

PEMBROKE HOUSE – STATEMENT OF PURPOSE

Pembroke House's Statement of Purpose is written in accordance with the Regulatory requirements of the Quality Standards for Children's Homes 2015 and the Children's Homes Regulations 2015

Pembroke House's policies and procedures are referred to within this document and are available in full at Pembroke House or upon request.

A copy of this Statement of Purpose is provided to Ofsted and is also available on our web site at www.jandrcareltd.co.uk. It will also be provided to:

1. Each person who works at Pembroke House
2. Each young person accommodated at Pembroke House
3. All parents/ persons with parental responsibility of any young person accommodated at Pembroke House
4. The Local Authority or placing authority of any young person accommodated at Pembroke House
5. The host local authority to Pembroke House

QUALITY AND PURPOSE OF CARE

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| 1. A statement of the range of needs of the children for whom it is intended that the children's home is to provide care |
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Pembroke House work with up to 6 children who are being looked after by Local Authorities. We can look after male or females between the ages of eight years old and up to eighteen years old. We are a medium to long term home. Impact assessments are undertaken with regards to the other children already living in the home at the point of referral. All of the children we look after are vulnerable and we try to provide a safe and secure environment for children to develop and grow. Most children we work with present with behaviour that is challenging and we work with clearly defined boundaries in a nurturing way to help them become better at expressing their feelings without the need for violence and aggression. The staff at the home have a shared understanding of the Residential task and are continually increasing their knowledge in this area.

The staff team are committed to working with the unconscious processes which take place with this child group and have the capacity to contain the powerful emotions, which lead to their challenging behaviour. We believe that how children live together within the home forms an important part of their development and good role modelling from those adults around them is essential in this learning process. In addition to this we work closely with Independent therapists who can assess and offer different kinds of therapy dependent on the individual needs of the child.

We provide intensive care in a space where children can express themselves in a way that is not always acceptable within the wider community and yet remain safely contained by staff. It is preferred that children who are referred to us are admitted in a planned way, including pre admission visits to the home so that they can meet other children already living there and the current residents can also meet them.

All children who are placed at Pembroke House are automatically admitted to our onsite Ofsted inspected Independent school.

We work in partnership with the placing authorities and parents to ensure that all the children's health, care and education needs are met and as such The Registered Manager and staff team work closely with social workers and parents in a professional capacity to support and help them to understand the work we are doing. The children's family are welcomed at the home to visit and are actively included in periodic social functions for example, birthday celebrations, BBQ's Sports days, presentation awards, Christmas parties.

We work holistically with all children placed with us. The care staff support children within school which assists with the long-term inclusion of them despite the high levels of challenging behaviour. The staff knowledge and understanding around the needs of the children and the high ratio of staff help contain difficult behaviour where some other EBD provisions have failed.

The children and young people we work with have various needs. Some diagnosed and others not. For example, some children suffer from ADHD, Personality disorders, enuresis, dyslexia Mild ASD, Attachment disorders. We can work with young people around drug issues although we are not a drug rehabilitation and hardened addictions cannot be catered for.

Specific techniques we use when dealing with some of the above:

- Key working
- De brief following incidents
- External referrals to substance misuse professionals
- Bullying workshops
- Daily house meetings
- Training in attachment theory and unconscious processes

We employ a Tavistock trained consultant psychotherapist who is available to all staff each week to help them to understand their role and deal with the projected feelings they experience while working in this environment.

The management have an understanding of group dynamics and the effect this can have on all within the home. We are committed to working to enable us to deliver the most consistent quality of care. We offer opportunities to the children we care for to develop secure attachments with particular adults through the key worker system and recognise the need for as little disruption in this area as possible.

Our hope is that the work we do will enable the children to recover from their past negative experiences and hopefully move on from us, whether to family placements or independence with a feeling of being genuinely cared for and thought about.

While we recognise that for many children, growing up in a family environment is the best outcome, we also recognise that for some children this is not possible and in this respect long term residential care is a preferred option.

2. Details of the children's homes ethos and the outcomes that the children's home seeks to achieve and its approach to achieving them

We work tirelessly with vulnerable children who need to live in an environment that is non abusive and that is honest and respectful and fun with adults that can survive their destructive behaviours and understand how their past experiences have impacted their lives and help build their self-esteem and enable them to go on to lead healthy and happy lives.

