



Maple House

STATEMENT OF PURPOSE

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Welcome and Introduction

Welcome

Maple House Small Group Home would like to take this opportunity to thank all parties who take the time to read about the care, support and accommodation that we provide for young people who have emotional and behavioural difficulties (EBD).

Legislation Framework

The Children's Homes (England) Regulations 2015

Reg 16 (1) The registered person shall compile in relation to the children's home a written statement, which shall consist of a statement as to the matters listed in Schedule 1.

Reg 16 (2) The registered person shall provide a copy of the statement of purpose to HMIC and shall make a copy of it available upon request for inspection –

- (a) Any person who works at the children's home
- (b) Any child accommodated in the children's home
- (c) The parent of any child accommodated in the children's home
- (d) The Placing authority of any child accommodated in the home ; and
- (e) In the case of qualifying school, the secretary of state, and Her Majesty's Inspector of Schools in England

Reg 16 (3) The Registered Person must -

- (a) Keep the home's Statement of Purpose under review and where appropriate revise it.
- (b) Notify HMCI of any revisions and send them a copy of the revised statement within 24 days of the revision.

Reg 16 (4) Where the home has a website, the person must ensure a copy of the revised Statement of Purpose is published on that website unless the registered person considers that such publication would prejudice the welfare of children in the home.

Reg 6 (1) The quality and purpose of care standard

- (2) In particular, the standard in paragraph (1) requires the registered person to:
 - (a) understand and apply the home's statement of purpose.
 - (b) ensure that staff understand and apply the statement of purpose.



Section 1: Quality and Purpose of Care

1 Admission Range

The home supports young people of either gender between the ages of 10-17 years and 11 months.

The home offers care and accommodation to young people with emotional and behavioural difficulties (EBD) and has had experience of working with young people who display:

- * Challenging behaviours
- * Complex behaviours
- * Sexually harmful behaviours
- * Mild learning difficulties
- * Risk of being sexually exploited
- * Low level criminal behaviours
- * Truancy
- * Trauma
- * Attachment difficulties
- * Low risk fire raiser
- * Substance misuse categorised as Class B and C

The home **cannot** accommodate young people who:

- * Persistently offend (serious crime)
- * Have committed sex offences
- * Are high risk of fire raising

Where there are extenuating circumstances and the home feels they can meet the needs of a young person, that fall outside of the admission criteria, the home will seek an amendment to their HMCI registration.

2 Ethos and the outcomes that the home seeks to achieve and its approach to achieving them

The home wants to offer young people a family they can be a part of forever.

Our aim is to create a homely environment that replicates, and is similar to, other homes within the area in which the home is located. It is hoped that living within communities will support young people to develop their social skills and build a robust support network in preparation for transition into independence.

In order for young people to achieve their full potential we believe that it is important to provide a safe, secure, nurturing and learning environment. Therefore we have a small team of qualified and experienced Residential Care Workers that are able to build meaningful relationships and support young people's individual needs.



We strive to support young people to develop their own identity taking into account individuals gender, religion, ability, class, ethnicity and sexuality. Carers receive equality and diversity training in order to raise awareness and to maximise positive outcomes.

The home strives to create a culture of openness and transparency, where reflective practice is supported in order to develop and improve outcomes for young people.

Whilst our practice is child centred, we also recognise the importance of the wider picture and work systemically.

To support the above, the home completes an individual placement plan for each young person which is then implemented by the team of carers and monitored by the Registered Care Manager.

The home's aspirations for young people accommodated are:

- * Reach their full educational potential
- * Maintain a healthy lifestyle
- * Develop strategies to keep themselves safe.
- * Be resilient
- * To be able to recognise and make good decisions
- * Increase independence

3 Description of the accommodation offered by the children's home

(a) Adaptations to meet the needs of the young people

The home is a three bedroomed property situated within a residential area. The home is similar to neighbouring homes and is not identifiable as a children's home from the outside. The only difference to a domestic home is that some parts of the home are kept locked to prevent access to potentially dangerous materials and equipment or confidential documents. Young people also have the ability to lock their bedrooms to ensure their personal effects are kept safe and secure.

The home has a domestic security alarm system and this is set on full when the home is empty. During the night, the system is set but will allow young people access to toileting facilities without it becoming activated. Young people do not have access to the security alarm code.

In some circumstances it may be necessary to place door alarms on the young people's bedroom doors to monitor the whereabouts of a young person; this decision will be risk assessed and in agreement with the placing authority.

Maple House will use key to key locks on the front and back door, these have replaced the previous thumb locks, and there is an additional thumb lock to be used during the day with the key to key being used at night. A bedroom door alarm has also been fitted to one of the bedrooms.



(b) The age range, number and sex of children who can be accommodated

The home provides accommodation for two young people of either gender, aged between 10 and 17 years and 11 months.

(c) The type of accommodation, including sleeping accommodation

Maple House Small Group Home is a three bedroomed property situated within a residential area. The home is similar to neighbouring homes and is not identifiable as a children's home from the outside. The only other difference to a domestic home is that some parts of the home are kept locked to prevent access to chemicals or confidential documents. Young people also have the ability to lock their bedrooms to ensure their personal effects are kept safe and secure.

The home has a domestic security alarm system this is set on full when the home is empty. During the night the system is set but will allow young people access to toileting facilities without it becoming activated. Young people don't have access to security alarm code.

Maple House is a two storey property with communal living space and kitchen facilities on the ground floor. On the first floor, each young person will have their own bedroom; the third bedroom is multi-functional as a sleep in room for carers and office.

Maple house is able to offer 2-1 staffing with the second bedroom being used as a sleep in room.

Young people's bedrooms are appropriately equipped with furniture including bed and storage facilities, these are personalised and decorated taking into account the young person's preferences.

Ground floor

Entrance Hall



Family kitchen



Lounge



WC





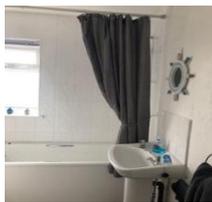
Storage cupboard (COSHH)



First Floor

- * Bedroom 1 (allocated to a young person)
- * Bedroom 2 (allocated to a young person / a second sleep in room for carers)
- * Bedroom / Office (allocated for carers)

Bathroom



External area

Large Grassed garden



Shed



Carers and young people are regularly consulted in relation to the furnishing and decoration of communal areas of the home and garden.

In some circumstances, it may be necessary to place door alarms on the young people's bedroom doors to monitor the young person's whereabouts, this decision will be risk assessed and in agreement with the placing authority.

Maple House will use key to key locks on the front and back door, these have replaced the previous thumb locks, and there is an additional thumb lock to be used during the day with the key to key being used at night. A bedroom door alarm put in place on one of the bedrooms.



4 A Description of the location of the home

Maple House Small Group Home is located in Bucknall: a suburb of Stoke on Trent. The area is predominantly a residential area with little industry, as most residents work elsewhere within the city. The home is within walking distance to local shops including, convenience stores, chemist, and fast food restaurants. There is a nearby health centre and sports complex providing a range of recreational and sporting activities. Bucknall has excellent transport links to nearby towns, and recreational facilities.

5 Cultural, linguistic and religious needs

As a nation we share common values, love, security, safety and respect. However, within different cultures, we recognise that these are communicated and recognised in different ways. The home is keen to promote an individual's identity and to develop everyone's cultural awareness. Young people are encouraged to be open-minded about values and cultures whilst always respecting people's differences.

The care team at the home speak English as their first language. However, should young people experience difficulties in communicating with the English language, carers will use body language, hand gestures, electronic equipment, pictures or writing as a means to communicate and where necessary, interpretations can be sourced.

Young people wishing to practice their religion will be supported at all times to attend their place of worship, purchasing of religious items and any information they may need, dietary requirements and relevant prayer facilities provided.

6 Complaints

The home is committed to the effective implementation of complaints procedures and view this as an important element in providing and assuring a high quality service.

All children and young people, on admission to the home, receive information about how the complaints system works and how they can make a complaint. Children and young people's knowledge of the complaints system are checked as part of their statutory review meeting. There are also opportunities available in the home for young people to be able to make a complaint to Ofsted or the local authority.

A procedure for person/s in the community wanting to make a complaint has been produced for all the homes in line with Ofsted recommendations during a key inspection. This will allow us to take steps to come to a satisfactory resolution, but not diverting them away from wanting to make a formal complaint. The Stoke-on-Trent City Council complaints procedure will be available to them on demand.

The aim of the complaints system is to resolve problems quickly, as near as possible to the point they arise and by the members of staff closest to the difficulty.

Whilst we encourage young people to share their views, wishes and feelings, complaints made against the other resident will be predominately managed by carers and the



Registered Care Manager. Social workers will be notified of the context and outcome of the complaint at all times.

Complaints made against a decision or the service will be processed via the corporate complaints team, where an investigating officer will be appointed to resolve the issue raised.

The home will keep records relating to complaints received and the outcome and resolution. In order to protect confidentiality, any access to complaints against individual staff members will be restricted to individuals who have the right to access the information.

There are many sources of help available should there be a wish to make a complaint. These include raising concerns with the Social Worker, HMCI or Independent Reviewing Officer, a friend, another trusted person or an advocate for help. There are pre-paid self-addressed speak up and speak out complaints leaflets that young people can fill in and send off directly to the corporate complaints team.

