Statement of Purpose Rose Tree Small Group Home

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Author

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Introduction

Welcome

Rose Tree 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 understand and apply the home's statement of purpose.

Section 1 – Quality & Purpose of Care

1. Admission Range

The home supports young people of either gender between the ages of 10-17 years and 11months. In extenuating circumstances, the home understands that it may be required to support the transition of a young person from the home into Independence after they have turned 18 years of age. Under these circumstances, the home would seek approval from Ofsted whilst adhering to the 'Wholly' and 'Mainly' Guidance in extending the registration.

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 work with partner agencies and ensure a robust impact assessment takes place.

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 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, nurturing and 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

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 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.

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.

(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
Rose Tree 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 an office and sleep-in room for carers.

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

Ground floor

- Entrance Hall
- Family kitchen
- Dining Room
- Lounge
- WC
- Storage cupboard (COSHH)

First Floor

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

External area

- Parking facilities
- 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.

Young people do not currently have access to the home's Wi-Fi connection. However, access to the internet can be provided, with consideration to the young person's risk assessments, through the use of an ethernet cable.

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)

Rose Tree is located in a predominantly a residential area. The home is in 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. The home 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 a 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. 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 young people is everyone's responsibility and is taken seriously by all team members at Rose Tree 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 outs how organisations work together to safeguard 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/. 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

We are 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 child's and young person's safety.

During and prior to reporting a child or 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.

Rose Tree does have a young person on a Deprivation of Liberty Order(Dols) to help keep him safe. The home works permissively with this order and has created a step-down plan supported Senior manager, social worker and the court.

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 a Change Grow Live (CGL) advocate who can be referred to via their online referral process. Details of this service are also detailed in the young person's guide to living at Rose Tree.

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 Rose Tree 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 (EPEP)
- 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 & 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 Sue Knowles – Changing Minds

Organisation Role
Consultant Clinical Psychologist / Child & Family Lead

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

Experience & Qualifications
BSc. (Hons), D Clin Psy, C. Psychol

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.

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.

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).

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.

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

Name & Organisation
Lou Enright - Changing Minds

Organisation Role
Clinical Psychologist

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

Experience & Qualifications
Professional Summary

A highly skilled HCPC registered Clinical Psychologist with a vast experience of working with young people and those who support them. I have a passion for promoting wellbeing and positive mental health for children and young people. I am skilled in delivering psychological interventions directly with young people, as well as systemically and in group settings. I am also experienced in devising and delivering training to professionals and carers, as well as providing supervision and consultation to colleagues. I access regular clinical supervision from a HCPC registered Senior Clinical Psychologist on a monthly basis.

Education

September 2007 - September 2010 | University of Nottingham

Doctorate of Clinical Psychology

September 2001 - September 2005 | Nottingham Trent University

BSc (hons) Psychology and Social Sciences (2:1)

September 1997- August 1999 | Tresham Institute of Further & Higher Education A 'Levels Psychology, English &General Studies (Grades B, C, D)

Professional Training & Workshops

- Compassion Focussed Supervision | University of Sheffield | June '22 (1 Day)
- Clinical Supervision Training | British Psychological Society Mar 21 (4 days)
- Trauma and Resilience | Derbyshire Services for Schools training | Jul '19 (1 Day)
- Sleep Practitioner Training | The Sleep Charity | April '21 (4 Days)

- Positive Behaviour Support Coaches Programme | BILD | Nov ‘19 (4 Days)
- Clinical Supervision| Chesterfield Royal Hospital NHS Foundation Trust |Oct ’19 (1 Day)
- Foetal Alcohol Spectrum Disorder| Derbyshire Children’s Safeguarding Board | May ‘19 (½ Day)
- Trauma Informed Services Derbyshire | Derbyshire Services for Schools Training | Mar’19 (1 Day)
- Acceptance & Commitment Therapy | University of Nottingham | Jan ’19 (1 Day)
- Positive Behavioural Support | British Institute of Learning Disabilities | 2016 (1 Day)
- Compassion Focussed Therapies | The Compassionate Mind Foundation | 2013 (3 Days)

Professional Membership(s)

Health and Care Professionals Council – Practitioner Psychologist

Membership Number: PYL25607

Work Experience

Dec 22 – Present |Changing Minds UK

Senior Clinical Psychologist,

- In this role, I am 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.

