

STATEMENT OF PURPOSE

REGULATION 16 (Schedule 1)

Robinson House

A service for children with learning disabilities and autistic spectrum disorders



A home for Children with Autistic Spectrum Disorders/

Learning Disabilities

‘A happy, stimulating and caring home’

STATEMENT OF FUNCTION AND PURPOSE

Updated September 2016

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1. QUALITY AND PURPOSE OF CARE

• Range of needs of children

We provide care and accommodation for children and young people who have autistic spectrum disorders/learning disability. The emphasis is on providing a family type environment and a warm, professional caring approach. We are able to offer both respite and longer term placements as deemed to be appropriate and as may be necessary.

We are keen to ensure a family approach is adopted and the children feel happy, safe and comfortable throughout the duration of stay.

The statement of purpose is available to Ofsted and upon request to staff children/young people, their parent(s), those with parental responsibility, the local authority placing a child and those considering making a referral/placement.

• Ethos and Outcomes

The home's staff and management strive to ensure that all of the children receive a high quality of care in an environment similar to that of a family home. The emphasis is placed upon meeting the children's holistic needs and providing a nurturing, caring home.

The home will have placement plans for all of the children. These will focus on the need for the children to have positive outcomes whilst they are in our care. The home in consultation with the children's parents and or carers and other professionals, will work towards detailing individual need and how to successfully achieve these positive outcomes.

Objectives

- To meet the physical, emotional and social needs of the children residing at the home and to achieve positive outcomes
- To ensure the staff team all care for the children in accordance with recognised good practice
- To have care plans (placements plans) in place for all children
- To ensure all risk areas are known and appropriate risk assessments are in place
- To ensure that children are treated with kindness and respect irrespective of their age and understanding
- To provide the children with stimulation and suitable activities
- To support encourage and support the children's family links and to closely involve those with an interest in the children's care
- To ensure that whatever the disability, the children attend school and that they have the opportunity to achieve their educational potential
- To promote the development of positive behaviour through gentle teaching methods and through praise and recognition.
- To promote an active recognition of children's rights

- To promote policies of Equal Opportunities/valuing diversity and anti discriminatory practices.

- **Description of accommodation and location**

The home provides the children with their own bedroom and pleasant comfortable surroundings. The philosophy is for the home to be similar to that of any pleasant family home, where the children feel safe and comfortable. Heavy emphasis is placed on health and safety and ensuring the physical environment and the services and facilities it provides are safe. Risk assessments are undertaken and every effort is made to safeguard the children at all times.

Each young person will have a large safe spacious room and will be decorated how the young person would like it and we can help put things on the walls or put pictures up of the young person's family or friends. We will accommodate all requests made by the young person to make the room as comfortable for them as possible.

If a young person is coming for respite care we will ensure that the rooms are safe and comfortable and will encourage them to bring a familiar toy or blanket with them. In so far as is possible children who come in for short breaks would be offered the same room.

The home is well situated to support children with learning disabilities and autistic spectrum disorders. Local services and facilities are all near to the home. External activities can easily be arranged. These include: RAGS (a support group/youth club) PACT (provides advice, support, summer activity programmes and speech and language services). Recreational facilities including, parks, leisure centre, cinema, bowling and other leisure activities are available.

Special needs schools are in close proximity to the home and particular links have been established with Ravensbourne School.

Health care providers are in and around the local area and offer good support with all primary health care needs for the children.

The home is situated in a safe, residential street and is friendly area. The home is close to shops and supermarkets so they can go shopping and purchase the things they need supported by staff. The local park is in walking distance and there is direct access to bus and train routes. Robinson house is also a member of a local organisation called Streetlife and it has information about events in the area as well as letting us know about any crimes or even attempted crimes in the surrounding area.

A location assessment has also been completed under regulation 46 of The Children's Home Regulations 2015 which reviews the appropriateness and suitability of location as well as highlighting and identifying any risks and also strategies for managing the risks. A copy of the location assessment will be made available upon request.

- **How cultural, linguistic and religious needs are met**

Any young person, who wishes to follow their respective religious beliefs while accommodated in the home, will be encouraged and assisted to do so wherever possible. Staff will make every effort to facilitate the child's religious observance. We will ensure that all cultural dietary needs are met. Prayer mats, rosary beads etc will be bought for the young person when requested and we will inform any young person who is interested in following their faith and beliefs of local Mosques, Churches, Temples, and Synagogues etc.

At Robinson House all dietary needs are met and we have a menu folder with pictures of foods from different countries and cultures. This is done so even if the young person cannot communicate they are able to look at the pictures of the food and pick what they want as we feel it is important to promote choice for the young people. Parents are also encouraged to bring in any cultural foods that they have at home if they would like their child to have what they have at home whilst at Robinson House.

