

Daffodil Small Group Home - URN SC369825



## Table of Contents

Table of Contents

Authors

Introduction

Welcome

Legislative Framework

Section 1 – Quality & Purpose of Care

1. Admission Range
2. Ethos and the Outcomes That the Home Seeks to Achieve and Its Approach to Achieving Them
3. Description of the Accommodation Offered by the Children’s Home
4. A Description of the Location of the Home
5. Cultural, Linguistic and Religious Needs
6. Complaints
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

Section 2 – Views, Wishes & Feelings

8. A Description of the Home’s Policy and Approach to Consulting Children About the Quality of Their Care
9. A Description of the Home’s Policy and Approach To:
  - (a) Anti-discrimination in Respect of Children and Their Families
  - (b) Children’s Rights

Section 3 – Education

10. Details of Provision to Support Children with Special Education Needs
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
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

Section 4 – Enjoyment & 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

Section 5 – Health

14. Details of Health Care and Therapeutic Services;

(a) Details, Experience and Qualifications of Staff Providing Healthcare or Therapy

(b) Information About How the Effectiveness of Health Care or Therapy is Measured

(c) SAFER - Stoke Local Authority Model of Care for Small Group Homes

#### Section 6 – Positive Relationships

15. The Arrangements for Promoting Contact Between Children and Their Families and Friends

#### Section 7 – Protection of Children

16. A Description of the Homes Approach to the Monitoring and Surveillance of Children

17. Details of the Home's Approach to Behavioural Support, Including Information About;

#### Section 8 – Leadership & Management

18. Name and Work Address Of –

(a) The Registered Provider & (b) The Responsible Individual

(c) The Registered Manager (if one is appointed)

19. Details of the Experience and Qualifications of Staff, Including Any Staff Commissioned to Provide Education and Health Care

20. Staffing Structure and Arrangements for Supervision

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

#### Section 9 – Care Planning

22. Any Criteria Used for the Admission of Children to the Home, Including Policies and Procedures for Emergency Admissions

#### Section 10 – Statement of Purpose Review

Evaluation

## Authors

Daniel Barker, Registered Care Manager

Lyndsey Wiltshaw, Assistant Care Manager

## Introduction

---

### Welcome

Daffodil 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).

---

### Legislative Framework

The Children's Homes (England) Regulations 2015

Regulation 16 Statement of Purpose

- (1) The registered person must compile in relation to the children's home a statement ("the statement of purpose") which covers the matters listed in Schedule 1.
- (2) The registered person must provide a copy of the statement of purpose to HMCI and make a copy of it available upon request to—
  - (a) a person who works at the home;
  - (b) a child, or a child for whom accommodation in the home is being considered;
  - (c) a parent of a child, or a parent of a child for whom accommodation in the home is being considered;
  - (d) a child's placing authority; and
  - (e) in the case of a qualifying school, the Secretary of State.
- (3) The registered person must—
  - (a) keep the statement of purpose under review and, where appropriate, revise it; and
  - (b) notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision.
- (4) If a home has a website, the registered person must ensure that a copy of the 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.
- (5) Subject to paragraph (6), the registered person must ensure that the home is at all times conducted in a manner which is consistent with its statement of purpose.
- (6) Nothing in paragraph (5) or regulation 46 (review of premises) requires or authorises the registered person to contravene or not comply with—
  - (a) any other provision of these Regulations; or

- (b) any conditions in relation to the registration of the registered person under Part 2 of the Care Standards Act 2000.

Regulation 6 The quality and purpose of care standard

- (1) The quality and purpose of care standard is that children receive care from staff who—
  - (a) Understand the children's home's overall aims and the outcomes it seeks to achieve for children;
  - (b) Use this understanding to deliver care that meets children's needs and supports them to fulfil their potential.
- (2) In particular, the standard in paragraph (1) requires to registered person to—
  - (a) understand and apply the home's statement of purpose;
  - (b) ensure that staff—
    - i. understand and apply the home's statement of purpose

## Section 1 – Quality & Purpose of Care

---

### 1. Admission Range

The home has capacity to support two young people aged 10 – 17 years 11 months, pending the matching process.

Daffodil is registered to provide care for 2 young people. 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 or their next placement dependant on their individual care plan.

In order for young people to achieve their full potential we believe that it is important to provide a safe, secure, and nurturing learning environment. Therefore, we have a

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 considering 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
- Be kept safe from harm

---

### 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. There have been minor adaptations to the home including the installation of a separate W.C. The only other 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.

The windows of the home are fitted with window restrictors ensuring rooms have adequate ventilation while minimising the risk of intruders entering or young people leaving the home inappropriately. In some circumstances it may be necessary to place door alarms on the young people's bedroom doors to monitor their whereabouts; this decision will be risk assessed and in agreement with the placing authority.

---

### (b) The Age Range, Number and Sex of Children Who Can Be Accommodated

The home has capacity to support two young people aged 10 – 17 years 11 months, pending the matching process.