Dec 20 – Present |Build Sound Minds Derby & Derbyshire, Action for children

Lead Clinical Psychologist,

- In this role, I was Clinical Lead for Build Sound Minds Derby & Derbyshire, who provide short term support for children (aged 0-18 years) with mild to moderate mental health needs and their families.

- Within this role, I work alongside the Children's Services Manager to ensure the delivery of high quality and timely psychological interventions across the service. This involves over-seeing all aspects of clinical governance including:

- Provision and monitoring of clinical supervision

- Sourcing and delivery of CPD in order to maintain skills within the service

- The design and oversight of care pathways

- Liaison & Consultation with the wider system around the service including CAMHS, Social Care, Commissioners, Schools and other health professionals.

- Line Managing the Clinical team

- Managing processes and systems for responding to "clinical risk" (e.g. self-harm)

- Ensuring that care pathways are inclusive and accessible to children and young people with Autism Spectrum Disorders and/or Learning Disabilities

Jan 2015 -May 21 | Chesterfield Royal Hospital NHS Foundation Trust

Highly Specialist Clinical Psychologist,

- In this role, I was based within Learning Disability CAMHS providing support to children (aged 0-18 years) with moderate to severe learning disabilities and their families. The team work within a Positive Behavioural Support (PBS) framework to provide direct psychological work with young people, systemic work with families and formal consultancy to staff teams (including Core CAMH services).

- Within this role, LD CAMHS provided intensive multi-disciplinary support to young people with Learning Disabilities and complex challenging behaviours in order to prevent Tier 4 admission and keep young people at home with their families and in education. In addition to that, we provided support, consultation and reflective practice to local residential services.

- A large part of my role included devising and providing bespoke training to local services such as schools, health teams and residential services on a range of psychological subjects such as attachment and positive behaviour support.

- Finally, I provided regular clinical supervision to assistant and trainee psychologists and other members of the MDT, as well as crisis briefing and consultation to the wider MDT.

Oct 2010 –Jan 2015 | Derbyshire Healthcare NHS Foundation Trust

Specialist Clinical Psychologist | Adult Learning Disability Team

- In this role, I was responsible for contributing to the provision of specialist clinical psychology services for adults with learning disabilities. I was based within a large multi-disciplinary team and worked alongside the multi -disciplinary team to assess and prioritise all new referrals to the service.

- My caseload consisted of a number of ‘fast -track' clients who had been referred for neuropsychological assessment. The remainder consisted of therapeutic work with clients with presenting problems such as depression, anxiety, self -injury and challenging behaviour.

- Within this work, I utilised a variety of psychological models for assessment, formulation and intervention, including Narrative Therapy, Cognitive -behavioural Therapy, Brief Solution Focussed Therapy, Behavioural approaches, Family Therapy and Integrated approaches.

- I delivered training and reflective practice groups to local care providers and day centres.

- Finally, as part of my role, I was responsible for providing regular clinical supervision to other qualified clinical psychologists and assistant psychologists.

Sept 2007 –Sept 2010 | Nottinghamshire Healthcare NHS Trust

Trainee Clinical Psychologist |

- Throughout training, I worked with a number of client groups within a range of contexts. As a result, I developed skills in a wide variety of approaches, including: Systemic, Behavioural, Cognitive Behavioural and Attachment based approaches.

- My placements were as follows :

- A one-year placement in adult neuropsychology within a uni-disciplinary team at QMC.

- Six months in older adults within a multi-disciplinary CMHT in Derbyshire.

