ENGLAND AND WALES / JUDGMENT

Dreamss Limited v Ofsted

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First-tier Tribunal Care Standards The Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care) Rules 2008 NCN: [2026] UKFTT 00655 (HESC) 2026-01840. EY-MOU Heard on 27 April 2026 remotely via video with deliberations on 28 April 2026 BEFORE Mr SJW Lewis (Judicial Member) Ms E Bainbridge (Specialist Member) Mr D Styles (Specialist Member) BETWEEN: The Appeal Dreamss Limited v Ofsted DECISION Appellant Respondent

1. The Appellant is registered under the Care Standards Act 2000 ("the Act") to carry on a supported accommodation undertaking. It brings this appeal ("the Appeal") against a decision ("the Decision") by the Respondent, set out in a written notice dated 23 March 2026 ("the Notice"), to restrict accommodation with immediate effect until 15 June 2026 under section 22B of the Act ("the Restriction"). The Decision has the effect that no child may be accommodated by the Appellant at any of its premises unless that child was already being accommodated at the time the Notice was served and has continued to be since. The Respondent opposes the Appeal.

2. A supported accommodation provider, so far as relevant in relation to this case, is an organisation which provides accommodation with support for children aged 16 or 17 placed by a local authority under the Children Act 1989. All organisations wishing to carry on a supported accommodation undertaking must apply to register with the Respondent, under the Act and the Care Standards Act 2000 (Registration) (England) Regulations 2010, and satisfy the Respondent that it will operate in accordance with The Supported Accommodation (England) Regulations 2023 ("the Regulations"). The general aim of this type of provision is to support children to develop independence and prepare for adult life, while keeping them safe in a homely and nurturing environment. Supported accommodation will be appropriate, and the best available option, for some but not all older children. For most children not yet ready for greater levels of independence, or those who require increased care due to high needs, or who have additional needs, it may well be that alternatives (such as a placement in a children's home or in foster care) are more appropriate or otherwise necessary. The Hearing

3. The main part of the hearing ("the Hearing") took place, over the course of a full day, on video. Although possible to complete the evidence and submissions during that day, we required additional time (the following day) for our deliberations. The Appellant did not have the benefit of legal representation for the Hearing. It was represented by Cecelia Russell. Ms Russell has three main roles in relation to the Appellant: sole director; Nominated Individual; Registered Service Manager. The Respondent was represented by

Toby Buxton (in-house solicitor). We are grateful for the assistance of both Ms Russell and Mr Buxton.

4. The Appellant called three witnesses: Ms Russell; Lauren Fontaine (a former regional manager, who, while remaining employed, has been less involved in the Appellant's operations in the last nine months or so); Chinnamdi Ogbuaku (the current regional manager, having joined in August 2025). The Respondent called one witness: Beth Forster (a social care regulatory inspector). In addition, the Respondent invited us to have due regard to a witness statement from Jo Stephenson (a social care regulatory inspection manager, and, moreover, the individual who made the Decision). Documents, Evidence, Submissions

5. A main bundle of documents ("the Bundle"), running to 699 pages, had been prepared and provided for us. The Bundle included among many other things:

(1) the appeal application form; (2) the response form, with a response document attached; (3) case management orders; (4) initial witness statements (one for each of the five people referred to in the paragraph above); and (5) extracts from relevant legislation, regulations, and guidance.

6. Both parties provided skeleton arguments, in advance of the Hearing (though the Appellant later provided an updated skeleton at the outset of the Hearing).

7. When dealing with various preliminary matters at the outset of the Hearing, we gave permission for the Respondent to rely on a relatively brief second witness statement from Ms Forster. The Appellant did not seek to maintain any opposition to its inclusion. This second statement covered some more recent matters and responded to some parts of Ms Russell's statement.

8. Similarly, we gave permission to the Appellant to rely on some additional documents that Ms Russell made clear at the outset of the Hearing it wished to rely on. The most significant of these was referred to as a skeleton argument (i.e. an updated/extended version of the one previously submitted). It contained an extra 54 paragraphs, which, in effect, responded to matters raised in Ms Forster's second statement. On an objective analysis, the skeleton was part submissions and part evidence: as such, we treated it (to the extent necessary) as a second witness statement from Ms Russell, and she duly confirmed that its contents were true to the best of her knowledge and belief when making an affirmation before giving her oral evidence.