---

### (c) The Type of Accommodation, Including Sleeping Accommodation

Daffodil 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 and the third bedroom is multi-functional as a sleep-in room for carers and office area. There is also a shared bathroom.

Young people's bedrooms are appropriately equipped with furniture, including bed and storage facilities, and are personalised and decorated with consideration to the young person's preferences.

#### Ground floor

- Entrance Hall
- Family kitchen / diner
- Utility room
- Lounge
- WC
- Storage cupboard (COSHH)

#### First Floor

- Bedroom 1 (allocated for a young person)
- Bedroom 2 (allocated for a young person)
- Bedroom / Office (allocated for carers)
- Bathroom

#### External area

- 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.



---

#### 4. A Description of the Location of the Home

**(Extract this information if sharing with a person who may pose a safeguarding risk to a person accommodated within the home)**

Daffodil is located within Longton, 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 of local shops including, convenience stores, chemist, fast food restaurants, health services and community centre. The area 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 young people, on admission to the home, receive information about how the complaints system works and how they can make a complaint. Young people's knowledge of the complaints system is 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.

A procedure for people 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.

Alternatively, a complaint can be completed by:

- Filling in an online form.
- [Send an email to speakup@stoke.gov.uk](mailto: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 Daffodil Small Group Home.

The home works in line with policy and procedures outlined by Stoke on Trent Safeguarding Board (SCB). 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 home does not have nor store the printed versions of the policies as they can be accessed directly from the SCB website [click here to visit https://www.staffsscb.org.uk/](https://www.staffsscb.org.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 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.

The home has 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 when 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 & Feelings

---

### 8. A Description of the Home's Policy and Approach to Consulting Children About the Quality of Their Care

Young people have regular 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 an advocate who can be referred to via their online referral process. This service is provided by Advocacy Services in Staffordshire & Stoke (ASIST.) Details are also present in the young person's guide to living at Daffodil.

---

### 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 pride itself on building meaningful relationships with the young people and their family members in order to maximise outcomes for the young people. Everyone at Daffodil 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. The home provides access to the internet to young people, where appropriate, ensuring any risks are adequately assessed.

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 & 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 individual's 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 Health Care and Therapeutic Services;

#### (a) Details, Experience and Qualifications of Staff Providing Healthcare or Therapy

##### Name & Organisation

Dr Andy Rogers – Changing Minds

##### Organisation Role

Clinical Director

##### Address

Changing Minds Ltd.  
19 Wilson Patten Street,  
Warrington,  
Cheshire  
WA1 1PG

##### Experience & Qualifications

Andrew is a Consultant Clinical & Forensic Psychologist and has over 17 years of experience in the NHS, 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.

He has a specialist knowledge and experience of working with young people with a history of high-risk behaviour, including serious offending and was Professional Lead for Psychological Therapies in a nationally recognised NHS adolescent forensic mental health service, until moving to work full time in independent practice in 2014.

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.

Qualifications: Consultant Clinical & Forensic Psychologist, BSc (Hons)  
D.Clin.Psych. C.Psychol. AFBPsS

---

## Name & Organisation

Dr Lou Enright – Changing Minds

---

## Organisation Role

Senior Clinical Psychologist for Child & Family Services

---

## Address

Changing Minds Ltd.  
19 Wilson Patten Street,  
Warrington,  
Cheshire  
WA1 1PG

---

## Experience & Qualifications

BSc. (Hons) Psychology and Social Sciences, Doctorate of Clinical Psychology

Lou is an HCPC registered Senior Clinical Psychologist for Child and Family Services with Changing Minds UK. Lou has vast experience of working alongside young people and those who support them and has a passion for promoting wellbeing and positive mental health for children and young people. She is skilled in delivering psychological interventions directly with young people, as well as systemically and in group settings. Lou is experienced in devising and delivering training to professionals and carers, in addition to providing supervision and consultation to colleagues.

Lou has worked as a Clinical Psychologist across a number of health and social care organisations supporting both adults and children. In her role with Changing Minds UK, Lou will be responsible for: facilitating ongoing psychological consultation to staff teams and carers; undertaking multi-agency team formulation sessions; delivering training and reflective practice sessions; providing clinical supervision to individuals from a range of disciplines; supporting with service development, including the development of service pathways and psychological informed models of care; working directly with young people and families in order to complete comprehensive psychological assessments and provide therapeutic interventions.

---

## Name & Organisation

Abbie Garrett – Changing Minds

---

## Organisation Role

Assistant Psychologist

---

## Address

Changing Minds Ltd.  
19 Wilson Patten Street,  
Warrington,  
Cheshire  
WA1 1PG

---

## Experience & Qualifications

Abbie is an Assistant Psychologist who has been working at Changing Minds since September 2022. She holds a BPS (British Psychological Society) accredited undergraduate degree in Psychology and a master's degree in MSc Developmental Disorders. As part of her role, Abbie supports with consultations, formulations, and psychological assessments. Prior to working at Changing Minds, Abbie worked as part of a young people's assessment and therapy team across different residential homes and spent time with young people who may have complex needs.