- Six months in child and adolescent mental health within a Tier 3 multi-disciplinary CAMHS team in Nottinghamshire.

- Six months with adults with Learning Disabilities in Nottingham. Within this role, I also conducted an audit of the psychology waiting list.

- Six-month elective placement within a CAMHS learning disability service at Chesterfield Royal.

My thesis was entitled: "The Relationship Between Hyperphagia and Behavioural Problems in Children with Prader Willi Syndrome".

Dec 2005 –Sept 2007 | Nottinghamshire Healthcare NHS Trust

Assistant Clinical Psychologist |

For this post, I was based within a Community Learning Disabilities Team in North Nottinghamshire. I was involved with referrals at all stages from assessment, to formulation and intervention. I worked with clients with presenting problems, such as; anxiety, depression, challenging behaviour, dementia and phobias. I successfully adapted models like Cognitive Behavioural Therapy and narrative therapy to create individual interventions based on needs and level of cognitive ability. I provided support and training for staff from outside agencies about such issues as aggression or anxiety

Jul 2005 –Dec 2005 | Swiis Recruitment

Community Mental Health Worker|

Through Swiis recruitment, I worked full time as a community mental health worker for Rethink covering all of North East Derbyshire. I was responsible for visiting a variety of clients with severe and enduring mental health problems in their homes or in hospital to encourage towards independence.

Mar 2004 –Aug 2005 | Brook Street Social Care

Residential Social Worker |

Through a care agency, I worked within a variety of settings with children and young people. Most of my work was based at 'The Big House' in Edwinstowe, which is a short breaks provider for children aged 4-19 with learning disabilities. I also worked in a variety of residential homes for looked after children.

Jun 2000 –Oct 2002 | Gretton Homes

Support Worker |

Gretton Homes is a group of 8 residential homes providing specialist support for over 50 adults with Prader-Willi Syndrome (PWS). My duties there were to work with adults with PWS to encourage them towards semi- independent living. This included supporting them in all aspects of their daily lives, meeting their health care needs and becoming actively

involved in the planning and review process of resident care in line with a person cantered approach.

Skills

- Assessment: Skilled in conducting psychological assessments with young people, as well as their families utilising both formal measures (psychometric and neuropsychological) as well as individualised creative methods.

- Formulation: Highly experienced in using creative and artistic methods to support psychological understanding for young people, families and the wider system.

- Psychological Intervention: Drawing on an eclectic mix of psychological models including Systemic approaches, CBT, CFT, ACT, Positive Behaviour Support and Attachment based therapies. I am adept at integrative approaches which are tailored for the needs of the individual.

- Supervision: Utilising a variety of psychological models to support and inform the provision of clinical supervision to trainee and assistant psychologists (as well as other members of the MDT). I am also confident in facilitating supervision groups based on Systemic models, both for the purpose of reflective practice and crisis management.

- Training: A skilled and confident trainer. Vast experience of devising and delivering training packages to families, schools, residential services and colleagues, both in person and online.

- Consultancy: Wide experience in providing consultancy to professionals within Children's Services

- Research & Audit: Experienced researcher, I regularly conduct and supervise both audit and service evaluation projects within our service, to improve and adapt services, as well as to feedback to commissioners.

- Knowledge & Understanding: Broad understanding of child development theory as well as local and national guidelines around child mental health. Joanne Lowton is a Chartered Forensic Psychologist and a Registered Psychologist with the Health and Care Professions Council and a member of the British Psychological Society.

Name & Organisation
Abbie Garrett -Changing Minds UK

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 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.

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.

Sue receives clinical supervision as per professional/HCPC guidelines formally with Dr Andy Rogers on a monthly basis. She also has access to supervision on an ad hoc basis. In addition, Sue will have regular Dyadic Developmental Psychotherapy (DDP) informed supervision with Dr Kim Golding.