9. We heard from the Respondent's witness first. Overall, we considered Ms Forster to be a very thoughtful and knowledgeable professional, who gave evidence we could readily rely on as accurate. We gave what weight we considered appropriate to the contents of Ms Stephenson's statement, while noting that she had not been available to be questioned and cross-examined. Given that Ms Stephenson's evidence was generally highly consistent with contemporaneous evidence within the Bundle, and with the evidence of Ms Forster, we felt able to place significant weight on her statement. We then heard from each of the

Appellant's witnesses. Ms Russell gave extensive oral evidence, as had Ms Forster. The other two witnesses were dealt with relatively briefly. The key oral evidence came from Ms Russell and Ms Forster.

10. Both parties were given an opportunity to make brief opening submissions orally. Both parties made closing oral submissions. Some additional time was provided, near the start of the Hearing, for the Respondent to consider the Appellant's new/ late documents. After the adjournment, the Respondent confirmed it was able and ready to proceed. No one else attended the Hearing, beyond the panel and those mentioned above, other than a senior lawyer within the Respondent's legal team (who attended purely to observe). Restricted Reporting Order

11. We considered, as another preliminary matter, whether to make any restricted reporting orders. We had been invited to make an order in relation to the children/ young people who had resided at the Appellant's premises or were otherwise relevant to the case. We explained the purpose of such orders, briefly, to Ms Russell. Ms Russell supported the application made by the Respondent. We concluded, in all the circumstances, with consent from the parties, that we should make an order, under rules 14(1)(a) and (b) of the rules governing the Tribunal and these proceedings, to prohibit the disclosure or publication of any document or matter likely to lead members of the public to identify such children/young people, so as to adequately protect their private/family lives.

12. Where we refer to such children below, we refer to them as Child A, Child B, Child C, Child D, Child E, Child F, or Child G. Some other children were mentioned in the evidence as well but we have not needed to refer to them specifically in this document. Legal Framework and Principles

13. Section 22B of the Act is a key statutory provision. It provides (as far as relevant): 22B Notice restricting accommodation at certain establishments

(1) The [registration authority] may serve a notice on a person who is registered in respect of an establishment to which this section applies imposing on that person the requirement in subsection

(2) in relation to that establishment.

(2) The requirement is to ensure that no child is accommodated at the establishment unless the child –

(a) was accommodated there when the notice was served; and (b) has continued to be accommodated there since the notice was served.

14. Section 22B does not expressly impose or otherwise set out explicit conditions regarding when a notice restricting accommodation may be served. The position adopted by the Respondent, we were told and we accept, is that it will only serve such a notice where it considers children may be exposed to a risk of harm.

15. "Harm" is a term defined – and given a wide definition – in section 31(9) of the Children Act 1989 as: "ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill- treatment of another."

16. In our judgment, the correct approach for the Tribunal to take in considering the Appeal is as follows. First, we must ask ourselves whether, as at the date of the Hearing (rather than, for example, the date of the Decision), we are satisfied that there is reasonable cause to believe that any child will or may be exposed to a material risk of harm if the registration is not restricted so as to prevent further children being accommodated. The burden of proof is on the Respondent. The standard of proof ("reasonable cause to believe") falls somewhere between "the balance of probabilities" and the lower threshold "reasonable cause to suspect". The relevant belief is to be judged by whether a reasonable person, assumed to know the relevant law and be in possession of the relevant information, would believe a child may be put at a material risk of harm. The threshold, therefore, is relatively low. The Tribunal does not need, for example, to be satisfied there has been any actual harm, or that harm is likely in future. That said, having regard to the Upper Tribunal decision (see paragraph 20) in Ofsted v GM [2009] UKUT 89 (ACC), the contemplated risk needs, in our view, to be one of "significant" harm, or at least that is the basis on which we approached our decision-making in this case. Being focused on assessing current/future risk, we do not need to make conclusive findings of fact (or resolve any associated disputes of fact).

17. Second, if satisfied that the above test/threshold relating to risk is met, we need to consider whether, objectively viewed, the relevant regulatory intervention (i.e. the Restriction) is proportionate in all the relevant circumstances. The Respondent, in our view, bears a persuasive burden in relation to this second issue.

18. We had careful regard to the principles set out above, and to the evidence and information before us, approaching the matter with an open mind. Chronology

19. Given the broad principle that our role is primarily to assess risk (and then to consider the overall proportionality of the intervention being appealed), rather than to resolve factual disputes, nothing in this section (or elsewhere in this document) ought to be taken as any conclusive finding of fact. However, it is nonetheless important that we set out what appears to us to be the most relevant context.