Abbie's role is to support in carrying out consultations with home staff and psychological assessments of young people.

---

## 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.

Lou receives clinical supervision from an HCPC registered Senior Clinical Psychologist on a monthly basis.

Abbie receives formal clinical supervision with Dr Mike Heyes (Clinical 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 pilot 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:

---

Ryan, T and Mitchell, P. (2011) 'A collaborative approach to meeting the needs of adolescent offenders with complex needs in custodial settings: An 18-month cohort study', *Journal of Forensic Psychiatry & Psychology*, 22(3): 437–454.

Golding, K. (2012) *Creating Loving Attachments: Parenting with PACE to Nurture Confidence and Security in the Troubled Child*. London: Jessica Kingsley Publishers.

Golding, K. (2013) *Nurturing Attachments Training Resource: Running Parenting Groups for Adoptive Parents and Foster or Kinship*. London: Jessica Kingsley Publishers.

National Institute for Care & Clinical Excellence (draft 2015) *Children's Attachment: Attachment in children and young people who are adopted from care, in care or at high risk of going into care*. Accessed 25/6/15:

[click here to visit https://www.nice.org.uk/guidance/ng26](https://www.nice.org.uk/guidance/ng26)

Rogers, A. & Budd, M. (2015) *Developing Safe and Strong Foundations: The DART Framework* in Rogers, A., Harvey, J. & Law, H. (Eds.) *Young people in Forensic Mental Health Settings Psychological Thinking and Practice* Palgrave Macmillan: London

---

## 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.

---

## (b) Information About How the Effectiveness of Health Care 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 Daffodil 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 Daffodil.

---

## Health Care

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 outcomes.

---

## (c) SAFER - Stoke Local Authority Model 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.

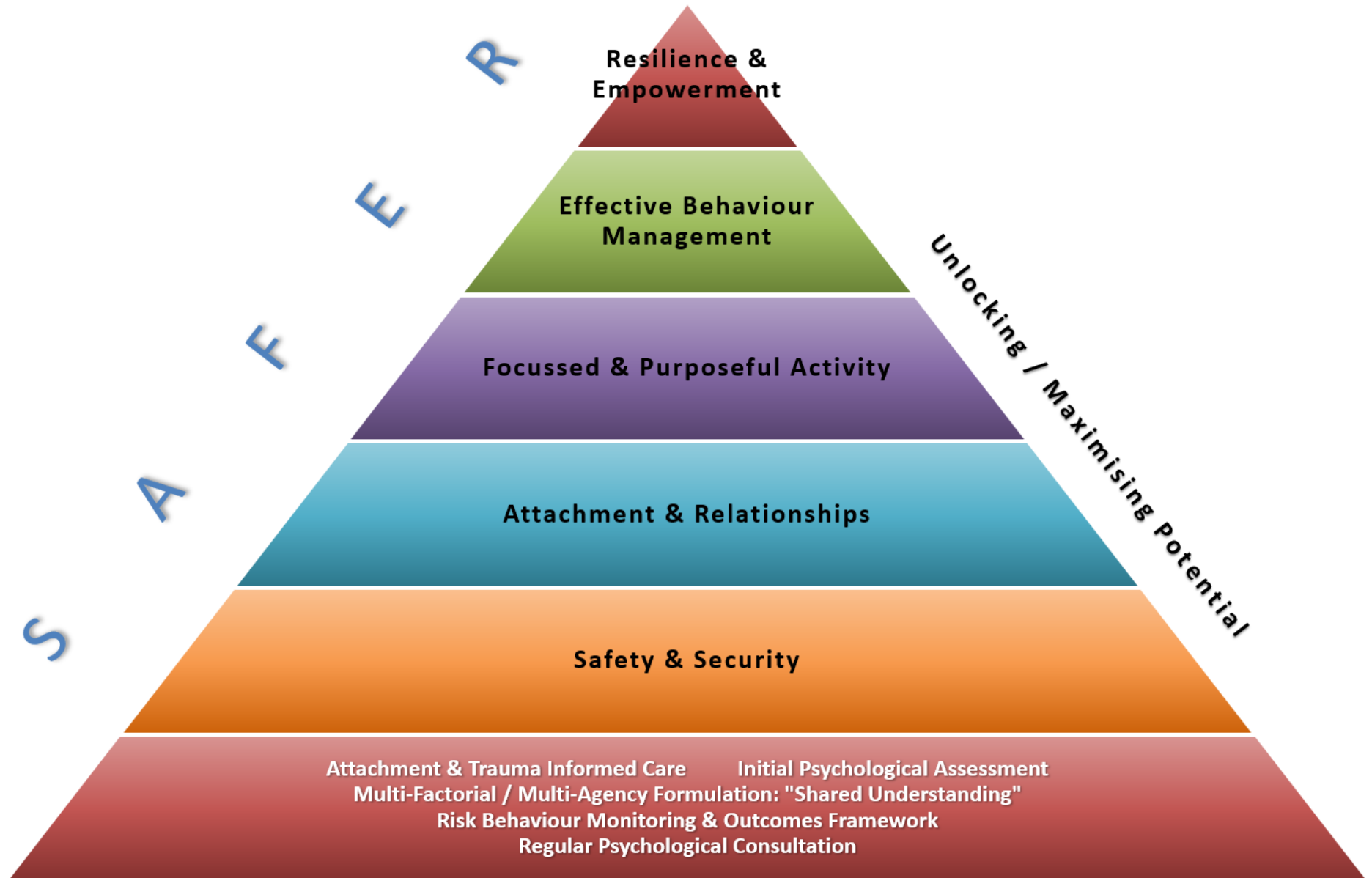
We recognise the importance of providing therapeutic care for our young people throughout their daily experiences, rather than just reserving this for individual therapy sessions.