Alternatively a complaint can be completed by:

- Filling in an online form.
- Send an email to speakup@stoke.gov.uk
- Phone us on 01782 235921
- Write to us at:

Customer Feedback Team
Stoke-on-Trent City Council
Floor 2, Civic Centre
Glebe Street
Stoke-on-Trent
ST4 1HH

7 Details of how a person, body or organisation involved in the care or protection of a child can access the home's child protection policies or the behaviour management policy.

Safeguarding

Safeguarding children and young people is **EVERYONE'S** responsibility and is taken seriously by all team members at Maple House Small Group Home.

The home works in line with policy and procedures outlined by Stoke on Trent Safeguarding Board (SGB). These policies have been amended to reflect The Working Together to Safeguard Children (2015) which set out how organisations work together to safeguard children and young people in accordance of the Children's Act 1989 revised in 2004.

The policies can be accessed directly from the SGB website www.safeguardingchildren.stoke.gov.uk this ensures information accessed and viewed is always current, reviewed and up to date. The safeguarding website should always be refreshed before accessing information.



We recognise the importance of working directly and in partnership with children and families to reduce and avoid safeguarding issues. It is important that responsibility is shared amongst significant people within the young person's life. The home has good links with partner agencies and plans to safeguard children and young people are child focused. The home will never manage safeguarding concerns in isolation and away from the wider system. We have the ability to inform The "Multi-agency Safeguarding Hub" (MASH) where concerns are shared.

Bullying

The home is committed to ensuring the young people have a positive experience of living at the home. We recognise that many young people may have difficulties in establishing trusting relationships with adults and forming positive relationships with their peers; this, in some cases, may have the potential to result in behaviours that are construed as bullying.

We have a pro-active approach to identifying bullying and managing it so that it does not add to the negative experiences to which young people in care have already been exposed to. The home's environment supports a sense of community living, reducing the likelihood of bullying taking place without carers being able to quickly identify and act upon it.

Addressing bullying in the early stages can decrease the effect and reduce the chance of bullies themselves getting into trouble later in life.

We recognise that forms of bullying change as society and technology develops, therefore it is vital that we remain mindful of new measures taken by young people to communicate with peers. Bullying can take place in many forms including:

- * Physical
- * Verbal
- * Indirect
- * Cyber

We recognise that bullying can have an impact upon both the victim and the perpetrator. Therefore, it is vital that it is managed appropriately according to the individual's needs. We endeavour to:

- * Set the right ethos
- * Encourage discussion about bullying and reporting process
- * Raise awareness – cause and effects
- * Respond to reports of bullying
- * Monitor incidents and reduce exposure to bullying where possible

Missing from the Home

Missing – Missing young people will always be reported to the police as the young person's whereabouts cannot be determined and/or there are concerns about the young person's



safety. Prior to reporting a young person missing, all reasonable efforts will be made by carers to locate the young person such as contacting friends and family members and searching areas the young person is commonly known to frequent.

Where there are frequent missing episodes, a multi-agency risk management meeting will be facilitated to discuss a strategy aimed at reducing the risks associated with the missing absences. There is a staged escalation process which will include senior managers of the children in care and safeguarding teams.

Cause for Concern - Young people may choose to visit and frequent places at a time that is not always agreeable with carers and they may choose to associate with people who carers would not want to encourage a relationship. In these circumstances and when there have been safeguarding concerns recognised, young people's period away from the home will be classified and reported as a "cause for concern" to the Police. Carers encourage young people to maintain contact during these periods and where possible, visual welfare checks will be completed. There may be circumstances where these episodes are escalated and are reported to the local police team.

Section 2: Views, Wishes and Feelings

8 A Description of the home's policy and approach to consulting children about the quality of their care.

Young people have regular 1:1 discussions with the care staff and these can cover a wide range of topics.

A young person's quality assurance questionnaire is given to young people on a bi-annual basis to support the assessment of the home and contribute to the development process. There is also an opportunity for young people to complete a weekly review in the home which captures their views and is sent to the Social Worker.

Carers promote and encourage young people to attend the Children in Care Council (CICC); this group meets on a regular basis to discuss issues that affect them. The Strategic Manager for Children in Care attends this group and topics discussed can change the way the service is shaped and provided.

Young people's views are regularly ascertained during the regulation 44 and 45 process. In addition to this, the young people are also consulted during their care planning, review meetings, during Ofsted inspections and through quality assurance processes. These views are also recorded in the young people's placement plans in the home.

On admission to the home, young people receive information on how to make compliments and complaints and this process can be used to express their views.



Young people have regular access to a CGL (Change, Grow, Live) who can be referred to via their online referral process.

9 A Description of the home's policy and approach to:

(a) Anti-discrimination in respect of children and their families

The importance of anti-discriminatory practice is embedded in the early stages of the induction process undertaken by all care staff and this is also reiterated within the Level 3 Diploma for Residential Childcare, which all carers must hold within two years of commencing their role with the service.

The home prides itself on building meaningful relationships with the young people and their family members in order to maximise outcomes for the young people. Everyone at Maple House is treated as an individual and according to their circumstances.

Carers will support young people to challenge any discriminatory behaviour that has occurred

(b) Children's rights

All young people's basic care needs are met within the home and these include safe accommodation, access to food and drinks, appropriate clothing, opportunity for personal care and access to health care and sanitation.

It is important that the young people living at the home are listened to and in order to support this process, young people have access to a number of people whom they may feel comfortable expressing their views, wishes and feelings. These may include:

- * Carers
- * Registered Care Manager
- * Social Worker
- * Guardian
- * Solicitor
- * Advocate
- * Independent visitor
- * IRO's
- * CAMHS service
- * Teachers / Education Support Staff
- * Children's Rights Commissioner
- * Ofsted (HMCI)
- * Family



Section 3: Education

10 Details of provision to support children with special education needs.

Carers take an active interest in young people's education, and are pro-active in planning, reviewing their education programmes and ensuring they have full access to a broad curriculum. As corporate parents, carers are fully aware of their responsibilities to challenge any decisions made in relation to a young person's education.

Carers will attend, where relevant, school meetings including:

- * Personal Education Plan Meetings (PEEP)
- * Education, Health and Care Plan Meetings (EHC)
- * Individual education plan Meetings (IEP)
- * Parents / carers open days
- * School events

Carers will support young people to complete homework and learn from life events and experiences, whilst being encouraged to make the most of opportunities provided outside of school.

Materials to support education attendance and learning will be funded by the home and education allowance accessible through the virtual school.

Education transport is normally accessed through the local authorities transport service or young people use public transport to support independence.

Carers are currently in the process of developing knowledge around changes to the legislation and implementation of Education, Health and Care Plans (EHC Plans) with a specific focus upon the voice of the parent/carer in the planning process.

11 If the home is registered as a school, details of the curriculum provided by the home and the management and structure of the arrangements for education

The home is not registered as a school.

12 If the home is not registered as a school, the arrangements for children to attend local schools and the provision made by the home to promote children's education achievement

Young people will be supported to attend an education provision that meets their education and behavioural needs and can include mainstream provision, specialist education placements to support young people with an EHC plan and different forms of registered and approved alternative provision. The home has good links to the virtual school and works in partnership with the Virtual Head Teacher, who is responsible for the education of children in care within Stoke on Trent.



Section 4: Enjoyment and Achievement

13 Arrangement for enabling children to take part in and benefit from the variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills

Young people are supported to maintain their cultural awareness; this is encouraged in a variety of ways including:

- * Maintaining links with specific cultural groups
- * Attending place of worship
- * Theme nights from around the world
- * Celebrating / participating in cultural events
- * Providing meals from around the world
- * Supporting grooming/personal hygiene routines
- * Supporting individuals choice of clothing garments
- * Access to material goods/resources

Carers promote an active lifestyle and support accessing recreational activities and engagement in sporting activities. All sports and recreational activities are risk assessed prior to the activity taking place and any activities deemed as high risk require consent from a person with parental responsibility. The home will fund the cost of activities and use incentives to promote regular participation in activities deemed to be more expensive and out of the ordinary.



Section 5: Health

14 Details of any Health care or therapy provided including -

a. Details, experience and qualifications of staff providing healthcare or therapy.