20. The basic chronology (without seeking to be comprehensive) appears likely, in our view, to include the following:

(a) On 12 November 2023, the Appellant applied to register as a provider of supported accommodation, with Ms Russell as sole director, Nominated Individual, and Registered Service Manager. A registration visit, and associated interviews, took place (carried out by Ms Forster) mid-January

2024. The Appellant was duly registered as a provider of supported accommodation on 31 January 2024. (b) In January 2025, the Respondent carried out a first inspection of the Appellant. The inspection was undertaken by Ms Forster and a colleague. The outcome: "Consistently strong service delivery leads to typically positive experiences and progress for children. Where improvements are needed, leaders and managers take timely and effective action". That outcome was the most positive outcome available (from three possible outcomes).

(c) On 4 March 2026, the Respondent received a complaint relating to the Appellant. A child had been reported missing by his/her parents. The police located the child at supported accommodation premises operated by the Appellant. The child had been in the company of another child who lived there (Child F), and was found hiding in Child F's divan bed base. The complainant provided information which indicated that Child F was being supervised at all times by two members of staff (and that the parent had initially been told by staff that their child was not present). This information suggested to the Respondent that Child F may not have been living in category 1 (single occupancy) accommodation and that the Appellant may be operating outside its conditions of registration.

(d) The Respondent carried out an internal case review. Ms Stephenson and Ms Forster were involved, alongside Tara Lovatt (a Social Care Compliance Inspector). Ms Stephenson concluded that further information was required (via a provider-led investigation), to determine whether the Appellant was in breach of conditions of registration. On 10 March 2026, the Respondent requested the provider-led investigation ("the PLI"), which included information relating to the children currently accommodated.

(e) On 18 March 2026, the Respondent carried out another internal case review, to consider information provided by the Appellant on 12 March 2026 following the PLI. The same people were involved in the review. The Respondent formed a view that the review raised serious concerns that the Appellant had children living in singly occupancy (category 1) premises with either one-to-one or, in some cases, two-to-one, staffing levels, as the needs/risks relating to such children may be exceeding those appropriate under the Regulations (in other words, those children may well not yet be ready to live in supported accommodation). As a result, Ms Stephenson decided there needed to be a monitoring visit, to determine if the Appellant was indeed operating in line with its conditions of registration, the Regulations, and associated guidance.

(f) On 20 March 2026, Ms Forster carried out the monitoring visit ("the Visit"). During the Visit, Ms Forster reviewed case records for six children, all living in "solo occupancy" premises. Ms Forster held discussions with Ms Russell, and spoke with two support workers and the regional manager. The placing authorities' allocated social workers were contacted, though only one responded. Ms Forster formed a view that Ms Russell was confused about the conditions of the Appellant's registration. She seemed to believe it was no longer operating solo accommodation, following the completion of a form sent to her by the Respondent. Ms Forster reviewed contractual documentation between the Appellant and the placing local

authority, along with risk assessments, relating to relevant children. She also reviewed the costs of the children's placements. She concluded that the six children (Child A-F) were not living alone in their own home and that the Appellant was not operating within the conditions of solo occupancy. She further concluded that the children had safeguarding vulnerabilities and complex needs which were, in essence, too complex to come within the scope of the relevant statutory guidance. She had further concerns about the lack, as she saw it, of clear and consistent care plans/risk assessments.

(g) Ms Forster maintained her view, on further consideration, that all the children living in the solo accommodation units were being supported by at least one-to-one staff in an attempt to manage complex needs – and that the Appellant seemed to be operating outside the conditions of registration and associated guidance. The Appellant had not, in her view, demonstrated how it was going to adapt its practice to ensure it would operate within the Regulations.

(h) On 23 March 2026, the Respondent carried out another internal case review, to consider the findings from the Visit and what, if any, action ought to be taken. Ms Stephenson attended as decision-maker, along with Ms Forster and Ms Lovatt. Ms Stephenson made the Decision (to put the Restriction in place). She had concluded that the Appellant was not operating the service in accordance with the Regulations or the Guide to the Supported Accommodation Regulations including Quality Standards ("the Guide"). The relevant children did not have increasing levels of independent and were not yet ready, in her view, to live in supported accommodation. The Respondent could not be sufficiently confident, in her view, that any further children admitted to the service would not also have needs and risks that meant they would be at risk of harm. In addition to issuing the Notice, Ms Stephenson caused the Respondent to issue compliance notices under regulation 4 (the Leadership and Management Standard) and regulation 7 (the Support Standard) of the Regulations, setting out the steps required to align the service with the Regulations and standards.