### 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. Safety and Security
3. Attachment and Relationships
4. Focussed and Purposeful Activity
5. Effective Behaviour Management
6. Resilience 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.

### Initial Psychological Assessment

An initial Clinical Psychology assessment is undertaken with each young person. The assessment involves a review of background information, psychometric assessment, 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.

### 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 psychosocial 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.

### 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:

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

## 2. Safety and Security

---

At Stoke LA, 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:

- Stoke LA has 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 every day therapeutic interactions. The PACER (Playfulness, Acceptance, Curiosity, Empathy and Relationship 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 and 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 help 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 members 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 specific risk behaviour, this will be assessed, formulation and considered within the risk management plan (see risk section above.)

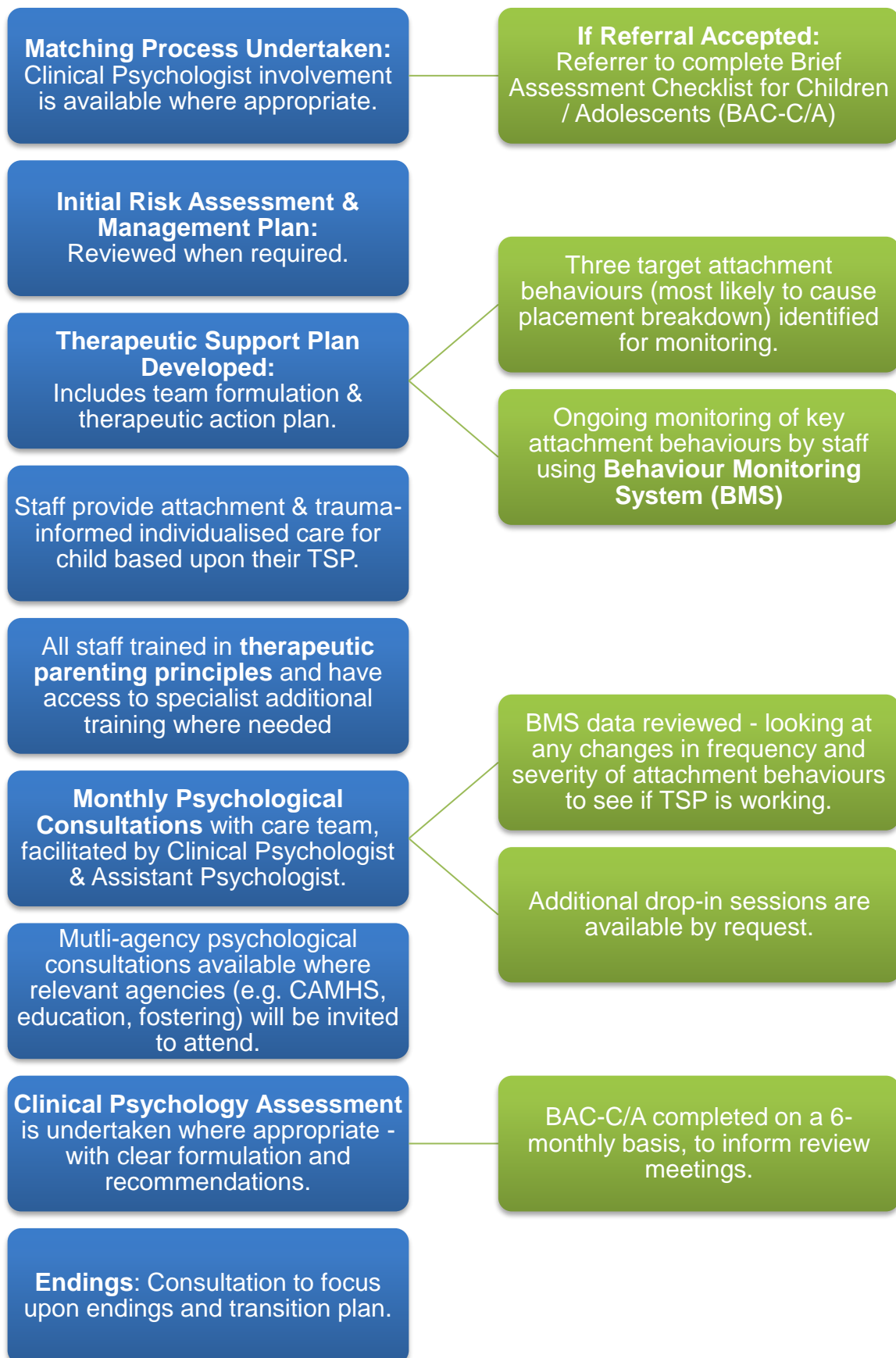
## 6. Resilience and Empowerment (Confident, Purposeful, Adaptable)

---

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.