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

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

Consultant Clinical Psychologist: 12 days (1 day per month)

1) Strategic psychological consultation for the senior management team to include:
    a. Objective psychologically informed case consultation and advice, particularly in relation to complex cases including those in which care, education and health provision present challenges.
    b. 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:
    a. Advice and support in the formulation and management of complex cases.
    b. Consultation to residential and educational staff teams regarding the development of a broader psychologically informed therapeutic milieu.

c. 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.

(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 Rose Tree 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 Rose Tree.

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. 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) for supporting young people with attachment difficulties and aligned to the notion of 'redefining therapy' as outlined by Rogers et al, 2011. 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) 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. 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 within the first twelve weeks of their admission. 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 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.

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 / 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

1. Matching Process Undertaken

Clinical Psychologist involvement is available where appropriate.

2. If Referral is Accepted

Referrer to complete Brief Assessment Checklist for Children / Adolescents (BAS-C/A)

3. Initial Risk Assessment and Management Plan

This will be reviewed on a monthly basis and when new information becomes available.

4. Therapeutic Support Plan Developed

Includes the team formulation and therapeutic action plan

(a) Staff provide attachment and trauma-aware individualised care for the child, based upon their TSP

(b) All staff trained in therapeutic parenting principles and have access to specialist additional training where needed

5. Three target attachment behaviours identified (the ones most likely to cause placement breakdown) for monitoring through the BMS

(a) Ongoing monitoring of key attachment behaviours using the Behaviour Monitoring System (BMS) by the care staff

(b) BMS data is reviewed within monthly consultations – looking at any changes in frequency and severity of attachment behaviours to see if therapeutic plan is working

6. Monthly Psychological Consultations

This will take place with care team facilitated by Clinical Psychologist and Assistant Psychologist. Additional drop-in sessions are available by request. These sessions will include a review sections 4a, 4b, 5a and 5b.

7. Multi-agency Psychological Consultations

Available where appropriate – relevant agencies such as CAMHS, education and fostering will be invited to attend.

8. Clinical Psychology Assessment

Undertaken where appropriate with clear formulation and recommendations.

(a) Brief Assessment Checklist for Children / Adolescents

Completed on a 6-monthly basis, to inform review meetings.

9. Endings

Consultation to focus upon endings and transition plan.

Care Pathway

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

Prior to Placement

- Impact assessment – considering appropriate "fit" of young person with the home
- Gathering of background information/psychometric assessment from social worker
- Initial risk assessment and management plans
- Graded transition into home where possible/appropriate

In Placement

- All staff trained in therapeutic parenting, supported by ongoing consultations
- Initial team formulation undertaken
- Comprehensive psychological assessment of the young person to inform treatment planning

- Access to a range of educational, social and psychological interventions as guided by formulation
- Regular and consistent psychological consultation to the care system

Leaving Placement

- Liaison with multi-agency team prior to move to determine the transition plan
- Care planning
- Supporting transition to independence

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.

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 child's or 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.

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.

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.

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 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 Mangers 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 commonly known as CPI (crisis prevention Intervention). Through a clear and concise monitoring system, we have seen it develop and grow over the years. Following the implementation of CPI, 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 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 CPI 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.

As a Small Group Home service, there are currently six licenced CPI 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 CPI trainer.

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
Stoke-on-Trent City Council
Floor 2, 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; Licensed CPI Trainer and Systemic family therapy qualification.

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

Name of Registered Manager
Medan Case-Peart

Organisation Role
Registered Care Home Manager

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

Experience
Medan has a lot of experience working with children, young people and their families. Medan has spent the last 6 years gaining childcare experience in various residential settings, both with Staffordshire County Council and Stoke-on-Trent City Council.

Over the last 4 years she has progressed through the service being employed as Residential Care Worker and Assistant Care Manager. Medan 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, Fair Recruitment and Selection and various other Health and Safety related Courses.

Qualifications: Social Work degree and Level 5 management.