Name of Organisation	Dr Andy Rogers - Changing Minds UK
Organisation Role	Clinical Director
Address	Changing Minds Ltd. Dallam Court. Dallam Lane. Warrington. Cheshire WA2 7LT
Experience	
<p>Andrew is a Consultant Clinical & Forensic Psychologist and has over 17 years' experience in the NHS. Andrew has direct experience of working in community, residential, prison and secure and open hospital settings with children, young people and adults presenting with complex mental health, behavioural, developmental and family difficulties.</p> <p>He has a specialist knowledge and experience of working with young people with a history of high risk behaviour, including serious offending and was the Professional Lead for Psychological Therapies in a nationally recognised NHS adolescent forensic mental health service, before moving to work full time in independent practice in 2014.</p> <p>Andrew is now co-founder and Director of Changing Minds UK since 2006. Changing Minds have UK and international experience in delivering high quality psychological provision across a range of settings including; Mental Health, Social Care & The Criminal Justice System, Elite Sport, Business environments and the Legal system.</p>	
Qualifications:	
<p>Consultant Clinical & Forensic Psychologist BSc (Hons) D.Clin.Psych. C.Psychol. AFBPsS</p>	



Name of Organisation	Jessica Sheffield - Changing Minds
Organisation Role	Counselling Psychologist
Address	Changing Minds Ltd. Dallam Court. Dallam Lane. Warrington. Cheshire WA2 7LT
Experience and Qualifications	
<p>Jessica is a Clinical Psychologist who specialises working with young people and families/ carers in a variety of different settings. Jessica is part of the child and family team at Changing Minds. Prior to joining Changing Minds in 2019, for the last 6 years Jessica has been in training on the Clinical Psychology Doctorate working with clients across the lifespan in varying service contexts, providing psychological assessment, formulation, consultation and therapeutic intervention through direct and indirect work with individuals, families, groups and wider systems. In her most recent training posts, Jessica had specialist experience of working in an Autistic Spectrum Condition (ASC) and Learning Disability service for children and young people and a Children in Care (CiC) service. Prior to training, Jessica has over ten years experience of working with children and young people. This has included supporting their learning, development and wellbeing within education, residential and community settings, particularly with children who have social communication and sensory processing differences and additional learning needs. Jessica has also worked as a Research Assistant on a national research trial in the field of adolescent mental health.</p> <p>Jessica utilises an integrative approach to her therapy with an attachment and systemic focus. She is undertaking training in Dyadic Developmental Psychotherapy (DDP). Jessica is registered as a Practitioner Psychologist with the Health and Care Profession Council (HCPC).</p> <p>Jessica receives monthly supervision from Dr Sue Knowles (Consultant Clinical Psychologist)/ Charlene Rouski (Clinical Psychologist). She also can access additional supervision as required.</p>	
Qualifications:	
<p>Qualifications: Jessica was awarded a Doctorate in Clinical Psychology in 2019 from the University of Lancaster, a Post Graduate Certificate in ASC in 2009 from Manchester Metropolitan University and a BSc in Psychology in 2006 from the University of Birmingham.</p> <p>BSc. (Hons), D Clin Psy, C. Psychol</p>	



Name of Organisation	Amanda Bickley - Changing Minds
Organisation Role	Senior Clinical Psychologist
Address	Changing Minds Ltd. Dallam court. Dallam Lane. Warrington. Cheshire WA2 7LT
Experience	
<p>Amanda is a Senior Clinical Psychologist registered with the HCPC. She completed her Doctorate in Clinical Psychology at The University of Surrey in 2008. Since qualifying Amanda has mainly worked within the Looked After Children and Adoption arena. She is experienced in using a framework of attachment and trauma theory to offer assessments, consultations and therapeutic intervention. Therapeutically, Amanda uses DDP informed practice and cognitive-behavioural and systemic models. She has completed Level 1 training in DDP. Amanda has worked therapeutically with children and adults with mental health difficulties, provided consultation to residential children homes and residential schools and provided therapeutic intervention to adoptive parents, birth parents and foster carers. Amanda has previous experience of working in youth offending around the development and management of offending behaviour programmes. She has worked for the Youth Justice Board and as Head of Youth Offending Service within a custodial setting for young people. Amanda practices in line with her registration as a Practitioner Psychologist with the HCPC and receives regular clinical supervision.</p>	
Qualifications:	
Doctorate in Clinical Psychology (University of Surrey) PhD in Forensic Psychology (University of Birmingham)	



Name of Organisation	Dr Sue Knowles - Changing Minds
Organisation Role	Consultant Clinical Psychologist / Child and Family Lead
Address	Changing Minds Ltd. Dallam court. Dallam Lane. Warrington. Cheshire WA2 7LT
Experience	
<p>Sue is a Chartered Consultant Clinical Psychologist and Child and Family Lead of Changing Minds UK, where she is a member of the Senior Management Team. Sue leads a team of Applied Psychologists, Therapists and Assistant Psychologists and oversees the Child and Family Service and the Adult Wellbeing Service. This involves liaison with multiple stakeholders and agencies, ensuring high quality practice across the service through outcome measurement and evaluation, development of frameworks of care, supervision and coaching.</p> <p>Sue is trained to work with clients across the lifespan, including adults, young people and families. She has specialist skills in working with clients who have experienced complex trauma, and/or present with concerns including anxiety, self-harm and attachment/relationship difficulties.</p> <p>Sue has a particular interest in providing psychological services in education settings, where she works closely with the Senior Leadership to develop whole school strategies for performance and wellbeing, embedding an attachment-aware and trauma-informed approach across their provision. In addition, Sue works within organisations, promoting emotional wellbeing and resilience within high pressure and high challenge environments, supporting them to 'Perform Well'. This work includes developing company-wide wellbeing and development strategies, psychological consultations, personal development planning and coaching with the Senior Leadership Team and designing bespoke training. Sue is an accredited 'Spotlight' facilitator (a personality profiling tool for use within organisations, which is designed with performance in mind).</p> <p>Sue's clinical practice involves undertaking comprehensive psychological assessments and therapeutic work, consultations, training and supervision with birth families, foster carers and residential care staff. Sue also provides individual therapy for adults and young people. In addition to her clinical work, Sue writes self-help books for young people (including the bestselling books 'My Anxiety Handbook: Getting Back on Track' and 'The Anxiety Survival Guide: Getting Through the Challenging Stuff'). Her third book will be published in January 2021. Sue is also research supervisor for the Doctorate in Clinical Psychology courses at Lancaster University. She has a range of academic publications from her own research and the studies that she supervises.</p> <p>In addition to her registration as a Health and Care Professions Council (HCPC) Clinical Psychologist, Sue has undertaken formal training in Dyadic Developmental Psychotherapy (DDP) (levels one and two) and Theraplay® (level one) and uses an attachment/trauma framework in much of her work. She works in an integrative manner</p>	



and has also had training in a range of therapeutic approaches including Compassion-Focused Therapy (CFT), Mindfulness, and Dialectical Behaviour Therapy (DBT).

Qualifications:

BSc. (Hons), D Clin Psy, C. Psychol

Name of Organisation	Sinitta Yu - Changing Minds
Organisation Role	Assistant Psychologist
Address	Changing Minds Ltd. Dallam court. Dallam Lane. Warrington. Cheshire WA2 7LT
Experience	
Sinitta joined Changing Minds UK in June 2018 as an Assistant Psychologist and is currently working towards getting onto clinical training. Prior to joining Changing Minds, Sinitta spent time working with children who present with complex trauma and emotional needs in secure and community settings. Sinitta's role is to support Dr Simon Jafari in carrying out consultations with home staff and psychological assessments with young people.	
Qualifications:	
BPS (British Psychological Society) accredited BSc degree and a MSc degree in Psychology.	

Details of Professional Supervision

Andy receives clinical supervision as highlighted in the Professional / HCPC guidelines on a monthly basis from Dr James Bickley, whom is also a Consultant Clinical Psychologist. In addition to this he also receives peer supervision on an ad hoc basis from a range of senior colleagues when required.

Amanda receives the same level of clinical supervision as per Professional / HCPC guidelines formally with Andy Rogers on a monthly basis. However, she also has access to supervision on an ad hoc basis when required from a range of senior colleagues. In addition, Amanda will have regular Dyadic Developmental Psychotherapy (DDP) informed supervision with Dr Kim Golding.



Jessica receives Clinical supervision formally with Dr Sue Knowles on a fortnightly basis. She also has access to supervision on an ad hoc basis. Sinitta receives formal Clinical supervision with Dr Jessica Sheffield (Counselling Psychologist) on a weekly basis. She also has access to supervision on an ad hoc basis.

Therapeutic Services provided by Changing Minds for Stoke Children's Residential LAC Services

Changing Minds provide a pilots service and this is delivered by a Consultant Clinical Psychologist and a Senior Clinical Psychologist.

This way of working places the system around the young person at the heart of the Intervention, with the possibility for every interaction to be seen as therapeutic. It is the residential staff who are seen as 'therapeutic parents' and those who are most able to affect change in the young person. This approach is in line with the National Institute for Health and Clinical Excellence guidelines (draft 2015) for supporting young people with attachment difficulties. The approach brings together an understanding of complex presentations and makes real and pragmatic links between theory and practice, pitching the interventions in a developmentally congruent way. This understanding, supported by psychologically informed formulation then helps to inform and prioritise appropriate interventions.

The service provided by Changing Minds draws upon a theoretical and evidence based framework for work with young people with complex presentations (Ryan & Mitchell, 2011; Golding, 2012, 2013; Rogers & Budd, 2015), that is developmentally informed and grounded in attachment and trauma theory, along with a multi-systemic psychologically formulation-driven approach to understanding and managing young people's behaviour and risk.

References:

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Clinical Psychologist: 12 days (1 day per month)

- 1) Strategic psychological consultation for the senior management team to include:
 - * Objective psychologically informed case consultation and advice, particularly in relation to complex cases including those in which care, education and health provision present challenges.
 - * Support for the development of a psychologically informed therapeutic model of care and education/learning across residential and education provision.
- 2) Specialist Clinical supervision and support for other integrated psychological practitioners in relation to work with complex cases (e.g. Applied Psychologists, Specialist Educational Psychologist working directly with the Virtual School, Psychological Therapists) – to include support regarding appropriate recruitment.