(i) On or around 6 April 2026, the Appellant lodged the Appeal. The Respondent carried out a further internal case review on 9 April 2026, to consider the Appeal. Ms Stephenson concluded that the Restriction should remain in place and that the Appeal should be defended.

21. In addition, the following further matters should be recorded as relevant parts of the wider chronology:

(a) On 9 April 2026, the Respondent received a serious incident notification, in line with regulation 27 of the Regulations, from the Appellant. It disclosed that Child G had been shot (by a firearm) while at a nearby park on 8 April

2026. There were said to be “masked gun men”. Another child placed with the Appellant (at a separate group living home) was with Child G at the time. Child G was taken to hospital and had a bullet removed. Both children were questioned by police. Child G did not want to make a statement. Both children are said to have denied being subject to previous threats.

(b) On 13 April 2026, the Respondent received concerns from police regarding Child G. The police said Child G is assessed (by the relevant multi-agency panel) at “high risk” of child criminal exploitation, and had been reported missing by staff on 9 April 2026. The police shared other concerns. They indicated that, on attending the home of Child G on 10 April 2026, in response to the missing report, a member of staff on duty did not show sufficient regard, in their view, for Child G’s safety or demonstrate a sufficient understanding of relevant risks. The police found cannabis paraphernalia in Child G’s bedroom and noted a strong smell of cannabis there. They also found a knuckle duster, which they confiscated as an illegal weapon. On 10 April 2026, the police located Child G, and arrested him in relation to the weapon.

(c) On 14 April 2026, responding to an update request from the Respondent, Ms Russell shared that Child G had been staying away from the placement and been residing with his mother, since being shot, but had returned on 14 April. She shared that the Appellant had served notice on Child G’s placement, being unable to keep Child G safe in the community. The Respondent considered the Appellant to have failed to share (through a further serious incident notification) that Child G had been reported missing or arrested.

(d) Also on 14 April 2026, in relation to a separate matter, a parent of another child at the Appellant’s premises, made a complaint about the Appellant and raised concerns about his/her child’s safety. The Respondent had not been notified (e.g. by the Appellant) about any such potential matters/concerns. Summary of the Parties’ Positions

22. The Respondent’s position is that the test in relation to risk is readily made out. It is clear, it says, from the evidence that there is reasonable cause to believe that children would or may be put at material risk of harm without the Restriction. It seeks to rely on evidence regarding the level of need and complexity of the children accommodated at the service, and what it submits is a problematic pattern arising from admission policy/practice. It is similarly clear, it submits, that the Restriction, being relatively limited and targeted, is proportionate in all the relevant circumstances.

23. The Appellant, on the other hand, submits that there is no, or no sufficient, risk to children within the relevant service provided by it. It submits that it has been providing an important and high-quality service to many children and has delivered strong outcomes. It maintains that it has always endeavoured to be open and transparent with the Respondent. It says it has always operated in the way now being criticised by the Respondent, after raising no issue with such things in the past. Moreover, it submits that, in all the circumstances, the Restriction is not necessary or otherwise justified: it is disproportionate. Conclusions with Reasons Summary

24. We came to the following conclusions:

(a) First, in our judgment, there would, at present, be a material risk of harm to children if the Restriction was not in place. We are, therefore, satisfied that the relevant (and relatively low) threshold relating to risk is met.

(b) Second, in our judgment, the Restriction is, at present, objectively justified as both reasonable and proportionate.

25. We set out further reasoning below. What follows is not designed to cover all the matters touched on in documents before us or within the Hearing. It is, however, designed to be sufficient to clarify the core reasons why we reached our decision. Our Decision Regarding Risk Summary

26. Bearing in mind the principles set out further above, and without going as far as to find facts, we reached the views set out below on the evidence before us. Stepping back and trying to look at things in the round, we are satisfied that, as of today, there are reasonable grounds to believe that the provision of the relevant service by the Appellant may expose children to a material risk of significant harm. We rely on the following in support of this view. General Matters

27. The Appellant is registered as a supported accommodation undertaking, registered to provide accommodation with support in “category 1” and “category 2”. Category 1 relates to supported accommodation in a self-contained unit, where accommodation is for the sole user of the young person placed there, or for the young person and others that may live there are part of their family unit (e.g. partner, sibling, children). Category 2 relates to supported accommodation in a shared or group living situation, where the young person has their own bedroom and shares communal areas (e.g. living room, kitchen).

