when children have made disclosures of potential abuse which managers have not responded to effectively. On these occasions, the school did not make referrals to the local authority. There are no specific records of one incident, despite a parent being notified of the concern. The parent said that they had not been informed of the details of the disclosure. The records of these concerns are all poor. There are no records of discussions that took place in relation to the rationale for actions that were or were not taken. A failure to respond to these concerns in line with the school's safeguarding policy has meant that they have not been fully explored, to understand potential risks to children.

One child engaged in suicide ideation on two occasions. In relation to the first occasion, despite school records indicating that staff spoke to the parent about other matters, there is no record that the parent was made aware of these safeguarding concerns. The parent said that they had not been made aware. Following the second incident, there is evidence that some attempts were made to contact the parent, but these were ineffective, and the parent was made aware two weeks later. The delay in sharing this information with the child's parent meant that they did not have the information necessary to help keep their child safe.

There have been poor responses to some incidents of sexualised behaviour. The records for two incidents fail to show whether the actions identified by managers were carried out. This included speaking to children to obtain their views about incidents. A failure to ensure records were completed means that managers have not had the necessary information to make decisions about further actions that may have been needed.

On other occasions, leaders have responded well to safeguarding concerns. Staff build good relationships with social workers and other professionals to ensure that risks have been managed effectively. A referral was made to social care in regard to concerns about the level of risk to a child in the community. This has resulted in sustained support for the child and the family from a support worker.

Staff manage children's behaviour well. Children have a variety of different needs and, at times, display behaviour which can be difficult to manage. Staff respond to children sensitively and help them to calm at times of distress. The use of physical intervention is proportionate and appropriate. It is only used to keep children or others safe. Good systems for the oversight of physical intervention mean that managers keep its use under close review.

The effectiveness of leaders and managers: requires improvement to be good

Leaders and managers have identified some of the concerns relating to shortfalls relating to the help and protection of children. Some steps have been taken to start to address these. A new designated safeguarding lead started shortly before the

inspection. This position was created partly because of identified shortfalls in how safeguarding concerns, and responses to them, are recorded. Leaders and managers have systems in place for monitoring the residential provision. This helps them to have a good understanding of children's progress. However, a system to identify whether actions in response to safeguarding concerns have been taken has failed to identify the gaps found at this inspection. This means that managers were not aware of all the shortfalls.

Staff feel well supported by leaders and managers. They said that managers are a visible presence and available to provide support and advice when needed. Staff are provided with regular supervision and appraisal meetings. These meetings have a clear focus on children's needs and how these are being met, as well as considering the development needs of staff.

Leaders and managers follow clear procedures for the recruitment of staff. Thorough checks ensure that staff are suitable to work with children. When staff start in their roles, they go through a comprehensive induction programme. This helps to ensure that they understand their roles and are prepared to work with children. Staff are provided with a broad range of training. This includes training relating to specific needs. Staff value the training that they are provided with and are able to identify how it benefits their practice. Good induction and ongoing training help ensure that staff have the skills to care for children.

Leaders and managers generally build positive relationships with external professionals and parents. While some parents said communication could be improved, the majority said that it was good. This ensures that parents are kept up to date about their children's progress. External professionals said that staff are responsive and work effectively with them to maintain children's progress.

What does the residential special school need to do to improve?

Compliance with the national minimum standards for residential special schools

The school does not meet the following national minimum standard for residential special schools:

- The school should ensure that: arrangements are made to safeguard and promote the welfare of pupils at the school; and such arrangements have regard to any guidance issued by the Secretary of State. (NMS 13.1)

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people using the social care common inspection framework. This inspection was carried out under the Children Act 1989 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with the national minimum standards.

Residential special school details

Social care unique reference number: SC038324

Headteacher: Peter Lambert

Type of school: Residential special school

Telephone number: 01603 457480

Email address: office@eatonhallacademy.co.uk

Inspector

Joe Matkar-Cox, Social Care Inspector (lead)

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