Highly specialist Clinical Psychologist: 36 days (3 per month)

- 3) Training for residential care, education and other relevant staff in working with young people who present with high risk and complexity
- 4) Psychological consultation for residential care staff to include:
 - * Advice and support in the formulation and management of complex cases.
 - * Consultation to residential and educational staff teams regarding the development of a broader psychologically informed therapeutic milieu.
 - * Consultation with regards onward referral.

Assistant Psychologist

- 5) 1 day per week Assistant Psychologist Support

Health Care

Young people living at the home will have a health plan in place, completed by the “looked after” children’s nurse and/or school nurse. Carers will support the completion of actions identified within the report. Carers will seek additional support, advice and guidance from health professionals as and when the need arise including CAMHs, lifeline, Base 58 and STAR.

Carers will encourage young people to lead healthy lifestyles, promote good personal hygiene routines and link in with the wider context of support including those agencies listed above.

All young people accommodated at the home will be registered with the local GP and will be supported to attend regular dental, optical and any other relevant health appointments.



a) Information about how the effectiveness of healthcare or therapy is measured.

Measuring the Effectiveness of the Therapeutic Model

Overall, this therapeutic service is based upon the model of attachment and trauma to look at identifying risk taking behaviours displayed by the young people in the home. Changing Minds will provide professional consultations to the staff team at Maple House with an emphasis upon identifying those specific risk taking behaviours displayed by young people. The consultation will lead to the creation of formulation plans to manage these behaviours and identify strategies to reduce the severity and frequency of incidents. The effectiveness of this therapeutic model will then be measured by the impact the service can have upon the reduction in severity and frequency of risk taking behaviours displayed by the young people at Maple House.

Health Care

Young people living at Maple House will have a health plan in place, completed by the “looked after” children’s nurse or school nurse. Carers will support the completion of actions identified within the report. Carers will seek additional support, advice and guidance from health professionals.

Carers will encourage young people to lead healthy lifestyles and promote good personal hygiene routines.

All young people accommodated at the home will be registered with the local GP and will be supported to attend regular dental and optical appointments.

Young people who require mental health support will be referred to external partners, such as CAMHS or Young Minds.

Therapeutic Services Changing Minds

Changing Minds provide one day per week psychological support to Stoke social care residential Looked after children’s services. This pilot service is delivered by a consultant Clinical Psychologist and senior Clinical Psychologist. Changing Minds team provide six weekly psychological consultation and/or education sessions for Maple House aimed at reinforcing sensitive responsiveness, supporting behaviour management and increasing understanding of young people in their care. One day a month time is spent supporting senior staff in aspects of service delivery, developing the services therapeutic model (including outcomes framework, and supporting formulation and providing advice regarding the management complex cases. Individual intervention with young people is not provided as part of the service

This way of working places the system around the young person at the heart of the intervention, with the possibility of every interaction to be seen as therapeutic, it is the residential staff who are seen as “therapeutic parents” and those who are most able to affect



change in the young person. This approach is in line with National Institute for Health and Clinical Excellence guidance for supporting young people with attachment difficulties.

The approach brings together an understanding of complex presentations, and makes real and pragmatic links between theory and practice, pitching the interventions in a developmentally congruent way. This understanding, supported by the psychologically informed formulation, then helps to inform and prioritise appropriate interventions.

The service provided by Changing Minds draws upon a theoretical and evidence based framework for work with young people with complex presentations (Ryan & Mitchell, 2011; Golding, 2012, 2013, Rogers & Budd, 2015), that is developmentally informed and grounded in attachment and trauma theory, along with multi-systemic psychologically formulation-driven approach to understanding and managing young people's behaviours and risk.

b. Information about how the effectiveness of healthcare or therapy is measured.

Prior to a young person's admission the home will request that the previous carer will complete a Behaviour, Emotional well-being, Relationships, Risk and Indicators questionnaire (BERRI), this will form a base line assessment at the point of admission on the young person's behaviour, the three behaviours that are thought to be of highest risk will be the focus of the interventions during the formulation meetings. Carers will monitor these behaviours on a daily basis and the data collected will be assessed by changing minds, the information will then be used to create a care plan that will support young people to achieve positive outcome.

Stoke Local Authority of Care for Small Group Homes

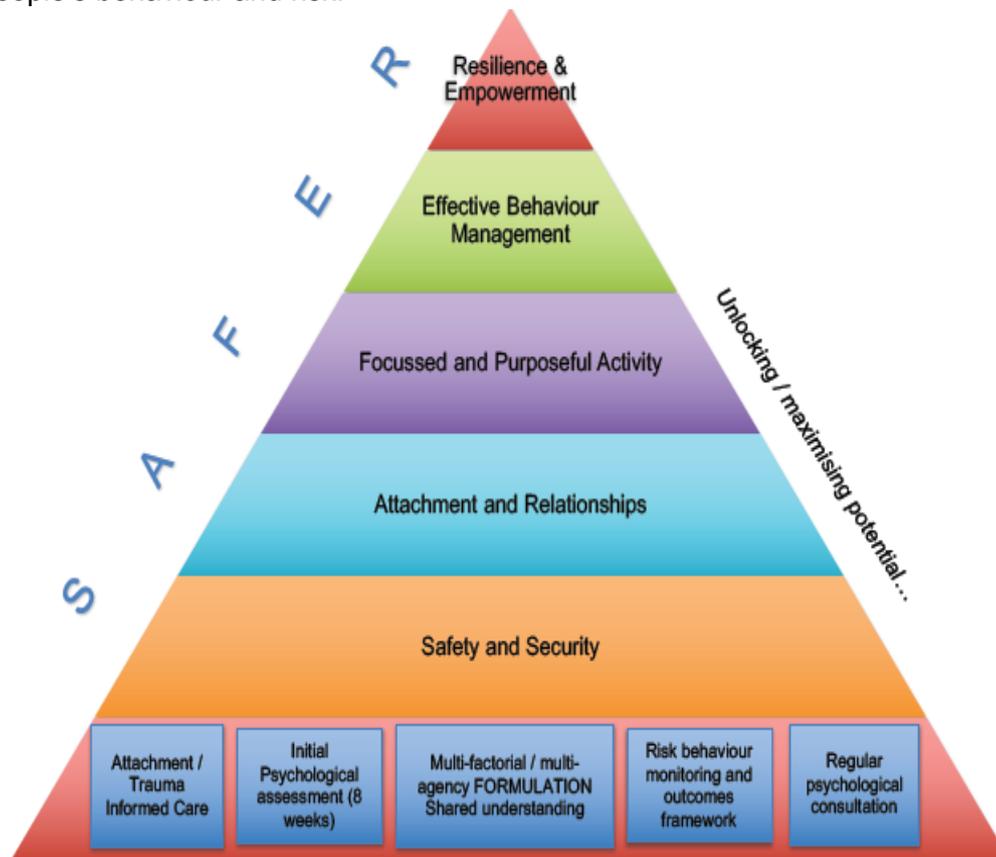
Introduction

At Stoke Local Authority, we have built a community that provides a safe, caring, therapeutic and nurturing environment to meet the individual needs of the most vulnerable children. It is recognised that the children that we care for have a range of highly complex needs; Most having experienced difficulties in family relationships, early attachment disruption and developmental trauma. We receive 4 days per month psychological provision from Changing Minds UK. This service is delivered by a Consultant Clinical Psychologist and a Senior Clinical Psychologist. The service offers psychological consultation and/or training sessions for the staff aimed at reinforcing sensitive responsiveness, supporting behaviour management and increasing understanding of the young people in our care through multi-systemic formulation. Changing Minds UK also support the assessment process, providing advice regarding the management of complex cases and supporting senior staff in aspects of service development and delivery.

We recognise the importance of providing therapeutic care for our young people throughout their daily experiences, rather than just reserving this for individual therapy sessions. This way of working places the system around the young person at the heart of the intervention, with the possibility for every interaction to be seen as therapeutic. The residential staff are seen as 'therapeutic parents' and those who are most able to affect change in the young person. This approach is in line with National Institute for Health and Clinical



Excellence guidelines (NICE, 2015)¹ for supporting young people with attachment difficulties and aligned to the notion of ‘redefining therapy’ as outlined by Rogers et al, 2011². The approach brings together an understanding of complex presentations, and makes real and pragmatic links between theory and practice, pitching the interventions in a developmentally congruent way. This understanding, supported by psychologically informed formulation, then helps to inform and prioritise appropriate support plans. The service provided by Changing Minds draws upon a theoretical and evidence-based framework for work with young people with complex presentations (Ryan & Mitchell, 2011; Golding, 2012, 2013)³, that is, developmentally informed and grounded in attachment and trauma theory, along with a multi-systemic psychologically formulation-driven approach to understanding and managing young people’s behaviour and risk.



STOKe 'SAFER' FRAMEWORK: 6 Stages of Support

We have a six-stage framework of support that we use to inform our care, as follows:

1. Initial Care Planning (attachment/trauma informed care; initial psychological assessment; formulation; risk monitoring and outcomes framework; psychological consultation)
2. **S**afety and Security
3. **A**ttachment and Relationships
4. **F**ocussed and Purposeful Activity
5. **E**ffective Behaviour Management
6. **R**esilience and Empowerment



1) Initial Care Planning

Attachment and Trauma Informed Care

All of our care staff are trained in the principles of working with young people with histories of attachment disruption and developmental trauma, using a 'therapeutic parenting' approach. Our framework of care is thus embedded within an understanding of attachment and trauma, which recognises the backgrounds of the young people with whom we work. Staff at all levels of the organisation (including the senior leadership team) are provided with training and support, so that they understand the principles of attachment and trauma informed care, and so that a therapeutic ethos is evident throughout the organisation. This training is used throughout their daily practice and supported by regular psychological consultation provided by Changing Minds UK.