28. Both the Appellant and the Respondent must have regard to the Guide. It provides: “Where a young person has complex needs and/or requires a greater level of ongoing care and supervision, we do not expect that supported accommodation would be appropriate. However, supported accommodation should be flexible enough to accommodate temporary increases in support for young people who would otherwise manage well in this type of provision, enabling placement stability where appropriate.”

29. The Guide also provides (among other things): “Looked after children and care leavers are often some of the most vulnerable children and young people in society, and we must work together to do all that we can to ensure that they have access to suitable accommodation that can meet their needs and keep them safe. For most children who are not yet ready for greater levels of independence, and especially those who require increased care due to high needs, or who have additional needs, this is best achieved through a placement in foster care or a children’s home, for which there are already robust approaches to approving, registering and quality-assuring provision.” Level of Need/Complexity/Risk

30. The evidence indicates, in our view, that most (perhaps all) of the children referred to in the evidence probably have had a level of need/complexity/risk which means they have not been suitable for supported accommodation. While we do not consider it necessary to refer to all relevant information, we shall provide a summary.

31. It seems likely that Child A was being provided by the Appellant with one-to-one support and, at least at times (due to a propensity to act aggressively towards others), two-to-one support. Child A seems to have had safeguarding and public protection needs and vulnerabilities that would not typically be expected for a child living in supported accommodation. The evidence appears to indicate that Child A may have been the victim of an unreported stabbing a few years ago, and may well have had or still have (or be at risk of) links to gangs and the supply of street drugs. Child A's risk assessment referred to "high risk" regarding emotional wellbeing, with references to sudden mood shifts, a history of potential self-harm, speech and language assessment, among other things. Similarly, it referred to a "high risk" in relation to experience of abuse and violence. It included a reference to a recent arrest for affray and possession of a bladed article, where it is said Child A was "chased" by "armed males" in what may have been a gang-related matter. The risk assessment put the risk regarding "associations and locations" at "high": with references to Child A maintaining "secretive, high risk associations". It put the risk "to others" at "high", including an alleged assault on a pregnant woman, and recent "knife threats" (and to a bag containing a dangerous knife and/or a previous attempt to order a knife). It put the risk regarding "substance misuse" at "high", perhaps rising, with a refusal to engage with drug/alcohol services. It put the risk relating to going missing at "medium", with a reference to three recent missing episodes (from about a year ago), in the context of a wider history of going missing.

32. It seems likely that Child B was being provided with one-to-one support and, as such, could not be said to be living alone. Child B appears to have been admitted to solo accommodation after making threats to stab a staff member and/or peer in a previous placement. It is reported that Child B experiences, or has in the past experienced, paranoia arising from substance misuse (believing, for example, that people are coming for him during the night, or similar). Child B's risk assessment identified "substance misuse" as "high", with references to reports of cocaine use (as a coping mechanism). There are also reports, among other things, of Child B self-harming, of recent property damage (when frustrated), and of being aggressive/threatening.

33. It seems likely that Child C was being provided with one-to-one support. Child C appears to have initially been provided with two-to-one support by the Appellant, before it was reduced to one-to-one. Child C's risk assessment was "high" for violence/aggression towards others. There are also reports, among other things, of historical self-harm.

34. It seems likely that Child D was being provided with one-to-one support. There are references to problematic peer influences and of relatively high risk of exploitation (with a reference to a vulnerability to "grooming" and "county lines"). Child D was assessed, in

formal risk assessment documentation, as being at "high" risk in relation to substance misuse, with references to a history of drug use and risk of relapse. There are references to allegedly engaging in theft, vandalism, and other anti-social acts, especially in response to peer pressure. The risk of going missing was put at "medium". Child D appears to have recently – and perhaps still – been subject to bail conditions. There is a reference to a knuckleduster being found in Child D's room, relatively recently, and to being found in public with a dangerous knife this calendar year. There is reference to an upcoming court hearing.

35. It seems likely that Child E was being provided with one-to-one support. The evidence indicates that Child E previously lived in the Appellant's group living premises where Child E had engaged in several incidents of verbal and physical aggression, substance misuse, and self-harm. The move into solo accommodation was a response to apparently escalating needs/risk, due to perceived issues and risks relating to cohabiting with others. There is also evidence to suggest that Child E had been found in possession of a bladed weapon, involved in selling street drugs, and at risk of child criminal exploitation.