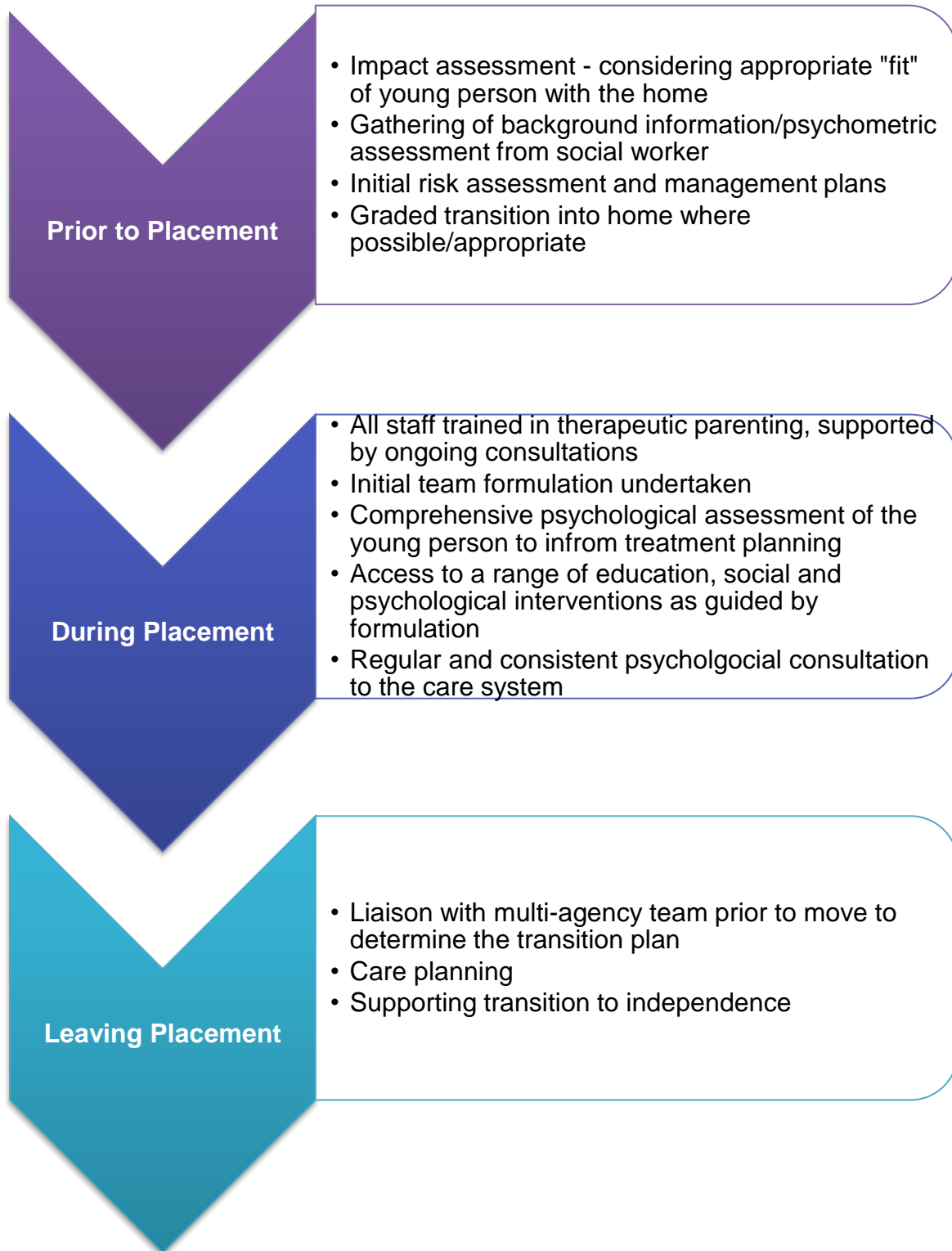
## SGH Therapeutic Pathway



---

## Care Pathway

The Changing Minds Therapeutic pathway interlinks with the child or young person's care pathway. Detailed below:



## Section 6 – Positive Relationships

### 15. The Arrangements for Promoting Contact Between Children and Their Families and Friends

Arrangements for contact 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 considered when assessing and planning contact.