Aims

- To provide a living environment for vulnerable children where it is understood that honesty and mutual respect is imperative to a happy and healthy home.
- To provide an education to children in a creative way to enable them to learn and achieve and not be disadvantaged.
- To live in an environment that promotes health and well-being and helps children develop personal and social skills.
- To provide opportunities for children to learn essential life, Independence and transition to work skills
- To ensure that all children's cultural and identity needs are met through appropriate assessment and provision and where necessary including outside agencies
- Employ staff who are committed to do the work necessary involved in caring for these disadvantaged children after they have been endlessly assessed in other environments.
- Employ staff who are able to survive the aggressive and destructive behaviours which have ended past placements.
- To help build positive and secure attachments with adults who do not abuse them and who enjoy and want to look after them.
- Continually learn to work therapeutically with the children and nurture them unconditionally.
- To apply clearly defined boundaries for children to feel safe and ensure that their day has structure and meaning.
- To be committed to challenging anti-social and delinquent behaviour.
- To ensure that everyone who works at Pembroke House believe that all children have a voice and should be heard.

All children, whatever their age, culture, race, religion or disabilities have a right to:

- Be treated as individuals
- Be consulted about things that affect them
- An Education
- Develop their own talents, interests and links with the community
- Stability and security
- Protection
- Equality of opportunity
- Good health care
- Respect for their values and beliefs

In addition we listen to the children and have taken seriously the child's view as identified at The Children's Rights Conference 2005 that children should:

- Be Happy
- Have enough food and drink
- Stay in contact with family
- Have friends
- Have fun
- Experience love
- Receive respect

- 3. A description of the accommodation offered by the children's home including:**
- a) How accommodation has been adapted to the needs of the children cared for by the children's home**
 - b) The age range, number and sex of the children for whom it is intended that accommodation is to be provided**
 - c) The type of accommodation, including sleeping accommodation**

Pembroke House Children's Home is a private home. We offer 52 week care placements for up to 6 children between the ages of 8 and 18 years old, male or female

It is a detached house with 6 bedrooms (one with en suite shower room), 2 communal bathrooms and 2 separate washrooms, a large kitchen, living room, dining room, games room, office, and a large garden; there is a front part tarmacked area for car parking.

The ground floor comprises of a spacious entrance hall, an office; kitchen; lounge and dining room; a WC and a bedroom.

On the first floor, there are four bedrooms and a two bathrooms and separate wc. There is also a large walk in laundry room and room housing the boiler and spare linen. There is also a quiet area with a sofa and an armchair.

On the third floor there is a bedroom, a therapy room and an office.

The home is well furnished and tastefully decorated throughout. Due to the challenging behaviour of some of the young people we care for, the house can be subject to needing repairs regularly. We try our best to ensure the home is maintained to its highest level and believe that it is important that the home is as homely as possible and well decorated with nice things in it.

The young people's bedrooms are lockable and consist of: A single or double bed, A Television with free view and DVD player, A Wardrobe and a Chest of drawers and a desk for private study. Depending on the age of the young person and risk assessments some young people have access to the internet through lap tops.

The Lounge is a communal area and consists of: A large television with Sky TV, 2 x 3 seated Sofas, A selection of DVD's and a stereo, A games console with a selection of games.

The communal bathroom is lockable and consists of: A bath with shower, a toilet and washbasin

The Kitchen consists of: A fully fitted kitchen with a range cooker, an American style double fridge/freezer, a microwave, a dishwasher, a kettle, all utensils and cookware that is required in a kitchen for preparing and cooking meals. There is also a centrally located breakfast style bench which young people like to sit around with staff at various times.

The Dining Room is a communal area and consists of: Dining Table and Chairs. This room is also used as a meeting room and a quiet area where the young people can study or complete homework.

The Garden consists of: A large Grassed area, a paved area with a basketball net, a second grassed area which houses a trampoline and can be marked out for sports days and for football matches.

Within the grounds is also The Annex School which consists of a self-contained building with a small entrance hall, a separate wc and wash basin and two classrooms.

4. A description of the location of the children's home

Pembroke House is a Children's Home, situated in a quiet residential area of Kent. It has a large park opposite and is a few minutes' drive from the train station. The local amenities include a sports club, library, supermarket and various village shops. It is only a 15 minute drive to Bluewater shopping centre with its range of cinemas, shops and eateries.