The home will, as far as practicable provide the children with the opportunity to attend such religious services and receive such instructions as are appropriate to the religious persuasion to which the children or young people may belong. The home will also undertake to provide for any special diets and clothing as required.

On admission to the home the Home Manager will:

- Make necessary inquiries into the religious and cultural need of the child.
- Contact family or relatives to ascertain relevant information.
- Make arrangements so that the child may follow their religion in a manner appropriate to their age. If appropriate, the child may join their family for religious services.
- Make all staff aware of the religious background of the child and provision made during the day-to-day care programme

- **Child protection policy**

The home has a comprehensive safeguarding procedure and all staff are made aware of what to do in the event of an allegation of abuse or suspicion of abuse. The home's management will always refer matters of a child protection nature to the local safeguarding board to decide on an appropriate course of action.

The home has a detailed bullying policy which all staff and young people are made aware of. A copy of the procedure is also displayed on the notice board in the home.

- **Behaviour management policy**

The home provides care and accommodation for children and young people with autistic spectrum disorder/learning disabilities who may have a variety of needs including those who may display some degree of challenging behaviour. This could include; self-injury, injury to others, kicking, hitting, punching or biting, being destructive to property etc.

It is understood that these behaviours are usually due to the child/young person attempting to communicate their feelings of frustration, anger or upset. The home will use appropriate

methods of communicating with the children which will include the use of PECS and other visual means.

The Home will provide the facilities, environment and professional expertise to effectively address any such behaviour through calm, gentle teaching techniques. An understanding professional body of staff will care for the children and young people at the home.

Each young person will have a behaviour management plan on their file. This plan outlines the triggers and strategies to manage any negative behaviours. This is regularly reviewed and updated accordingly. There is a behaviour management policy where it explains that staff are expected to discourage inappropriate behaviour through process of discussion with the young people as opposed to imposing sanctions. The discussion should be communicated in a way that the young person understands.

The home is supported by a qualified Consultant, who will provide advice/guidance and support to the young people and the staff

2. VIEWS, WISHES AND FEELINGS

- **How we consult children about the quality of their care**

The home recognises the importance of involving the children and indeed their families and significant others in day to running of the home and in decisions affecting their care. To this end, if appropriate, weekly meetings will be held and all children will be allocated to a keyworker who will speak regularly on a one to one basis with their key child.

It has to be recognised that due to their disability, some of the children will be non-verbal. The home will monitor the care of these children, through direct observation and developing and understanding of the child's needs through their specific behaviours, mannerisms and non-verbal means of communication. In so far as is possible children will have choices in all aspects of the care and the staff are expected to be innovative in their work to enable the children to be consulted as much as is practicable.

Whilst it may be difficult for some of the children to communicate their thoughts and feelings, every effort needs to be made to enable them to do so. This can take the form of pictorial information and through other forms of medium such as singing, music etc. staff need to recognise the non-verbal communications of the children. The manner and communication abilities of the child will invariably differ and are to be fully discussed with those best known to the child.

- **Anti-Discriminatory Practice**

The home is opposed to any form of discrimination and work to ensure a high level of childcare practice is delivered in a non-discriminatory environment in which all people are valued as individuals.

The home aims to meet the individual needs of the children in accordance with their race, religion, gender, sexual orientation and culture. The home has in place a clear equal opportunities policy which all staff are made aware of.

- **Children's rights**

All staff (especially Care Staff) receives training and supervision on a regular basis which then equips them of a regulatory awareness of young peoples' rights. More specifically, all Care Staff will be familiar with and have an understanding of the Children's Act, 1989, Volume 4, and The Children's Homes Regulations 2015. Young people at Robinson House will also have access to a Children's rights officer and advocacy service appropriate to meet their needs in regards to communication and making sure that they understand. A parent or carer may advocate on behalf of the young person

Havering advocacy Service Tel: 01708 434 609
Childline Tel: 0800 1111

3. EDUCATION

Staff will promote and explore all educational opportunities for the children and young people at the home. Strenuous efforts will be made to ensure educational needs of the children are met and that a suitable educational placement has been found.

The home will work closely with those responsible for the child's education, in particular with the placing authority's education department.

The staff team are committed in encouraging and supporting children with their studies and to complete homework in a conducive and appropriate environment.

The majority of the children accommodated at the home have special educational needs, not necessarily because of learning disabilities, but could be because of behavioural problems, which cannot be accommodated in main stream education. The homes staff liaises frequently with the schools and are involved in core group meetings with the teacher, parent and social worker to discuss any issues that the child may be experiencing.

4. ENJOYMENT AND ACHIEVEMENT

Our activities programme will change as it reflects individual needs as well as being based upon the developmental age of the children in occupancy. Children will have use of computers, internet, a range of games and in-house activities.

The home will encourage participation in leisure interests within the local community and participation in internal activities that engender and build self-esteem and confidence. The home actively seeks to support and promote the principals of social inclusion and to this end, children and young people are encouraged to participate in community activities.