The home will support contact with friends and family members identified within their care plans. Where contact 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:

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

---

#### Direct Contact

The home has a landline phone that can be used on request to maintain contact 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 contact with family and friends in line with their individual and specific 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 considered 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 Contact

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 Contact

Young people will be supported to maintain contact 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.



### 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.

The decision to implement individual door alarms would only be taken when it is 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.

Staff at the home liaise and work 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.

---

## 17. Details of the Home's Approach to Behavioural Support, Including Information About;

---

### (a) The Home's Approach to Restraint in Relation to Young People

---

#### Use of Interventions to Safeguard Young People and Their Specific Plans

---

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 young people placed at the home have their own specific and agreed risk assessments based around the use of appropriate interventions.

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

As a local authority we have invested in the crisis prevention institutes model of physical intervention known as CPI Safety Intervention (previously called Pivotal 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 CPI Safety Intervention, we have seen a decrease in the use of restraint and physical 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 2-day initial CPI Safety Intervention training event; this is then refreshed on an annual basis during a one-day event. Throughout the duration of the course, all participants are assessed on their values and physical ability to implement both the disengagement and holding principles.

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

Within the Small Group Home service, there are currently eight certified CPI Safety Intervention instructors. Seven of the instructors 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 certified CPI Safety Intervention instructor.

## Section 8 – Leadership & Management

### 18. Name and Work Address Of –

#### (a) The Registered Provider & (b) The Responsible Individual

##### Name of Registered Provider and Responsible Individual

Tracey Docksey

##### Organisation Role

Small Group Homes Co-Ordinator

##### Address

Civic Centre,  
Glebe Street,  
Stoke-on-Trent,  
ST4 1HH

##### Experience

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.

Qualifications: NVQ 3 and NVQ 4 Caring for Children and Young people; Leadership and Management in Care Services ACPC level 1,2 & 3; Certified CPI Safety Intervention instructor; Systemic Family Therapy qualification.

---

(c) The Registered Manager (if one is appointed)

---

Name of Registered Manager

Daniel Barker

---

Organisation Role

Registered Care Manager

---

Address

Civic Centre,  
Glebe Street,  
Stoke-on-Trent,  
ST4 1HH

---

Experience

Daniel has a lot of experience working with children, young people and their families. Daniel has spent 14 years gaining childcare experience. This has taken place in residential settings with Stoke-on-Trent City Council as well as in the education sector.

Over the last 5 years he has progressed through the service at the Council being employed as Residential Care Worker and Assistant Care Manager for over 3 years. Daniel has continued to develop and update his professional practice by attending numerous courses including Child Protection, Attachment, Supervision of Carers, Recruitment and Selection / safer recruitment and various other Health and Safety related Courses.

Qualifications: NVQ level 3 in Health and Social Care, Level 5 Diploma in Management and Leadership. Bachelor's degree in Psychology. Children and Young People; Certified CPI Safety Intervention instructor.

19. Details of the Experience and Qualifications of Staff, Including Any Staff Commissioned to Provide Education and Health Care

Carer's Name	Role	Number of Years' Experience Working in Residential Care	Qualifications
Lyndsey Wiltshaw	Assistant Manager	20 Years	Level 5 Diploma in Leadership & Management for Residential Childcare Level 3 Diploma for Residential Childcare
DPM	Residential care worker	2 years	Completing Level 4 Diploma for Residential Childcare
JH	Residential care worker	Over 20 years	Level 3 Diploma for Caring for Children & Young People
Vacancy	Residential Care Worker		
NC	Residential care worker	12 months	Completing Level 4 Diploma for Working with Children & Young People
Jon Parton	Residential care worker	15 years	Level Diploma 3 for Working with Children & Young People
Sarah Luby	Part-Time Residential Care Worker	Started in June 2023	To be enrolled on Level 4 Diploma for Health & Social Care

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

Carer's Name	Role	Number of Years' Experience of Working in Residential Care	Qualifications
JS	Casual Support Worker	7 Years	Diploma level 3
NF	Casual Support Worker	5 Years-previously worked in the SGH as an RCW	NVQ Level 3 Degree Health and social care
JG	Casual Support Worker	3 Years residential previously worked within the SGH as an RCW	Diploma level 3
LB	Casual Support Worker	1 year	Awaiting enrolment
NB	Casual Support Worker	19 years residential previously worked within the SGH as an RCW	NVQ Level 3
PO	Casual Support Worker	16 Years in Adults & Children's	Diploma Level 5