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	Qualifications
LD	Assistant Care Manager	13 years	Dip 5 registered managers award NVQ L3 Health and Social Care – working with children and young people
HM	Residential Care Worker	9 Years	NVQ L3 Health and Social Care – working with children and young people
AD	Residential Care Worker	2 Year	Enrolled on to Level 4
GR	Residential Care Worker	10 years	NVQ L3 Health and Social Care – working with children and young people.
PN	Residential Care Worker	15 years	NVQ L3 Health and Social Care – working with children and young people.
MJN	Residential Care Worker	1 year	Has enrolled on Level 4
LM On mat Leave	Part time Residential Care Worker	2 year	Has enrolled on level 4 (Paused on Mat Leave)

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

Carer's Initials	Role	Number of Years' Experience of Working in Residential Care	Qualifications
AG	Casual Support Worker	3 Years	Currently working towards L3 Diploma in Health and Social Care – working with children and young people
KLE	Casual Support Worker	2 year	To be enrolled

Carer's Initials	Role	Number of Years' Experience of Working in Residential Care	Qualifications
SR	Casual Support Worker	2 years	NVQ L3 Health and Social Care – working with children and young people
DL	Casual Support Worker	3 years	Enrolled onto Diploma 3
CB	Casual Support Worker	20 Years	NVQ 3 diploma for Residential Childcare Foundation degree in Education
DE	Casual Support Worker	1 year	To be enrolled after probation since offered permanent post in SGH permanent post be offered
JT	Casual Support worker	18 years	Dip 5 in management and leadership NVQ Level 3 working with children and young people NVQ level 2 working with children and young people GNVQ in health and social care A Levels in Psychology, Physiology & Sociology Qualified CPI trainer
LP	Residential Care Worker	18 years	NVQ L3 Health and Social Care – working with children and young people

Under no circumstances would a Casual Support Worker or agency staff will be left in a position whereby they were leading a shift at Rose Tree House. Casual workers will complete core training in key areas such as Safeguarding, Physical Intervention, First Aid, Fire Safety, Health and Safety, Food Hygiene, GDPR and Equality and Diversity. There may be occasions where casual workers have further training. For Agency staff used their records are checked before booking.

19. Staffing structure and arrangements for supervision (increased staff team for 2-1 placement)

Organisational structure and line reporting

Anthony Wild

Strategic Manager

Tracey Docksey
Responsible Individual

Medan Case-Peart
Registered Care Manager

LD
Full-Time Assistant Manager

AD
Full-Time RCW

HM
Full-Time RCW

MJN
Full-Time RCW

PN
Full time RCW
GR
Full time RCW
LM
Part Time RCW on mat Leave

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.

20. 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.

Section 9 – Care Planning

21. 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 Persona 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
Medan Case-Peart

Unique Reference Number of Home
SC408369

Date SOP was last reviewed
29.03.2023

Date of this review
12.07.2023

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?
Locking systems in the home were changed to support locking the home due to one young person having a Dols order. Whilst the doors are not locked at present it provides the tool to do this quickly if needed

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 adaptions made to the type of accommodation and sleeping arrangements for the children accommodated at the home?
Yes, there was increased staffing to support waking nights in the home. This no longer in place and the home is back to sleep in arrangements

4

Any reviews of the location of the home undertaken?
Yes, the location risk assessment has been reviewed

5

Have the cultural, linguistic and religious needs of the young person been met?
Yes

6

Have any complaints received been resolved?

No complaints made

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 changes

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 planner is completed with our young people which 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

Since last update MJN has now enrolled on L4 health and social care course

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

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 restraint 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

19

Have there been any changes to the qualifications that staff have achieved at the home?

No- staff continue to complete mandatory and enhancement training to meet the needs of the young people

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?

Yes – the home has a new ACM LD and the staffing ratio is no longer increased and is back to 6.5

Section 9

22

Was the admission process followed for new admissions?

Yes

Further Information Provided

This updated, and accessible, version of the Statement of Purpose will be published online.

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