The staff members have the choice to use their own vehicles to transport the young people to activities, appointments or family contact. Staff would first need to provide their insurance certificate to show that they have business insurance and this will be held on their individual personnel file.

All activities are appropriately supervised. The activities vary from swimming, visiting theme parks, zoos, the beach, shopping, horse riding, meals out and the cinema (Risk assessments would be undertaken as appropriate)

The home provides board games as well as other facilities including: T.V. and video and computer, a safe garden is available to the rear of the premises.

The home celebrates birthdays, Christmas, other religious festivals, and other cultural events, encouraging and promoting the children and young people to learn about cultural and religious differences.

In order to help achieve positive outcomes, the home works very closely with parents and anyone associated with the care of the children such as Social Workers, Psychiatrists, CAMHS and other health care professionals. This multi-disciplinary approach will help to ensure that the child's needs are fully assessed and arrangements put into place to meet these needs.

5. HEALTH

The health needs and wellbeing of the children is of paramount importance. Every effort is made to ensure all children are provided with everything necessary to meet their health care needs.

Issues of personal hygiene and health are dealt with sensitively and with the preservation of the child's dignity. The home has policies and procedures in place relating to personal care and supervision.

As a staff team, we actively discourage children and young people from smoking.

SMOKING IS NOT PERMITTED IN ANY PART OF THE HOME

Prior to admission, the Homes Manager will ensure that as much history as possible is supplied with the referral form by the placing authority in respect of health records for the child.

As soon after admission as possible, the keyworker for the child will:

- If the child is referred from the local area of the home, attempt to continue with his/her existing GP
- If the child is not referred from the local area, will register the child at the local health centre as a patient.
- Ensure that a GP of the same sex to the child is offered
- If necessary arrange a full medical to ascertain the child's state of health, dental and optician appointments.

It is a requirement of the home that the child's health be promoted as if they were living with caring parents. The allocated keyworker will pursue a pro-active approach on health issues.

Keyworkers will establish effective communications between the GP, parents, child's social worker and health visitor.

If a child is referred to the home with a pre-diagnosed condition requiring on-going medication, it is the responsibility of the Homes Manager to consult with the appropriate agencies and arrange for the correct procedures in respect of medication to be followed. This will be clearly recorded in the young person's case file and medical administration records.

Health care records

A detailed health record will be kept on each child accommodated at the home. It is the responsibility of the key worker to ensure that up to date information is recorded on the case file. This will include

- Illnesses
- Operations
- Immunisations
- Allergies
- Medications administered
- Dates of appointments with GP's and specialists.

Safe storage of medication

All medications including those, which can be obtained without prescription, will be stored and handled safely.

The home will ensure that:

- All medication is stored safely in a purpose built locked medicine cabinet.
- The correct procedures in respect of administering medication are followed at all times.
- All medications administered are recorded in the homes medication administration record and the young person's case files

Emergency Medical Treatment

Children aged 16 years and over can give their own consent to medical treatment (subject to any arrangements made in relation to mental capacity) Children under this age may also give their consent depending on their ability to understand the nature of the treatment. Medical staff make this judgement.

In any case, written consent to emergency medical treatment will be sought from the person with parental responsibility for the child and be retained on the child's file.

HIV/AIDS

It is the home's policy that all services will be provided to the children and young people in line with the principles of normal living and *equality*.

The transmission of the HIV virus is easily preventable through the maintenance of safe hygienic practices. Staff is given clear instruction on how to deal with spillages of blood and other bodily fluids.

6. POSITIVE RELATIONSHIPS

- **Arrangements for promoting contact between children, their families and friends**

Whenever possible, the staff aim to work in partnership with parents and by so doing they are in a position to offer support with the child's care and progress.

Parents will be consulted before any decision is made in regards to the care of their children. The planning and review of a child's care with the involvement of parents, will provide the basis of partnership between the home, the parents and the child.

The development of this partnership will enable the child's welfare to be safeguarded and the placement to proceed in a positive manner. Contact between the child and his/her parents and family will be actively promoted where it is practicable and consistent with the child's welfare. Working with parents will in most cases, achieve a safe and stable environment.

The home's responsibility must not detract from the parents' continuing parental responsibility. The parent's involvement with the child and exercise of their parental responsibility will be the basis of any agreed arrangements, and they will be made aware of this.

All children are encouraged to have visitors. The home acknowledges the importance of maintaining family contacts and community links.

Communal areas are available for visitors to use. If children wish to have privacy, the child may use their own bedroom for this purpose.

A record will be maintained of all visitors to the home.

All visitors to the home will be expected to behave appropriately at all times, equally all visitors to the home will be treated courteously, with respect and dignity.

7. PROTECTION OF CHILDREN

We believe in the principle of gentle teaching, reinforcement and use reward, praise and recognition to promote positive behaviour.