Multi-factorial / Multi-agency Formulation: 'Creating a Shared Understanding'

A formulation describes the problem, how it developed and how it is being maintained, along with the young person's strengths and protective factors. In the initial consultation session following the young person being admitted, a psycho-social formulation is drawn out, bringing together the knowledge of different professionals working with the young person, which aims to provide consistency and shared understanding of the young person's strengths and needs, and to develop a shared action plan. The formulation remains a 'working document' which can be adapted and amended as our understanding of the young person develops.

Initial Psychological Assessment

An initial Clinical Psychology assessment is undertaken with each young person within the first twelve weeks of their admission. The assessment involves a review of background information, psychometric assessment, and clinical interview with the young person, and meetings with key staff involved. The assessment gives a detailed understanding of the young person's attachment history, life experiences, presenting psychological, emotional and cognitive difficulties, and their strengths and needs, and suggests how the home can best support the young person including care planning and risk management. Following the assessment, a summary report with *initial* psychological formulation and recommendations will be distributed as appropriate.

Risk Behaviour Monitoring and Outcomes Framework

Risk assessment, formulation and management is a key part of our role in looking after each child, from assessing environmental safety, to the young person's risk to self and others, and potential vulnerabilities. An initial risk assessment is undertaken prior to the young person entering the care home by the home manager and key workers (from the background information provided). This risk assessment is regularly reviewed alongside other professionals involved in their care. A safety plan is also devised collaboratively with the young person, which aims to predict future risk behaviours, understand them and how to best manage them. These are dynamic documents which are shared with the young person and staff across the service. We also recognise the importance of ensuring that the service that we provide is regularly evaluated and outcomes are monitored, to inform future service development. The primary aims of our framework are to maintain a stable, nurturing and consistent placement, reduce high-risk behaviours, promote physical and emotional well-being, and to build resilience and empowerment.



These aims are monitored through a developing outcomes framework that includes:

- * Psychometric measures such as the SDQ
- * Young person feedback – qualitative feedback from young people through discussions and questionnaires
- * Staff feedback – from training, consultations/formulations, supervision/support
- * Evidence of detailed assessments/formulations/management plans
- * Management feedback

2. Safety and Security

We recognise the importance of a nurturing, stable, safe environment for both young people and staff. Staff resilience and consistency is important to allow them to provide attuned, caring responses with the young people and engage in emotional co-regulation. It is therefore essential to support and develop staff self-awareness, so that they are better able to understand their role as therapeutic carers.

To enable this, the following is promoted:

Leadership:

- * There is clear leadership and accountability structures to enable staff to feel safe and secure in their roles.

Environment:

- * Safety – The physical environment is safe and secure, with a building that is specifically adapted to meet the needs of the young people, intensive staff support and supervision at all times.
- * Consistency – The young people are made aware of the rules and boundaries from their first day, and these are consistently maintained throughout their time with us. There is a structured daily routine, providing a sense of predictability for the young people.
- * Soothing - A homely environment with dedicated low stimulus areas
- * A sense of belonging – Staff are encouraged to support the young people to develop a sense of belonging in the homes, including involving them in home ‘rituals’ and ‘family time’, supporting them to decorate their rooms and allowing them to be involved in home decisions as much as possible.

Staff Resilience and Consistency:

- * Training – A comprehensive in-house and external training programme is provided to ensure that staff are aware of the Care Framework and have advanced competencies and understanding in working with young people with complex needs, using a consistent, evidence-based approach. The core training includes specific focus on understanding young people from an attachment/trauma perspective.



- * Self-care – This is encouraged throughout the team, including reflective practice as part of the consultation process.
- * Staff support and supervision – reflective practice is encouraged with a supportive, open ethos

3) Attachment and Relationships

This stage emphasises the importance of ‘connection’. It recognises that strong, supportive, trusting and attuned relationships are key to promoting positive development, emotional and behavioural regulation. Alongside a safe and secure environment and culture, an essential component is the development of trusting relationships between staff and the young people in their care. The residential staff are seen as ‘therapeutic parents’ and those who are most able to affect change in the young person through everyday therapeutic interactions. The **PACER** (**P**layfulness, **A**cceptance, **C**uriosity, **E**mpathy and **R**elationship Repair) model of therapeutic parenting is used within daily interactions with the young people, with the aim of enhancing attachment security, emotional regulation and social skills.

The care provided is developmentally-appropriate for each child, recognising their level of social and emotional development and adapting accordingly. Sensitive and responsive care is provided which recognises both the hidden and expressed needs of the child. Each young person is also allocated a key worker who will meet with them on a regular basis, have 1:1 key work sessions focussing on agreed areas to support the young person’s emotional and social development, and support them along their journey. The main tasks in this stage include providing developmentally-appropriate care, building engagement through play, acceptance, curiosity and empathy, co-regulation of emotion and behaviour and the repairing of relationships following periods of conflict.

4) Focused / Purposeful Activity

All young people in our care have access to a range of age-appropriate social and educational activities. Ensuring that young people are in appropriate education provision is prioritised from accepting the young person into the home and regularly reviewed in order for young people to continue to access the right environment to meet their on-going educational needs. Staff work closely with education providers, education support services and the Virtual School with representatives from schools or support services being invited to attend the consultations with Changing Minds UK.

Alongside education, young people are encouraged to participate in activities that interest them and that are viewed as promoting healthier lifestyles, emotional wellbeing and increasing their opportunity to have safe, positive interactions with their peer group. These activities are either alongside staff from the homes or staff facilitate young people accessing clubs and organisations for sports, music, drama and other structured peer based activities (such as Cadets and National Citizenship Service (NCS)). Young people are encouraged to develop skills in a range of areas that are consistent with their social and emotional developmental level and all include a shared risk assessment that is activity specific. The young people are also invited to participate in activities such as the Children in Care council, interviews for Ofsted and ‘take charge’ of Children Services when they shadow senior managers for the day. This is not only seen as opportunity for them to improve the experiences of young people in the care system but also establishes confidence and skills in interviewing techniques, working as a team and articulating their views to professionals and peers in positive ways.



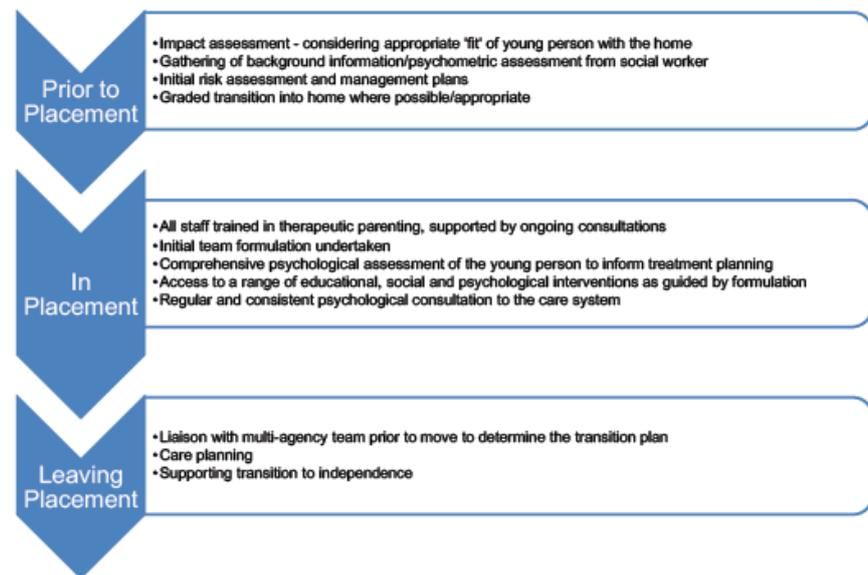
5) Effective Behaviour Management

Each residential home has consistent boundaries and will set clear and well-defined expectations for the young people in their care. This structure and consistency helps the young people to feel safe and that their care and staff responses are predictable. Staff treat each young person as an individual with different strengths and needs, therefore their behaviour management plan will take account of their formulation and individualised understanding. The behaviour management plan is shared across the staff team so that staff's responses are consistent. A safety plan is created with each young person which considers what their

triggers and warning signs might be, and the best ways for them and staff to manage difficult emotions. This plan is regularly reviewed with the young person, and new information (e.g. skills, warning signs) added as appropriate. Staff work with the young people to initially co-regulate, and then support them to develop the skills to start to self-regulate emotions. This can involve trying out different strategies

together, seeing what works, and adding them to the safety plan. Staff manage behaviour using a 'connection before correction' therapeutic parenting approach, where they aim to connect with and understand the young person and their views on the situation, before attempting correction or problem solving. This can help young people to feel understood and listened to, and help them to make sense of their inner world in safe way, thus allowing them to then see the wider picture, problem-solve with staff, and develop empathy and understanding of others. Where a consequence to behaviour needs to be given, this should be a logical consequence (and natural consequence where possible) so that the young person can start to learn the potential impact of their behaviour. The management of behaviour is regularly discussed within the consultation meetings with Changing Minds, where staff can use the reflective space to consider the team's practice, and seek psychological advice on how best to support the child and manage behaviour. Where there is a specific risk behaviour, this will be assessed, formulation and considered within the risk management plan. (see risk section above).