36. It seems likely that Child F had been provided with one-to-one support and, at times (due to an apparent propensity to make false/serious allegations against staff), two-to-one support. We were told that the Appellant had recently (on 16 March 2026) given notice to end the placement. The relevant email set out why Child F's needs were (by then) judged to have surpassed the scope of supported accommodation. The Respondent's evidence is that Child F's needs, as recorded before the notice to terminate, had appeared to be the lowest of the children reviewed at the Visit.

37. It seems likely that Child G had been provided with one-to-one support. Child G's risk assessment documentation has put the risk regarding criminal exploitation / weapons as "high". It is recorded that not long before being placed at the Appellant, Child G had been involved in a robbery and was caught with a highly- dangerous knife. He appears to have had a GPS tag and a curfew, among other things, as a result. The Appellant told us that Child G had been an emergency referral and that the child had generally engaged well with them during the placement. We note, of course, the evidence referred to further above about recent events connected to the apparent shooting. We are told that the Appellant has recently given notice on Child G's placement, after it came to a view that, in light of recent matters, it could no longer keep Child G sufficiently safe and that Child G would be better placed elsewhere. The Appellant maintained the position, however, that, prior to the shooting incident, there was no material risk or significant concern relating to Child G, as any earlier such risk and concern had reduced over time in the placement.

38. In addition, there is documentary evidence in the relevant risk assessments which indicates that: (i) one of these children had a live "referral order" in relation to a sexual offence involving another child in 2023; (ii) one was assessed at "medium" risk of being exploited sexually, referring to ongoing/recent police investigations; (iii) one has been assessed as posing, or to have recently posed, a "high" risk of sexual harm towards children under 16,

with associated bail conditions (after, it seems, indecent images of children had been found) prohibiting contact with other children under 16; and (iv) one may have been the alleged perpetrator or victim of a serious sexual offence in relation to a previous placement.

39. The Appellant submits that some of the risk assessment documents relating to these children contain incorrect information and refer to steps being taken which did not reflect practice on the ground. It is said this is due to poor managerial oversight and/or the misuse of AI tools or similar. Some of these risk assessments, for example, refer to children being made subject to highly- restrictive levels of surveillance and other supervisions or interventions, such as the monitoring of internet use on phones or supervision in the community, which, according to the Appellant, are not, and have never been, in fact in place. While it may be correct that such documentation includes some inaccurate information, there was sufficient evidence, in our judgment, to indicate that many if not all of the children referred to above had needs which, in summary, were too complex and/or gave rise to risks which were too serious to be suitable for supported accommodation. Put another way: many if not all of these children would appear unlikely to have had the necessary level of independence required for category 1 supported accommodation.

40. We were further bolstered in forming such a view by the Respondent's evidence on the nature of the support and/or "care" the Appellant was providing for these children and the associated costs of the same. Ms Forster's evidence, which we accept as likely to be broadly accurate, is that the average cost, nationally, of a child placement in supported accommodation is between £600 and £1,500 per week. The average weekly cost of the same at the Appellant is, we are told, between £2,000 and £5,000, with evidence of a placing authority paying over £9,000 per week. That is striking. The amount a placing authority is paying for a child placement does, in our view, provide a further useful indication of the level of the child's need. In Ms Forster's view: a child with very low needs may cost around £300 per week; a child with more complex needs but still in scope of supported accommodation may move into a group home (category 2) with a staff member on duty 24 hours a day at a cost of around £1,000 per week. A child with complex needs, requiring intensive support/supervision will cost about £5,000 per week. A child living in category 1 solo supported accommodation, with remote support, would typically require no more than 20 hours of support a week, with the average being 2-10 per week.

41. There appears to be a pattern of the Appellant taking on children with relatively high needs/complexity/risk, and providing higher than typical levels of "support" (or in some cases, given the extent of supervision provided, "care") on an extended basis. It does not appear to be a situation where the Appellant has generally tended to take on children who at the point of admission already had high or increasingly levels of independence and who then, for some temporary period of time, require a higher level of support – or some targeted intervention – to deal with some particular issue which has arisen. The evidence suggests a pattern of routinely taking on individuals with associated high risks. This pattern may well have emerged from a lack of understanding, at the Appellant, about the limits of what

supported accommodation is designed for and/or what is actually permitted under the relevant regulations and guidance.