In order to achieve good order the home has an established framework of general routines. Individual boundaries of behaviour are well defined. We have realistic expectations of behaviour and use consistent and sensitive methods of control. Individual behaviour management guidelines will be written and agreed by parents, social workers and other professionals associated with child's care as appropriate.

In so far as can be reasonably expected and dependent upon the communication abilities of the children and young people, they are routinely involved in decision making about their care. Regular house meetings take place to help ensure open healthy communication exists between the children and the staff.

Restraint

In principle the home practices non-restraint, although there may be occasions when physical intervention is considered necessary. It is not uncommon for children who have autism who will require physical intervention. Clearly staff must make a professional judgement in such cases, but are not to put themselves or others at unnecessary risk. Staff receive training regularly in managing difficult behaviours and autism and will always work preventatively in a pro-active manner.

Staff may be required on occasions to use physical intervention and safe holding techniques. This would only be necessary if the child was in danger or endangering others.

All staff receive appropriate training in physical intervention and breakaway techniques. Following any restraint on a child, records would be made in accordance with the Regulations.

The home recognises that some form of sanction may be necessary where there are instances of behaviour, which would in any family, or group environment reasonably be regarded as unacceptable. However, we firmly believe that children should be encouraged to behave well by the frequent expression of approval and by the generous use of rewards rather than the extensive imposition of disciplinary measures.

The home may use the following sanctions:

- Additional chores
- Curtailment of recreational activities
- Increased supervision
- Verbal reprimand
- Reparation
- All sanctions will be recorded

Prohibited sanctions

- Any form of corporal punishment
- Deprivation of food or drink
- Use or withhold medication or dental treatment.
- Intentional deprivation of sleep
- No more than 2/3 of basic pocket money to be stopped.
(Fines from court must be paid)
- Insisting a child wear distinctive clothing during the day, i.e. pyjamas.
(Uniforms for school, scouts are acceptable)

- Intimate physical examination of residents.
(Staff may search clothing for weapons or drugs, if it is suspected that the young person has secreted on their person, police would need to be called)
- Restrict visits or telephone calls from parents, friends as punishment, access to any telephone helpline providing counselling for children
- The withholding of any aids or equipment needed by a disabled child
- Imposing any measure which involves any child in the imposition of any measure against any other child or the punishment of a group of children for the behaviour of an individual child
- Lock a young person in a room
- Lock exits from the home unless for the safety of the young people and staff.

CCTV cameras have been installed operating only outside for the protection of the young people within the home and also in the office to support staff to monitor and safeguard the home.

Robinson House respects the right to privacy of all the young people in their care and there are no cameras operating in any of the children's bedrooms or communal areas.

8. LEADERSHIP AND MANAGEMENT

- **Name and address of registered provider**

Linda Blakeley
Robinson House
59b Allen Road
Rainham
RM13 9JS

- **Qualifications and experience of management**

<p>Manager</p> <p>Natasha Robinson</p>	<p>Natasha has over 15 years experience working in a residential setting with young people with challenging behaviours and also in school settings doing one 2 one work and family support. Natasha has been with CARE LTD for over 4 years working with emotional and behavioural difficulties as well as young people with mental health issues. She also has experience effectively managing the staff and home. Natasha has a Social Work degree and has completed the Health and Social Care QCF Diploma Level 5 CYP Residential Management.</p> <p>Social Work Degree NVQ 3 Health & Social Care; Children & Young People Management & Staff Supervision</p>
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	<p> NCFE Level 2 Safeguarding Children & Young People Fire Safety Training Safe Handling of Medication Health & Safety Challenging Behaviour Risk Assessment Training NCFE Level 2 Equality & Diversity Professional Boundaries/ Safe Working Practices Mental Health Awareness Personal and Team Responsiveness Dealing with Aggression Infection Control Basic First Aid Food and Hygiene Managing Challenging behaviour working with autism Child Sexual Exploitation Training </p>
<p> Compliance Manager Ricky Phelan </p>	<p> Ricky has worked with young people with EBD and children with disabilities for 10 years, in both a residential and school setting. He has managed a 4 bed therapeutic children's home with EBD, managing a team of up to 15 members of staff. Ricky holds a Level 5 Diploma in Leadership and Management, as well as a Level 3 in Health and Social Care Working with Children and Young People. In Ricky's experience, he has assisted Children's Homes in developing them in working alongside the Children's Homes Regulations 2015 and ensuring that appropriate systems are in place to record the care that is delivered to the young people. </p> <p> Level 1 in British Sign Language Level 2 in British Sign Language Level 1 in Adult Literacy OCR Level 1 for IT Users (New CLAIT) Safeguarding and Child Protection for Designated Safeguarding Leads (Level 3) Level 2 Equality and Diversity Health and Safety Emergency First Aid at Work Food Hygiene Fire Marshal Medication Challenging Behaviour Safeguarding and Child Protection Whistleblowing Child Sexual Exploitation NFPS & PRICE (Restraint) Social Pedagogy Recruitment and Employment Law Psychological Training such as: Understanding Young People Self-Reflection CBT and Problem Solving (Cognitive Behavioural Therapy) Leadership and Management training Professional Boundaries </p>