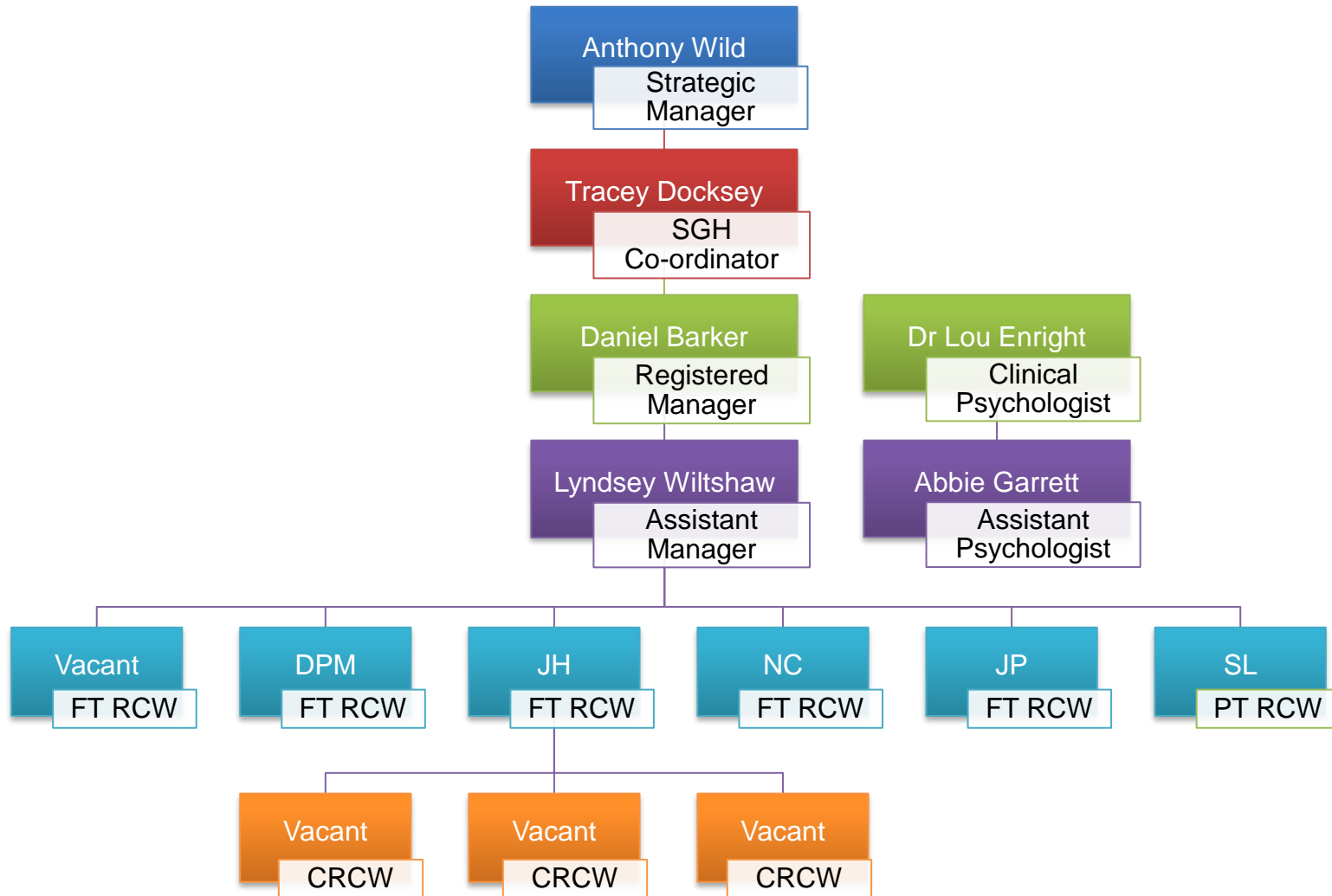
Under no circumstances would a Casual Support Worker be left in a position whereby they were leading a shift at Daffodil. The casual staff members have specific training around the key areas of residential care – restraint training, fire safety, first aid, safeguarding and equality & diversity. There may be occasions where casual staff have further training in areas.

Where required the home may receive support for staff in the form of agency workers, these will be supplied by an agreed agency and profiles of staff used will be held on file. The agency workers would supplement the staff on shift on the home, would not lead shifts and would have appropriate training including restraint training.



## 20. Staffing Structure and Arrangements for Supervision

### Organisational Structure and Line Reporting



---

## ·Supervisions

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

- Young people accommodated and awaiting admission
- Team dynamics (strengths/weaknesses)
- Work load
- Training and development
- Absence, rota and annual leave
- Welfare and support
- Policies, procedures & legislation
- Staffing issues and performance management

Additional supervisions can be undertaken as a means of support on the request of a team member or by the supervisor.

---

### 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 both female team members and male team members.

## Section 9 – Care Planning

### 22. Any Criteria Used for the Admission of Children to the Home, Including Policies and Procedures for Emergency Admissions

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.

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.

---

### Admission Policy of the Home

List to be reinforced by Strategic Manager to CIC Managers identified from out of city placements and current foster placement breakdowns.

1. Vacancy Identified
2. Meeting / Referral via SGH Coordinator to Consider Suitability of Placements in SGH Vacancies

---

#### (a) SGH Manager Requests Information from CIC Manager and Education

- Stat review minutes
- ePEP
- Updated accommodation request

---

#### 3. Initial Placement Meeting Attendees

- SGH Coordinator
- Placement finding team
- SGH Manager
- CIC Manager(s)
- Education

---

#### (a) If Matching to a Young Person Currently Residing at an SGH the Relevant Social Worker Should Be Consulted with as a Priority

---

#### 4. Impact Assessment

To be completed on identified Young Person/People by SGH Manager or the ACM. This requires consultation with all relevant individuals to inform the right decision.