A location safety assessment is undertaken each year and any risks identified.

5. The arrangements for supporting the cultural, linguistic and religious needs of children accommodated in the children's home

Pembroke House is a place where everyone must agree to respect their own and other people's ethnicity, culture, race and religion.

Pembroke House acknowledges the importance of enabling children to practice their religious beliefs and the faith of their choice. Staff recognise the important source of strength, inspiration and comfort that religious faith can bring and its importance to children's concept of self-identity and ability to make sense of their experience, when they have been separated from so many aspects of their life.

It is equally important that staff recognise a child's right not to have a religious faith, or their wish not to practice their faith.

On admission, if they wish, each child will be provided with a religious book of their choice. They will be provided with any other article necessary for the practice of their religious faith e.g. prayers mat.

Staff are committed to ensuring that links are made with appropriate places of worship with the child's knowledge and co-operation. Religious celebrations are observed in ways that residents feel comfortable with and any religious requirements e.g. dress, diet etc. will be accommodated as required.

Wherever possible dietary requirements will be met according to race, culture or religion. Placing authorities are required to give full account of such needs upon/prior to admission to enable forward and appropriate planning. Where necessary an independent assessor may be brought to advise on such issues as healthcare, personal care and diet/menu preparation of food. The home budget allows for specific products to be purchased as necessary to cater for specific hair/skin routines.

Pembroke House may also enlist the services of an independent visitor with similar ethnicity in an effort to meet cultural need and may develop links with local community groups as appropriate to foster relationships with children of similar cultural backgrounds.

Statutory reviews and admission documents should accurately reflect any such identified needs and care plans should reflect issues of dress, meal choice, cultural expression, religious expression, customs and celebrations.

We try at Pembroke House to foster a homely environment, which is multi-cultural. It is expected that the staff team at Pembroke House work in a respectful and harmonious manner and will challenge offensive language or behaviour on the basis of race, culture, gender or religion. We hope that the residents will follow these positive role models.

6. Details of who to contact if a person has a complaint about the home and how that person can access the home's complaints policy

Pembroke House operates a Complaints Policy and procedures which are available on our web site, in the home and on request. The policy is for anyone, including the young people to raise any concerns or grievances they have over any aspect of Pembroke House care of young people. The homes procedures are additional to and do not replace other avenues of complaint, i.e. Ofsted Inspectors and the procedures for placing authorities.

The procedure covers:

- any feature relating to the care of the child accommodated by Pembroke House
- The right of the child to be listened to and the right to receive an appropriate response to a request.
- The right to be involved in any decision-making process which affects them.

It also covers any queries which then become complaints, regardless of the source from which they appear.

The procedure does not cover

- Staff grievance/disciplinary procedure (for which there are separate guidelines). It may well prove that some disciplinary procedures start as a result of a complaint, but they will be dealt with separately to the complaint to ensure positive handling.
- Complaints made to other organisations or people or where other legal procedures follow, eg. Court

Informal Complaints

It is envisaged that most questions or queries relating to any feature of care of a child accommodated by Pembroke House would, in the first instance, be addressed to the staff on

duty at the time. The majority of them will be dealt with to the satisfaction of all concerned. There may be some however, which are not and may at this stage be identified as a formal complaint. Where this element of dissatisfaction arises the complainant will be advised by staff of their right to make a formal complaint and how it will be dealt with. All informal complaints raised by a young person is recorded and dealt with by a manager within the home.

Who may Complain/Compliment:

- Any child who is presently accommodated by J&R Care Ltd (A complaint may also be made on behalf of the child by any other ‘significant’ person who knows sufficient interest in the child’s welfare, e.g. parent, relative, friend, carer, social worker etc.)
- A social worker
- Any staff member or visitor or parent/carer if they are worried about the care of a child or the service that is being provided.

These complaints will be checked with the child to ensure that they reflect the child’s views and that they are in agreement to the person making the complaint acting on their behalf.