Care Pathway



6) Resilience and Empowerment (confident, purposeful, adaptable)

We aim to empower the young people in our care, by supporting them to build their resilience to withstand future challenges, and recognise and increase their skills and resources. Our young people therefore become more adaptable (to future environments or changes), purposeful (knowing their own goals and plans), and confident in their own abilities. They start to recognise their own strengths and resources, and build a more positive self-identity. We work with the young people to discover their values and beliefs, to



enable them to develop future achievable goals. We support them to problem-solve, and promote choice through involvement in decision-making, participation, education and support planning. Often the young people in our care will have poor social skills, so we will help them to learn and build upon these through role modelling, informal discussions and reflections with key staff, and graded interaction with peers.

We also teach self-management skills, for example, through the use of safety planning (see above). Young people are also encouraged to feel they are an important and influential part of wider groups and society through the encouragement to participate in focussed and purposeful activities, which are discussed above.

Section 6: Positive Relationships

15 The arrangements for promoting family time between children and their families and friends.

Arrangements to stay in touch with the child's family of origin and other significant people are an important part of the child's overall care plan and should always be given full consideration within care planning. Young people's views, wishes and feelings will always be taken into account when assessing and planning this family time.

The home will support family time with friends and family members identified within their care plans. Where issues arise between the reviews of the care plan, carers will communicate with the relevant parties to assess the suitability based on the following principals:

- * Family time must be in the best interests of the child
- * Any Family time arrangement must reflect the child's overall care plan
- * All family time arrangements must demonstrate a balance between maintaining links with the child's family and promoting placement stability
- * Family time should be based on a comprehensive assessment of need
- * Family time arrangements may need to be varied to reflect the child's changing needs and relationships over time.
- * All family time arrangements will be sensitive to the child's cultural, linguistic, racial and religious needs.
- * Family time should not be arranged during the school day or at a time that would result in the child's absence from school.

Direct Family time

The home has a landline phone that can be used on request to maintain family time that has been assessed as suitable. There is a laptop available in the home which allows young people direct internet access. Access to this may or may not be supervised dependant on the safety concerns present.

Young people are supported to have face to face time with family and friends in line with their care plans. Carers will support transport arrangements at all times. The location of contact will be dependant of assessed risk; consideration of the views and wishes of the



other young person in the home will also be taken into account if there is a request for the designated contact to take place at the home. As young people establish new friendships, carers will make proportional safety checks, linking in with other parents and where issues do arise, PNC or DBS checks will be considered as an appropriate course of action.

Supervised Family time

From time to time, carers may be required to supervise some contact sessions; this will be identified in the young person's placement plan and details of the session will be recorded. In circumstances where court proceedings are pending, all contact records will be sent to the young person's Social Worker.

Indirect family time

Young people will be supported to maintain their relationships with individuals through the form of letters, cards and gifts. On occasions, it may be necessary to instruct an intermediary who is able to monitor the content of the letter or card and this is considered when contact is assessed to pose a safeguarding risk or possible impact on emotional wellbeing and health.

Section 7: Protection of Children

16 A description of the homes approach to the monitoring and surveillance of children

The home does have the ability to care for a young person, who may be placed on the intensive surveillance support programme. This may include the fitting of an electronic tag monitoring box. Carers will support young people to comply with requirements of the programme and follow as responsible adults any action directed by the courts.

The use of individual bedroom door alarms may be used to safeguard the young people. This will be discussed, agreed and implemented following decisions agreed within a multi-disciplinary meeting and all plans must be signed by the young person's social worker.

Maple house have made the decision to implement individual door alarms, this was taken as it was felt that not using one would create opportunities for the young person to be subject to greater levels of risk.

On admission it is explained to the young people that carers will undertake a room search if concerns arose around their safety. Young people will be given the opportunity to be involved and consulted with this and relevant professionals updated of any actions needed.

The home is fitted with a domestic security alarm system which is used when the home is vacant; the ground floor of the home is alarmed during the night.

There may be occasions whereby carers will follow young people within the community if there are safeguarding concerns and the relevant risk assessment requires this form of action.



The home liaise and works in partnership with Staffordshire Police when a young person is missing and a decision may be taken, in relation to "pinging" the young person's mobile phone, to ascertain a location the phone was last used.

The home can seek support from the city's CCTV service where young people have been identified as "high risk" in the community or when carers are entering areas that may compromise their safety.

The home may utilise a sky guard safety system, this is a small device that carers have in their possession and can alert emergency services to the area by pressing a button and communicating with a call centre over a speaker phone. The device has a GPS therefore can be used away from the home.

17 Details of the home's approach to behavioural support, including information about –

(a) The home's approach to restraint in relation to children:

Young people accommodated may demonstrate complex behaviours. Carers manage behaviours on an individual basis as we recognise that young people respond differently and the most effective way will be recorded and implemented.

The home adopts a combination of behaviour management strategies, based on the principal to praise and reward positive behaviours and to challenge behaviours that have a negative impact or pose a risk to themselves or others. Incentive schemes, rewards and sanctions are all systems used within the home to manage behaviours.

The home keeps a record of incentive, rewards and sanctions implemented; these are monitored by the Registered Care Manager on a regular basis. Sanctions must be fair, reasonable, proportionate, relevant and effective. At no times would the restriction of family contact be used as a sanction to manage a young person's behaviour.

Behaviour frequently displayed by a young person that causes a concern will be managed on a behaviour management plan and the plan will give clear guidance on the behaviour displayed, the triggers for the behaviour, the negative consequence and the benefits to improving the behaviour.

There may be circumstances when young people display behaviours that require physical intervention, these include

- * Harm to self
- * Harm to others
- * Significant damage to property

*Physical intervention is **NEVER** used as a punishment!*



The use of physical intervention is used as a last resort and when it is thought that behaviours displayed will result in the young person or others being hurt. Physical intervention can also be applied to prevent significant non accidental damage to property.

Restraints used aim to slow down movement of limbs, arms and legs predominantly, during any restraint carers communicate with the young person in order to reassure them. Carers will release restraints as soon as it is thought safe to do so.

The home keeps a record of all restraints applied that are monitored by the Homes Managers and Regulation 44 visitor. All incidents involving restraints are communicated with the young person's Social Worker and significant others identified with in the care plan.

Following any restraint young people are offered medical assessment and opportunity to speak with an independent person. Young people are encouraged to read the restraint log and record any personal comments about the incident.

(b) How the persons working at the home are trained in restraint and how their competence is assessed

We have invested in the crisis prevention institutes model of physical intervention commonly known as MAPA (management of actual and potential aggression) and this has been our model since 2005. Through a clear and concise monitoring system, we have seen it develop and grow over the years. Following the implementation of MAPA we have seen a decrease in the use of restraint and potential intervention.

The home supports this training model, as it has been recorded as been the most successful in terms of behaviour management and adopts a child focused approach. There is a good underpinning value base and staff have to undergo not only physical skills assessments but academic assessment via CPI workbooks.

Newly appointed carers will be required to attend a three day initial MAPA training event; this is then refreshed on an annual basis during a two day event. Throughout the duration of the course, all participants are assessed on their values and physical ability to implement both the MAPA disengagement and holding principles.

This model is supported by the BILD accreditation scheme and all skills and interventions have been independently assessed by Dr Ryan.

As a Small Group Home service, there are currently three licenced MAPA trainers. These trainers are either the manager of a Small Group Home or the assistant manager of the home. In addition to this, the SGH Co-ordinator, Tracey Docksey, is also a licenced MAPA trainer.



Section 8: Leadership and Management.

18. Name and work address of –

(a) The registered provider

Small Group Home Co-Ordinator and Responsible Individual

Name of SGH Co-ordinator and Responsible Individual	Tracey Docksey
Organisation Role	Small Group Homes Responsible Individual
Address	Swann House – Floor 2 Boothen Road Stoke on Trent ST4 4SY
Experience	
<p>Tracey has many years of childcare experience in various residential settings, both with Staffordshire County Council and Stoke-on-Trent City Council. Over the years she has progressed through the service being employed as Residential Social Worker, Shift Leader, and Deputy Manager. She then became a Registered Care Manager and since 2012, she has taken on the role of the Small Group Home Co-ordinator. Tracey has continued to develop and update her professional practice by attending numerous courses including Child Protection, Attachment and Looking After the Mental Health Needs of Looked After Children, Supervision of Carers, Budget Management, Employee Development Scheme, Fair Recruitment and Selection and various other Health and Safety related Courses.</p> <p>Qualifications: NVQ 3 and NVQ 4 Caring for Children and Young People; Leadership and management in Care services ACPC level 1,2 & 3; Licensed MAPA Trainer and Systemic family therapy qualification.</p>	

(c) The Registered Manager

Name of Registered Manager	Cheryl Barlow
Organisation Role	Registered Care Manager
Address	Swann House – Floor 2 Boothen Road Stoke on Trent ST4 4SY
Experience	



Cheryl has been a qualified Social Worker for several years and is a Practice Educator for Social Work students. Cheryl has lots of experience working with children, young people and their families. Cheryl has previously worked as a Manager and Social Worker within a safeguarding and support team. This consisted of working with very vulnerable children and young people. Cheryl has also worked on a small complex abuse team, working with victims of child sex exploitation and perpetrators of sexual abuse. Cheryl has experience in the field of adoption and Looked After Children. Cheryl has extensive knowledge and understanding in relation to assessments and court work. Cheryl has completed specialist training in relation to assessing the needs of parents with learning difficulties and has completed the multi-agency video interview training. Cheryl is registered as a Social Worker with the Health and Care Professions Council (hcpc)

Cheryl holds a BA(Hons) degree in Social Work ,a Postgraduate Certificate in Practice Education, an Advanced Certificate in Systemic Practice Working with Families an Couples and is also a Signs of Safety practice lead.