	Effective use of Supervision Developmental and Neurological
Deputy Manager Francisca Itimi	Francisca has worked with young people with ASD for over 10 years. She has vast experience from support worker to Senior Team Leader level. She has a wide knowledge of different ways to manage the challenging behaviours of young people with ASD. Francisca also has experience with managing a small staff team and conducting staff supervisions and appraisals. BA Early Childhood Studies with Special Educational needs NVQ Level 3 Emergency First Aid at Work Level 2 Award in Food Safety and Catering Challenging behaviour Diversity and Equality Fire Training Safe Administration of Medication Risk Assessment Working with Service Users with Epilepsy Team Teach Supervisor Appraisal training Record Keeping Infection Control Training
Senior RSW Kim Konorris	NVQ 3 Health and Social Care, Tube feed trained, Fire safety, Allergen training, Safeguarding, Emergency First aid at work, Managing Challenging behaviours
Senior RSW Sandra Beecher	BA Honours in Social Work, NVQ3 Health and Social Care, Medication Administration, Managing Challenging Behaviour, Child Sexual Exploitation Training

All other staff Please see back sheet for list of individual staff qualifications and experience	All Residential Support workers, Waking night staff and Bank staff have a range of qualifications at Robinson House and have a range of experience and training which include: <ul style="list-style-type: none"> • Social work degree • NVQ 3 Health and Social care • Health and safety • Anger Management • Dealing with challenging behaviour • Food Hygiene • Challenging behaviour working with autism
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- **Qualifications and experience of Support staff**

- **Tina Samuels** – NVQ 3 Health and Social care
Medication Administration
Emergency First aid at work
Managing Challenging Behaviour
- **Abigail Morgan** – NVQ 3 Health and Social care
Emergency First aid at work
Diet and Nutrition
Food safety
Mental Health Awareness
Managing challenging behaviour
- **Grace Lafura** – NVQ 3 Health and Social Care
First Aid training
Health and Safety including Fire Safety
Medication Awareness (Administration)
BA Honours Combined Legal Studies
- **Pauline Pickett** – NVQ 3 Health and Social Care
Social Pedagogy personal and professional
Development course
Level 2 Safeguarding Children
Team-Teach in Reduction of Risk, restraint and
Restriction
NVQ 3 for Teaching Assistant
Level 2 Award Health safety and Fire

Alex Turner – Independent Visitor – Janjer Ltd Care and Health Consultancy – 01666 510644 - Alex comes to the home once a month, announced or unannounced to complete the Regulation 44 inspection. After the inspection he produces a report about the visit and this report is also shared with Ofsted

- **Staff supervision, training and development**

The home operates on a minimum staffing ratio of 1 member of staff to every 2 children/young people and would always ensure three members of staff are on duty.

The home operates a four-week rolling rota for staff. The home is staffed 24hrs each day according to the above ratio.

On each shift is a senior support worker who assumes authority for the home whilst on duty. Each senior undergoes an induction programme that equips them with the knowledge to make balanced decisions in line with the homes' policies and procedures.

On call cover is provided by the management of the home at all times.

CARE Ltd. is committed to the following principles and standards of professional supervision.

Caring for children in a residential setting can be a demanding and isolating experience. Support is provided to address this in the form of written documents (company policies and

procedures) Staff supervision sessions, staff team meetings and training and external consultation.

All staff receives individual supervision from their manager including non-care staff. Supervision should be on a one to one basis, in private and free from interruption where possible. The venue in which the supervision is being held must also allow for confidentiality.

Each supervision session will have the following agenda points to be discussed:

- 1 Health and safety in the work place/ risk assessment
- 2 Reflect on practise using internal recording documents
- 3 Methods of intervention with children
- 4 Personal boundaries with children
- 5 Direct practical guidance
- 6 Professional development
- 7 Management of feelings evoked by working with young people
- 8 Identify training needs and courses available

FREQUENCY & FORMAT OF SESSIONS

Individual supervision should be every four weeks except for new team members who will be supervised every two weeks for the first three months.

Team meetings are also held every four weeks, which provides for group supervision.

Training is held as detailed in the training policy and an internal training programme is in place to specify needs are being met.

The manager is responsible for recording the outcomes of supervision sessions. Any confidential issues not concerning work practise and development are to be stored separately and marked confidential.

There will always be one waking night and a sleep in staff during the night.