Informal Complaints

It is envisaged that most questions or queries relating to any feature of care of a child accommodated by J&R Care Ltd would, in the first instance, be addressed to the staff on duty at the time. The majority of them will be dealt with to the satisfaction of all concerned. There may be some however, which are not and may at this stage be identified as a formal complaint. Where this element of dissatisfaction arises the complainant will be advised by staff of their right to make a formal complaint and how it will be dealt with. However all complaints made by a child or on behalf of a child will be logged on the Clearcare system under their records and acted on.

Formal Complaints

STAGE 1: In the first instance these will be dealt with by the Registered Manager /Safeguarding Lead, Eric de Mel or the Deputy Safeguarding lead, Brendan Aherne in the event Eric being on annual leave. The complaints will be recorded along with any actions previously taken if it was dealt with informally in the first instance. The manager will then make a decision. The manager will deal with any complaint within 5 days of receiving it (unless a child’s safety is in jeopardy in which case he will deal with the complaint immediately)

If the complainant is not satisfied with the decision from the manager/Safeguarding Lead:

STAGE 2: The complaint will be passed to the Safeguarding Director, Jane Parish, who will investigate the complaint and make a decision. Any complaint passed to the Director will be dealt with within 5 days from receiving the complaint. The Safeguarding Director's word is final.

At any stage the children/ young people living at the home are able to contact the Safeguarding Director on a number that has been shared with them. Jane will speak to the child and if she feels it is appropriate to deal with the complaint instead of passing back to the Safeguarding lead, she will. This would normally be in the case of the complaint involving either the Safeguarding Lead or Deputy. If she feels that it is a complaint that should be dealt with through this policy, she will tell the child that she has taken a note of their complaint and ask them to speak to the Safeguarding lead. The Safeguarding Director will then follow up this complaint with the Safeguarding Lead to see what has been done with the complaint and that it has been addressed in the correct way.

AT ANY TIME A CHILD OR STAFF MEMBER CAN MAKE A COMPLAINT TO OFSTED IF THEY WISH TO, THE CONTACT DETAILS ARE BELOW:

Ofsted
NBU 3rd Floor
Royal Exchange Buildings
St Ann's Square
Manchester
M2 7LA

Phone: 08456 404040
Fax: 08456 404049
Email: enquiries@ofsted.gov.uk
www.ofsted.gov.uk

Monitoring

All stages of the procedure will be recorded in writing along with any subsequent action taken and the outcomes of each complaint. The complainant will be consulted with during this process

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

Pembroke House is committed to the safety and protection of all children and young people living in the home. We strive to ensure the provision of a safe and secure environment in which children and young people can develop educationally, socially and emotionally, safe from fear and free from harm.

This policy and procedure document is a way of demonstrating that we understand our responsibilities towards keeping children safe and that we have measures and systems in place to maximise the effectiveness of our work. In order to fulfil our commitment to safeguard and promote the welfare of children we have in place:

- Clear priorities for safeguarding and promoting the welfare of children explicitly stated in key policy documents;
- There is a commitment by senior management to the importance of safeguarding and promoting children's welfare and this is demonstrated in practice.
- A culture of listening to and engaging in dialogue with children – seeking their views in ways appropriate to their age and understanding, and taking account of those both in individual decisions and the development and improvement of services;
- Recruitment and human resources management procedures, including contractual arrangements, that take account of the need to safeguard and promote the welfare of children and young people, including arrangements for appropriate checks on new staff and volunteers and adoption of best practice in the recruitment of new staff and volunteers;
- A clear understanding of how to work together to help keep children and young people safe online by being adequately equipped to understand, identify and mitigate the risks of new technology;
- Procedures are in place to guide all staff for dealing with allegations of abuse against members of staff and volunteers
- Arrangements to ensure that all staff undertake appropriate training to equip them to carry out their responsibilities effectively, and keep this up to date by refresher training at regular intervals; and that all staff, including temporary staff (including agency staff) and volunteers who work with children, are made aware of both the homes arrangements and their responsibilities for safeguarding and promoting the welfare of children;
- Policies are in place for safeguarding and promoting the welfare of children, including a child protection policy, effective complaints procedures and procedures that are in accordance Local Safeguarding Children's Board and the Local Safeguarding Children's boards of the local authorities who commission us.