19 Details of the experience and qualifications of staff, including any staff commissioned to provide education and health care

Carer's Initials	Role	Number of years' experience of working in Residential Care	Qualification
HR	Assistant Care Manager	Working in residential since 2008	NVQ level 3 in Health and Social Care. Working towards leadership and management level 5.
KW	Residential Care Worker	Working in residential since 2007	NVQ Level 3 Health and Social – working with children and young people.
PN	Residential Care Worker	Working in residential since 2006	NVQ level 3 Children and Young People.
HC	Residential Care Worker	Working in residential since 20017	Psychology degree. Is currently undertaking Diploma level 3 Children and Young People
SR	Residential Care Worker	Working in residential since 2003	NVQ level 3 Health and Social Care
GM	Residential Care Worker	Working in residential since 2016	Diploma L3 Health and Social Care – working with children and young people
JF	Residential Care Worker	Working in residential since 2010	NVQ level 3 Children and Young People.
KH	Residential Care Worker	Working in residential since 2018	NVQ level 3 Children and young people's workforce.
DO	Residential Care Worker	Working in residential since 2015	Diploma L3 Health and Social Care – working with children and young people
LR	Residential Care Worker	Working in residential since 2003	NVQ 3 Health & social care, NVQ Level 4 in Health and Social Care. NVQ Level 4 in Leadership and Management for care Services.

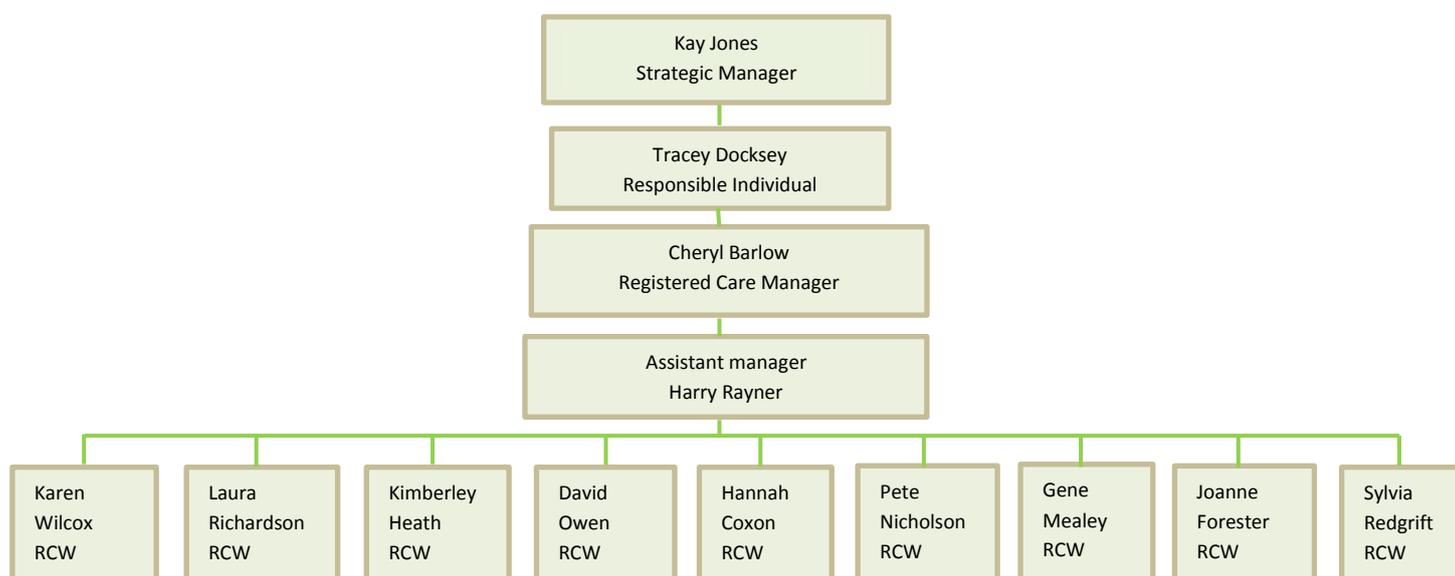


Maple House may also utilise the carers named below whom are employed by the Small Group Home Service on a casual basis:

Carer's Initials	Role	Number of Years' Experience of Working in Residential Care	Qualifications
HB	Casual Support Worker	6 Years	NVQ L3 Health and Social Care – working with children and young people
SJ	Casual Support Worker	14 Months	Currently working towards MA – Social Work at Keele University
PJ	Casual Support Worker	14 Months	Currently working towards MA – Social Work at Keele University
LO	Casual Support Worker	14 Months	Currently working towards MA – Social Work at Keele University
MB	Casual Support Worker	13 Months	L3 Diploma Health and Social Care – working with children and young people
AG	Casual Support Worker	2 Year	Currently working towards L3 Diploma in Health and Social Care – working with children and young people
JS	Casual Support Worker	13 Months	NVQ L3 Health and Social Care – working with Adults
CM	Casual Support Worker	18 Months	Currently working towards L3 Diploma in Health and Social Care – working with children and young people
DC	Casual Support Worker	21 Years	NVQ L3 Health and Social Care – working with children and young people
ST	Casual Support Worker	15 Years	BA Hons Degree in Social Work

Under no circumstances would a Casual Support Worker be left in a position whereby they were lone working or leading a shift at Maple House.

20 Staffing structure and arrangements for supervision





Team and Supervisions

The team have a supervision agreement and meet with their supervisor on a regular basis, during this time the following topics are discussed:

- * Young people accommodated
- * Young people awaiting admission
- * Team dynamics (strengths/weaknesses)
- * Work load
- * Training and development
- * Absences and annual leave
- * Welfare
- * Staffing issues (managers only)
- * Or anything that the supervisee would like to discuss

21 If staff are all of one sex, or mainly of one sex, a description of how the home promotes appropriate role models of both sexes

There are female team members and male team members; this percentage is higher than what is represented within the wider context of social care in the area. It is important to focus of the needs of the young people and how the gender of the team can impact at times on this.

Section 9: Care Planning

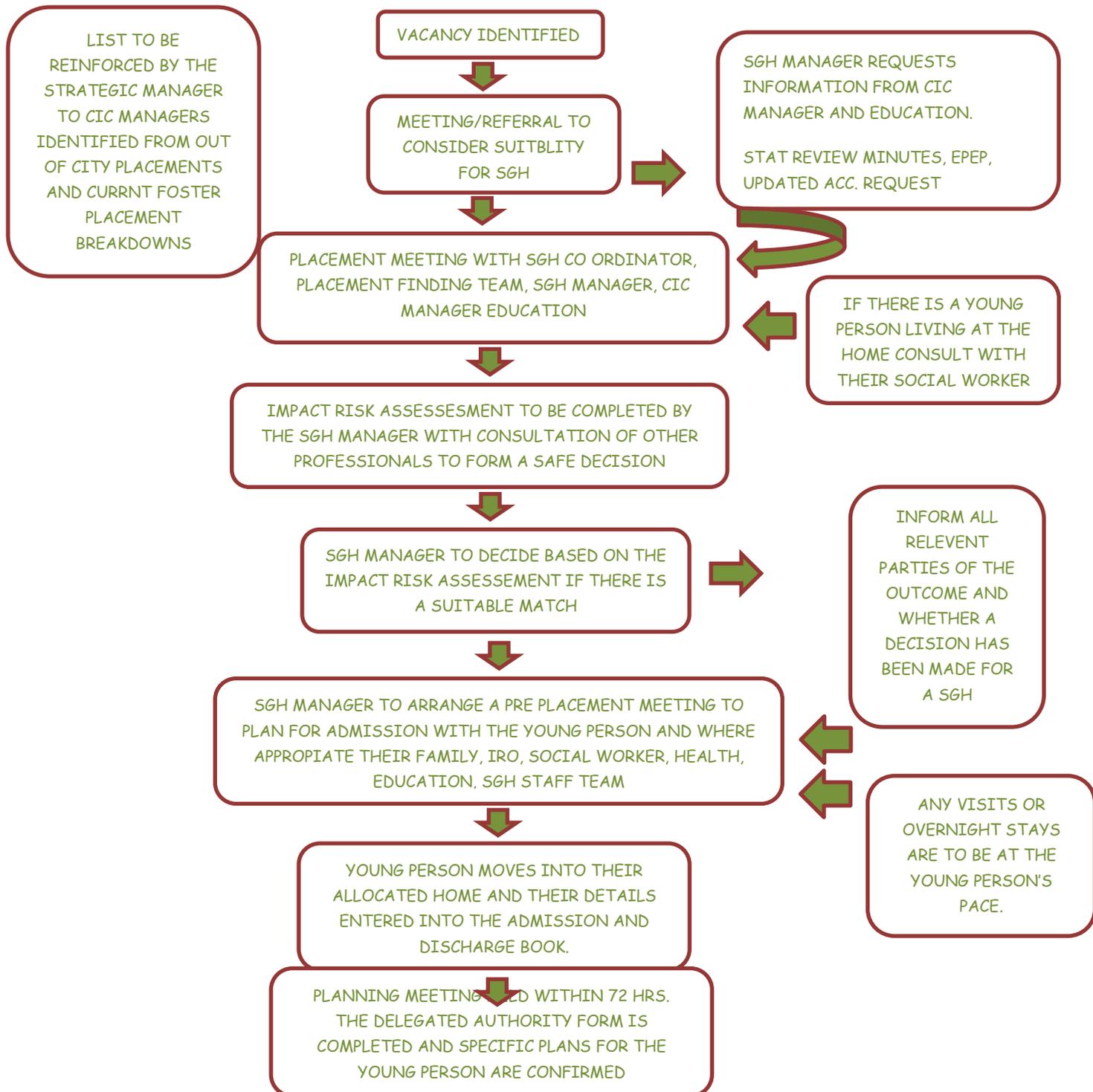
Reg 14 (1) The care planning standard is that children-