42. One might have some sympathy for the Appellant as, on its case, it has always, since registration, operated in the way is has been doing (i.e. the core "model" has remained consistent) and the Respondent raised no serious objection at the point of registration or, moreover, at the first inspection (when, indeed, it judged the Appellant to be operating in a manner which merited the most positive outcome). However, such things appear to us to indicate that the Respondent was simply not adequately aware of the apparent pattern of admissions and ongoing practice at earlier points. Had it been aware earlier of the apparent reality on the ground, it would have likely taken some form of action earlier. The inspection appears to have only focused, in any detail, on two cases (i.e. a small sample) relevant to the area of the Appellant's operations we are concerned with in these proceedings (and neither case, when considered in context, gave rise to significant concerns). The Respondent then looked at a wider range of cases in the Visit and, by the time of the Decision, had a more reliable evidence base and a better understanding of the likely reality. By then, it was increasingly clear to the Respondent that the Appellant was providing very extensive support (and/or care), for extensive periods of time, for a large proportion of the children within this service.

43. The Appellant also submitted that the position, in the Guide and/or elsewhere, as to the solo accommodation requirement (category 1) was not clear, or at least not clear to it, particularly with regard to the fact that the prohibition on other people routinely being at the accommodation alongside the child extended to staff. Ms Russell said that recent changes have now clarified the position, so the Appellant is fully aware, now, that staff providing ongoing one-to-one support, including overnight, would cause the Appellant to act out of scope of the supported accommodation category. The Appellant is further aware now, it submits, that any previous understanding, held by it, that it had effectively changed its category was misplaced. Related Concerns

44. In our judgment, the Respondent had reasonable grounds to have believed, and to have sustained such a belief, that admitting additional children, in this current period of time, would put them or other children at a material risk of harm. In essence, supported accommodation is not designed for children with the type and level of risk that children the Appellant has been admitting and continuing to support have. The Appellant may well not have staff (or sufficient staff) with the right level of qualification, skill, knowledge or experience to manage such risks adequately (with the requirements regarding qualifications being less stringent than, for example, in children's homes). The Appellant may well not have the right tools or powers required to manage such risks adequately (when compared, again, for example, to a children's home). More widely, the regulatory framework is not designed to manage such risks within supported accommodation arrangements.

45. Further or in the alternative:

(a) There is reasonable cause to believe that the risk assessments (or care plans or similar) have not been and/or are not of sufficient quality or fullness or accuracy to keep such children adequately safe. That would create a risk of harm, as it is very important that staff (including, for example, new, bank or agency staff) can and do follow such assessments/ plans.

(b) There is reasonable cause to believe that the Appellant has had a tendency, for whatever reason, to not always provide its regulator with information that is timely, accurate, or sufficiently full or up-to-date as one would expect. For example, the evidence indicates that the Appellant provided information to the Respondent (in August 2025) which gave the Respondent the clear impression that the Appellant was planning to end or was in the process of ending the placement for Child A, only for that child to have remained. While the Appellant may have later provided further information, it seems like it could and ought to have been much clearer about the situation to its regulator. Further, by way of other examples, it would appear that the Appellant may not have raised as many incidents as the evidence suggests it ought to have done, and may have provided risk assessments, etc, that may be inaccurate in material ways (e.g. about the extent of interventions put in place to manage risk). Turnover of key staff, and/or the effectiveness of overall managerial oversight, may have been a relevant factor in such things.

(c) More specifically, there is reasonable cause to believe that the Appellant would or may, without the Restriction being in place, continue to admit similar children with similarly complex/high needs in the weeks and months ahead. The evidence before us indicated, in our view, that Ms Russell still has some way to go in terms of her understanding of and/or insight into the relevant regulations, guidance or principles. She seemed to be seeking still to defend the Appellant's position, or to attempt to minimise areas of apparently clear risk, when the balance of evidence appeared to quite clearly be against her positions. In her statement, for example, she stated with apparently unshakeable (and, in our view, unmerited) confidence: "We don't support young people who don't meet the threshold for supported accommodation"; "we do not accept referrals where young people are subjected to exploitation or harm"; "we have none that are unable to keep themselves safe in the community"; and "no young person [with the Appellant] requires continuous supervision to keep the young person safe. None of our young people … frequently go missing … [or are] highly influenced by exploiters … [or are at] immediate risk of harm". In her closing submissions, and in some aspects of her evidence, she seemed to be demonstrating some developing insight. We noted, for instance, that she has been in ongoing discussions with a local authority (and has done or is open to doing the same with the Respondent) about testing a new and improved "matching process", and that she made some reference to reducing new service users with certain risk profiles (e.g. those requiring two-to-one support). But, in our view, she requires some additional time to further develop her insight and put in place more appropriate and effective plans/approaches for admitting (or not admitting) and/or managing children with risk profiles similar to those referred to above. This risk is particularly significant given the dominant position that Ms Russell has, with her

three roles at the Appellant, and in the apparent absence of other potential checks and balances. Our Decision Regarding Proportionality