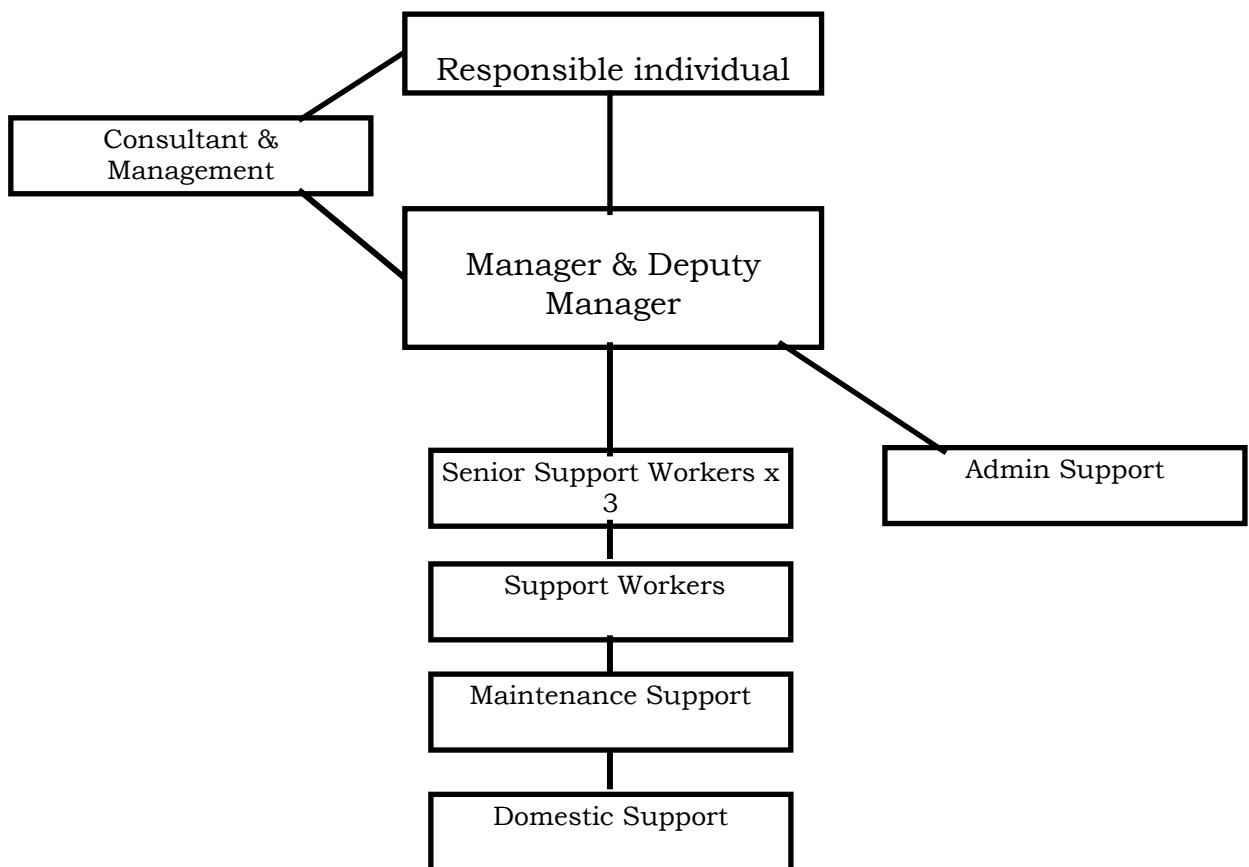
There is a room provided for the overnight sleep-in staff

Day staff are managed by the Home Manager.

Night staff are supported by the Manager who is contactable 24 hours a day. The Manager also visits the unit on an ad-hoc basis during the night.

- **ORGANISATIONAL STRUCTURE**

The home is privately owned and managed



9. CARE PLANNING

We provide care and accommodation for children and young people of either gender, who have complex needs, learning disabilities, autism young people who may display challenging behaviours and who may present with some mental health issues

We provide experienced, competent and well trained staff who work closely with the young people in providing support and guidance.

We operate a keyworker system and comprehensive risk assessments and placement plans are put into place.

We provide a service whereby children and young people are given the opportunity to be involved in the decision making processes, such as the decor of the home, menus, activities etc through the residents' meetings and one to one sessions and key work sessions.

We have excellent links with external agencies involved with the young persons' care and provide one to one support as necessary.

Each young person has a care plan which is updated every 3 months or sooner if there have been significant changes. On admission a LAC care plan is always requested. It is important that the care plan is detailed and shows the exact plan for the young person's care. The social worker and parent/carer are also encouraged to have input into the care plan.

10. FIRE PRECAUTIONS AND ASSOCIATED PROCEDURES

In the event of a fire the nearest alarm will be sounded and the senior on duty will: -

1. Establish location of fire
2. Attack the fire using fire fighting appliances (without risking self or others)
3. Evacuate the premises
4. Call fire brigade
5. Account for all children, visitors and staff
6. Report to the fire brigade on their arrival

Fire safety checks

A number of fire safety checks will be carried out and recorded in the fire logbook.