- (a) Receive effective planned care in or through the children`s home and;
- (b) Have a positive experience of arriving at or moving on from the home.



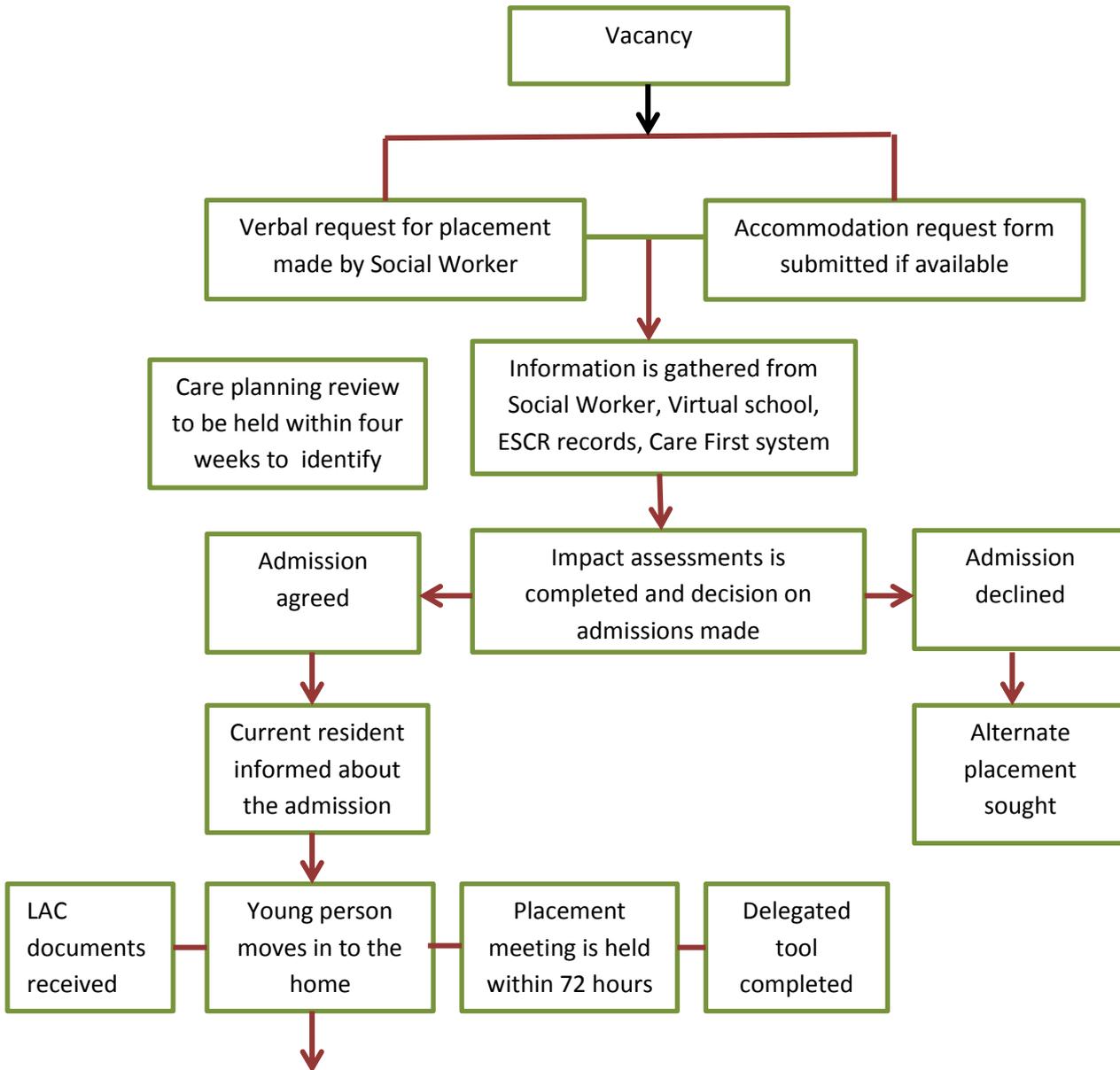
22 Any criteria used for the admission of children to the home, including policies and procedures for emergency admission

It is common practice for admissions to the home to be planned, however as a local authority home we have a duty of care to all young people and this may result in the need for a young person to be placed at short notice.





Emergency Admission





Section 10: Statement of Purpose Review

Name of person completing the review		Cheryl Barlow	URN number	248441
Date the SOP was previously reviewed		April 2019	Date of this review	24.09.19
Section 1				
1	Have there been any changes to the home's registration?	NO		
2	Is the home's ethos being met and reflected in the outcomes for young people at the home?	YES	The Team provides a daily routine and homely environment. This replicates that of a family home. It enables our young people to build consistent safe relationships moving forward into their adult life.	
3a	Have there been any adaptations made to the home to meet the needs of the children accommodated?	YES	There have been key to key locks fitted to the front and back door in addition to the thumb locks in place. The lights have been changed in the downstairs bathroom and in back YP bedroom. Bedroom door alarm fitted to one of the bedrooms.	
3b	Has the home followed the admission criteria set out in this document in relation to the age, number and sex of the children accommodated at the home?	YES		
3c	Any adaptations made to the type of accommodation and sleeping arrangements for the children accommodated at the home?	NO		
4	Any reviews of the location of the home undertaken?	NO		
5	Have the cultural, linguistic and religious needs of the young person been met?	YES	Where this appropriate to the individual, these needs have been met.	
6	Have any complaints received being resolved?	NO		
7	Have there been any changes / reviews made to the child protection policies or behaviour management policy. Have all persons and parties in the wider system been informed?	NO		



Section 2			
8	Has the home consulted with young people as detailed in the SOP?	YES	
9a	Has the home worked in a way that does not discriminate?	YES	
9b	Have the children's rights been adhered to?	YES	
Section 3			
10	Have there been any changes to how the home supports young people with special educational needs?	NO	
11	Has the home changed the purpose of its registration and become a registered school?	NO	
12	Have there been any changes to how the home supports children to attend local schools and promote educational achievement?	NO	
Section 4			
13	Has the home supported children to take part in a variety of activities?	YES	A weekly activity planner is completed with our young people; this identifies their wishes and interests.
Section 5			
14a	Any changes in the professionals, their qualifications and level of supervision of staff involved in providing health care or therapy?	NO	
14b	Is the home meeting the health needs of young people as described in the SOP?	YES	All health needs are met with support from LAC nurse and other health professionals. We use the local GP Practice, optician and dentist.
Section 6			
15	Has the home supported the young people to stay in touch with friends and family members as agreed with their time spent with family?	YES	Young person has regular contact with family. Working on increasing friendship groups.
Section 7			
16	Have there been any changes to the surveillance of young people accommodated at the	YES	Bedroom door alarm fitted.



	home?		
17a	Have there been any concerns raised in relation to the use of restraint at the home?	NO	
17b	Does all staff have up to date MAPA restraint training?	NO	One new staff member needs to complete MAPA restraint training.
Section 8			
18a	Has there been a change to the registered provider?	NO	
18b	Has there been a change to the responsible individual?	NO	
18c	Has there been a change to the registered manager?	NO	
19	Have there been any changes to the qualifications that staff have achieved at the home?	NO	
20	Has all staff received professional supervision as outlined in the SOP?	Yes	The team have regular supervisions.
21	Have there been any changes to the staff and staffing structure of the home?	Yes	Lisa Lessels and Adam Clarke are no longer Assistant managers at the home. Maple house now has a new experienced assistant manager, Harry Rayner. David Owen, Kimberley Heath and Laura Richardson have joined the staffing team.
Section 9			
22	Was the admission process followed for new admissions?	YES	
Further Information provided			
Additional changes have been made in relation to the psychological support provided to the Home through changing minds due to two new psychologists.			