46. Being satisfied that the risk threshold is met, we turn to this second question about proportionality. In summary: in all the circumstances, we are satisfied that the Restriction is objectively justified as being both reasonable and proportionate.

47. First, the harm contemplated is more than merely trivial or minor: it is, in our view, sufficiently significant/serious. It could, realistically, include a significant level of physical, sexual, emotional, psychological, or developmental harm. There is very recent evidence of a child apparently being shot. While the circumstances relating to that incident are, as yet unclear, and while any police/criminal procedure will follow its course (we are told there is an ongoing attempted murder investigation), this is a solid indicator of a high level of potential harm. We think that the likelihood of the risk of harm materialising, to one or more child, is not yet low enough. Whilst there is some evidence of developing insight, whilst one or two children have now moved out, and whist the Appellant's witnesses gave oral evidence of the Appellant doing some good and positive work more widely, the balance of the evidence suggests a likely pattern of problematic admissions to this supported accommodation provision over an extended period of time. At this time, in light of the other evidence, those positive things are not sufficient to reduce the overall risk profile enough.

48. Second, there is a legitimate aim engaged in relation to the measure adopted. It relates, ultimately, to the protection of vulnerable children from a risk of significant harm. The Restriction relates directly to the pursuance or achievement of that aim. The high importance of the aim means that the Restriction is more readily justified as proportionate. Its immediate purpose is to keep children safe during a (limited) period of time in which the Respondent can conduct further assessment and/or the Respondent/Appellant can take further steps necessary to reduce the relevant risk to an acceptable level. Importantly: the Respondent is planning another monitoring visit (or similar interaction) soon, as early as next week, to further assess and/or to manage any relevant ongoing risk. The Restriction is justified, at present, while the Respondent carries out further assessment and/or mitigation. Further steps may need to be taken, by the Respondent or the Appellant, to manage any relevant risk. Alternatively, it may be possible for the Respondent to lift the Restriction, if satisfied at the further upcoming visit that the risk (particularly that arising from the policy and practice regarding admissions) is by then reduced. The Respondent is under a duty to keep the Restriction under review.

49. Third, we have tried to have careful regard to the adverse impact of the Restriction on the Appellant and any other relevant people. We can see that, generally, it may well have an adverse impact. It may well reduce its income, for example. That said, there is a lack of direct or persuasive evidence from the Appellant about the nature and degree of any such impact. There is no sufficient evidence before us that the Appellant, or any relevant children or others, are or will be, as a result of the Restriction, disproportionately impacted. There is no financial evidence before us. The Restriction is limited in both scope and time.

Importantly, the Respondent decided to limit the intervention to a time-limited restriction on additional service users. The Appellant submitted that the Restriction would have an adverse impact on the availability of suitable placements, in the wider context of a sector where there's a problem with such availability. The Respondent, however, told us there was ample provision of the specific type of supported accommodation placements relevant to this case (with the key shortfall relating to children's home beds). We preferred the Respondent's evidence on this point. Overall, we are content, on the evidence available, that the importance of the legitimate aim being pursued outweighs the adverse impact at present. In forming this view, we have in mind the limited period of restriction and the obligation to actively keep it under review.

50. Fourth, we are satisfied that the legitimate aim cannot realistically be achieved adequately by a less-restrictive measure. It therefore appears appropriate and reasonably necessary to continue the Restriction for at least some additional time. Our decision is based, as it must be, at the time of the Hearing and on the basis the Restriction is due (in principle at least) to end relatively shortly.

51. In our judgment, the Decision was rational, proportionate, and lawful; and it continues, for now at least, to be so. Outcome

52. The Appeal is dismissed. The Decision is confirmed. Judge SJW Lewis First-tier Tribunal (Health, Education and Social Care) Date Issued: 5 May 2026 19

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