- Fire alarm call points are tested at different call points as detailed in fire log.
- Smoke/Heat detectors are tested at different locations as detailed in fire log.
- Fire log is updated with dates and details of fire drills
- A check is made on the amount of spare fire glasses that are available.
- All Fire Doors fitted with door closures are working effectively
- All fire fighting equipment is stored appropriately and is within test.
- Fire Alarm is working - and not on silence.
- No fire doors are wedged open.

11. ADMISSIONS AND DISCHARGE

• Admissions criteria

The admission of a child/young person into the home is a critical time for the child and their respective families, every effort will be made to ensure that the process is smooth and positive. The staff will endeavour to ensure that any anxieties are minimized through providing assurance and information about the home. Children's transitions are managed with care and through planning. Risk factors are identified and transition plans are written in consultation with parents, professionals and the staff team.

All young people will be provided with a copy of the children's guide and information about general expectations and rules. The child will be allocated a keyworker.

The home will provide care and accommodation for children who require a medium to long term placement, as well as those who need short term stays. Short breaks may include single overnight stays or holiday periods. This would be dependent upon the availability of beds and be based upon the needs of the children living in the home at the time.

The home will admit children who have physical disabilities, but this will be dependent upon the degree of physical disability and assessment of their needs to ensure that the home can provide adequate facilities to meet such needs. Predominantly, the home will aim to admit children and young people who have autistic spectrum/learning disabilities disorders.

Short breaks

Some of the children and young people may be placed at the home for the purpose of short breaks. This may include varying periods of differing lengths of time.

The Children's Homes Regulations 2015 (Reg 52), stipulates, that if a child is not in the care of the local authority and the child is placed in a series of short term placements at the home and where no single placement is intended to last for more than 17 days, at the end of each placement the child returns to the care of the child's parent or a person who is not the child's parent but who has parental responsibility for that child, and the short breaks do not exceed 75 days in total in any period of 12 months, there is no requirement for the home to promote the contact of each child with his parents, relatives and friends. There would also be no requirement for the home to promote the educational achievement of the child, or to register the child with a general medical practitioner, or to provide the child with guidance, support and advice on health and personal care issues.

Management of short breaks

The home is aware that having children coming into the house for short term stay can be unsettling for those children who are placed on a more permanent basis. However, as far as possible, the children who come in for short breaks will be the same children. This will help to maintain the routines of the home and reduce the level of potential disruption.

In keeping with recognised good practice, the home will consider the needs of all of the children and the compatibility of the group, before a decision would be made to accept a child for a short term stay. This would include identifying any potential risks associated with the children.

Admitting a child for a short term break, should not impact detrimentally on the routines, planned activities and boundaries for any of the other children. If necessary additional staffing would be available to support the placement and the different needs of the children.

- **Emergency placements**

It is likely that there will be little information available on children who are referred on an emergency basis. In this event, attempts are to be made to establish as much information as possible on the child and the reasons for the referral from the referring authority. This information should be requested in writing and be emailed to the home.

Based on the information provided, the manager will decide on the appropriateness of the placement.

- **Reception of children and guidance**

It is the home's policy that each young person referred to the service will be considered on individual merits, taking into account both the needs of the children referred and to those already in placement.

Where it seems likely that a referral will proceed then further information is essential including:

Completed Department of Health assessment forms, full previous history, recent educational, health, psychological, reports and any other relevant documents.

It is expected that all children and young people will have an allocated Social Worker and that the home will be furnished with all necessary documentation. This must include relevant content forms and legal documentation.

The home will not be using any specific therapeutic techniques or providing nursing care. However, some of the children accommodated may have special needs. External agencies will be requested to provide specific detail of any specialist treatment or interventions which maybe necessary. The staff at the home will only carry out such tasks that any responsible caring parent could undertake and only once appropriate training has been provided.

In the event of a child being placed by a voluntary organisation who is not looked after, the home will co-operate with the voluntary organisation in agreeing and signing the placement plan. If a child is placed in the home who is not looked after is placed other than a voluntary organisation, the home will prepare a placement plan for that child in accordance with the regulations.

For children who are looked after, the home will co-operate with the child's placing authority in agreeing and signing the placement plan.

The home will ensure that children are cared for in line with their placement plan/short break care plan.

It is the home's primary objective to ensure that all of the children receive care which helps to prepare them for and support them, in so far as is reasonably practicable, into independence.

Policy (this policy relates only to those children in the care of the local authority)

Whilst there is a statutory duty on behalf of the placing authority to ensure each child has a pathway plan. The home will make every effort to make a relevant contribution to the assessment of the young person's needs and to the resulting pathways plan.

In the absence of a pathways plan, the home will ensure that it works in consultation with the child and other significant adults and produce a comprehensive plan for young people preparing to leave care and to move into independent or semi-independent living.