---

#### 5. SGH Manager Decides Whether There Is an Appropriate Match Based on Completed Impact Assessment

---

(a) Inform All Relevant Parties of the Outcome and Whether the Decision Is Made for an SGH Placement

---

6. SGH Manager to Initiate a Pre-Placement Meeting to Plan for Admission, Involving:

---

- Social Worker
- IRO
- Education
- Health
- Young Person and family where appropriate
- SGH Manager
- SGH care staff

(a) Any Visits or Overnight Stays Are to Be Led by and Done at the Pace of the Young Person

---

7. Young Person Moves into the Identified SGH and is Entered into the Admission and Discharge Log

8. Planning Meeting to be Held within 72 hours Where the Delegated Authority Form Is Completed and Specific Plans for Young Person Are Confirmed

---

---

## Emergency Admission Policy of the Home

1. Vacancy Identified
2. Verbal Request for Placement Made by Social Worker

---

  - (a) Accommodation Request Form Submitted If Available
3. Information Gathered from Social Worker, Virtual School, ESCR Records, Care First System
4. Impact Assessment Is Completed and Decision on Admission Made

---

  - (a) Admission Declined

### Alternate placement sought

- (b) Admission Agreed

### Current resident informed about new admission

5. Young Person Moves into the Home

---

  - (a) LAC Documents Received
  - (b) Placement Meeting Held within 72 Hours of Admission
  - (c) Delegated Tool Completed
6. Care Planning Review to Be Held within Four Weeks to Identify Long-Term Plans

---

## Section 10 – Statement of Purpose Review

---

Evaluation

---

Name of Person Completing Review

Daniel Barker

---

Unique Reference Number of Home

SC369825

---

Date SOP Was Last Reviewed

22.03.2023

---

Date of This Review

04/07/2023

---

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

3a

---

Have There Been Any Adaptions Made to the Home to Meet the Needs of the Children Accommodated?

No

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?

No admissions since last review.

3c

---

25 July 2023

Any Adaptions Made to the Type of Accommodation and Sleeping Arrangements for the Children Accommodated at the Home?

---

No changes since last review.

4

---

Any Reviews of the Location of the Home Undertaken?

---

None since last update: Review of the home undertaken on 01.04.2023 – this is available in the home and as an electronic version if required.

5

---

Have the Cultural, Linguistic and Religious Needs of the Young People Been Met?

---

Yes

6

---

Have Any Complaints Received Been Resolved?

---

No complaints received since last submission.

7

---

Have There Been Any Changes / Reviews Made to the Child Protection Polices 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 – updated to reflect that advocacy services are now provided by Advocacy Services in Staffordshire & Stoke (ASIST.)

9a

---

Has the Home Worked in a Way That Does Not Discriminate?

---

Yes

9b

---

Have the Children's Rights Been Adhered To?

---

Yes

25 July 2023

---

Section 3

10

---

Have There Been Any Changes to How the Home Supports Young People with Special Educational Needs?

---

No changes since last review.

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

---

Section 5

14a

---

Any Changes in the Professionals, Their Qualifications and Level of Supervision of Staff Involved in Providing Health Care or Therapy?

---

No changes since last review.

14b

---

Is the Home Meeting the Health Needs of Young People as Described in the SOP?

---

Yes

14c

---

Any Changes in Relation to the Application of the SAFER Framework at the Home?

---



No

---

Section 6

15

---

Has the Home Supported the Young People to Have Contact with Friends and Family Members Agreed in Their Contact Plan?

---

Yes

---

Section 7

16

---

Have There Been Any Changes to the Surveillance of Young People Accommodated at the Home?

---

No changes since last review.

17a

---

Have There Been Any Concerns Raised in Relation to the Use of Restraint at the Home?

---

No

17b

---

Do All Staff Have Up to Date CPI Safety Intervention Training?

---

Yes

---

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 change since last submission.

25 July 2023

19

---

Have There Been Any Changes to the Qualifications That Staff Have Achieved at the Home?

---

No changes since last review.

20

---

Have All Staff Received Professional Supervision as Outlined in the SOP?

---

Yes

21

---

Have There Been Any Changes to the Staff and Staffing Structure of the Home?

---

No changes since last review.

---

Section 9

22

---

Was the Admission Process Followed for New Admissions?

---

No new admissions since last update.

---

Further Information Provided

This updated, and accessible, version of the Statement of Purpose will be published online on Stoke-on-Trent City Council's website. [Click here to visit https://www.stoke.gov.uk](https://www.stoke.gov.uk)

The format of this document has been fully reviewed in order to make it accessible for those viewing the document online.



City of  
**Stoke-on-Trent**

25 July 2023