The home will implement the leaving care plan and any aspects of the pathway plan which are the responsibility of the home.

The pathways plan should outline the arrangements for;

- Education, training and employment
- Securing safe and affordable accommodation
- On going health care as appropriate
- Financial assistance
- Claiming welfare benefits as necessary
- General and specialised health education and health care
- Maintaining existing networks
- Creating new networks of support if applicable
- Appropriate leisure activities
- Seeking assistance should problems arise

Any independence programme will take into account the religious, racial, linguistic and cultural background of the child. Programmes will be written in consultation with the young person, who will be given their own copy.

12. CHILDREN MISSING FROM THE HOME/MISSING FROM CARE

There may be occasions when a child is missing from the home. If this should happen, immediate steps will be taken to ensure their safety and well being. Consideration as to what action is appropriate will depend on the age and awareness of the child. Due to the vulnerability of the children accommodated at the home, any case of a child going missing must be treated as a serious matter. The following principles must be adhered to:

When a child is missing the matter should immediately **be reported to the senior member of staff** on duty. This person will then ensure that the **grounds and buildings are searched**. In the case of a younger young person, and this means anyone who is the age of twelve years or less, a **search should also be made of the local area**.

If the young person is not found then the **police should be informed** immediately and young person reported as missing. The local authority social worker or **emergency duty social worker should also be informed**. **Parents and relatives should be contacted** as the young person may go home.

The home will follow any relevant local authority or police protocols on missing children.

Any variations to this procedure would be contained and detailed within individual risk assessments

Supervision and security

Staff are expected to know where the children are at all times. The premises are to be kept safe and secure. However, this needs to be balanced with the need to allow children their rights not to be breached.

13. ARRANGEMENTS FOR REVIEW OF PLACEMENT

All young people under the age of 18 years under the 'Children's Act 1989 and The Children's Homes Regulations 2015 are all 'Looked after Children and are required to have a statutory review.

CARE Limited contributes effectively to the young person's review, it recognises that it has a legal responsibility to ensure implementation. CARE Ltd. is committed to the needs and development of the young person and reviewed regularly.

The Manager or key worker as far as feasible, should ensure the young person be included at the review, assist him/her to contribute their wishes and feelings, to act as an advocate in line with the young person's wishes. Where this is not possible due to be unable to communicate or express their wishes and feelings, the keyworker, parent or social worker can contribute to the review on the young person's behalf, ensuring that any known wishes or feelings are discussed.

Reviews are held to see how the young person is 'getting on' and to help plan for their future, the following areas to be discussed at reviews are.

- Health
- Education/Employment
- Welfare and Development
- Behaviour and Interests
- Relationship with other people
- Relationships with family/peers
- Needs relating to racial origin religion cultural and linguistic backgrounds

The placing authority should contact the registered person agreeing a date and time for such reviews, however it may be necessary for the registered person to contact the placing authority requesting emergency or statutory reviews as and when necessary

Members of staff and the young person's key worker effectively contribute on the progress or difficulties of the young person, where possible the young person key worker should attend such reviews, providing any information sought by the placing authority.

The result of all statutory reviews is recorded on the young person file and individuals responsible for pursuing such action is identified.

The young person should be given written copies of all reviews, they should be assisted if necessary in understanding them, and reviews should be translated or communicated in a form best suited to the individual.

14.COMPLAINTS PROCEDURE

The home has a leaflet explaining the worries and complaint procedure for the children which is provided upon their admission to the home.

If the young person wants to talk to someone

All children have a keyworker and this person should be able to help them. If he/she is not on duty or the young person would rather talk to someone else, then he should ask to speak to the person they really get on with. The child can always ask to speak to the person who is in charge.

If the child feels they cannot talk to anyone at the home, they should be encouraged to telephone or write to the following:

1. Their parents or relatives
2. Their Social Worker or Team Leader
3. The home's independent visitor – 01666 510644
4. The Local Police
5. Childline - 0800 1111
6. Young People's Legal Centre – 0808 802 0008
7. National Association of Young People in Care – 0207 278 4404
8. Ofsted – 0300 123 1231

Children may use the office telephone to contact any of the appropriate people. If the child does not know the telephone number for any appropriate person then the staff will provide details of the same. If the child is unable to communicate their complaints to any of the above then their parents/carer may do so on their behalf.

Formal complaint

The child should be asked to speak to a member of staff on duty. If the complaint is about a member of staff then it is not appropriate for that member of staff to be present during initial discussions.

The complaint must be written in the complaint file. If required a member of staff will write the complaint.

The Unit Manager will then be notified who will be expected to undertake an investigation and take appropriate action accordingly.

If the young person is unable to do any of the above for themselves then the home will ensure that the parent and social worker are informed if they are not happy. An advocate who advocates for young people with learning disabilities would also be made available.