We have a full Safeguarding policy available on request and includes:

- Child Protection Policy and Procedures including Dealing with allegations
- Bullying
- Recruitment of staff
- Whistleblowing
- Children Missing from Care
- Child Sexual Exploitation
- Preventing Extremism and radicalisation

VIEWS, WISHES AND FEELINGS

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

Children and, where appropriate, their families will be consulted and involved in the decisions that affects their lives. Consultation and decision making processes will be recorded within the child's file and in the Placement Plan. There needs to be a variety of ways or systems in which consultation, participation and involvement can take place.

These will include written agreements, individual interviews, key worker sessions, children meetings or house/ group meetings, consultation meetings with Directors. The ways in which children are helped to participate will take account of their background. Particular attention will be given to gender, ethnicity, religion, language and culture and the needs that may arise from these dimensions within a child's life.

All consultation, participation and involvement systems and processes will take place at regular and frequent intervals and it will not be taken for granted that children's views are known already or indeed, that they are not important, or relevant. For instance, staff need to use the systems, mentioned earlier, including children's group meetings and one to one sessions. Further, staff need to ensure children are aware and able to access an advocate.

Routine practices will not develop in the home, which result in the assumption that children no longer need to be consulted or involved. If and when any changes and developments are being planned children must be consulted about these. All significant views, discussions and decisions should be recorded accurately and promptly within children's individual files and/or minutes from children's group meetings.

There will be appropriate and regular systems in place for feeding back from consultation processes to children and their families. These will include the children's group meeting, family meetings, individual meetings with children and any particular consultation sessions set up for particular purposes (eg: service developments, interview panels for new staff). The person(s) providing feedback will vary according to content and context but this should be decided and agreed at the start of the consultation process.

When it is not appropriate to involve and consult with a child's family (for instance because this compromises the welfare of a child) the reason for this should be explained to the child and a record of this should be placed within the confidential section on the child's master file. The social worker for the child should advise staff about exactly what information needs to be included and how this is recorded. All staff need to be made aware of such decisions.

9. A description of the children’s homes policy and approach in relation to:
a) Anti – discriminatory practice in respect of children and their families and
b) Children’s rights

Pembroke House does not and shall not discriminate on the basis of race, colour, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services to children and young people. We are committed to providing an inclusive and welcoming environment for all members of our staff, visitors, volunteers, subcontractors, and children and young people and their families.

In 1989, governments worldwide promised all children the same rights by adopting the UN Convention on the Rights of the Child, also known as the CRC or UNCRC. The Convention changed the way children are viewed and treated – in other words, as human beings with a distinct set of rights instead of as passive objects of care and charity.

These rights describe what a child needs to survive, grow, and live up to their potential in the world. They apply equally to every child, no matter who they are or where they come from. All children have rights.

All staff working at Pembroke House undertakes training in Children’s Rights. Children’s Rights are explained to the children and young people living at Pembroke House and they are enshrined in all policy and practice.

We value diversity at Pembroke House. All staff are trained in understanding diversity and equal opportunities. The young people are encouraged to embrace differences and different cultures and to this end we celebrate all different cultures together. We use food, visits to places of cultural interests and discussions to enhance learning.

Any discrimination would be treated seriously not tolerated.

EDUCATION

10. Details of provision to support children with Special Educational Needs

All children and young people who are admitted to Pembroke House area automatically enrolled into our onsite Ofsted inspected Independent school. All children and young people with a Statement of Educational needs are assessed when they first join the school and the teachers along with the SENCO and Head Teacher work with the placing authorities to meet these needs.

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

Pembroke House is not registered as a school. However information about The Annex School which is available to all children and young people who reside at Pembroke House, can be found on the organisation web site www.jandrcareltd.co.uk or available on request.

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| 12. If the children's home is not registered as a school, the arrangements for children to attend local schools and the provision made by the children's home to promote children's educational achievement |
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Pembroke House actively promotes the education of children as valuable in itself and as part of their preparation for adulthood. J&R Care recognise that many children experience difficulties in their lives', which has a detrimental effect on all aspects of their lives. The child, due to unavoidable circumstances, sometimes neglects education. Therefore, prior to admission, Education needs are fully discussed and planned, where possible and so all efforts are made to establish an educational history before the placement begins.

J&R Care will promote and support the educational attainment of the child throughout the time they live with us. This will be implemented by either:

If attending school:

- Supporting the Children by facilitating their prompt arrival with the necessary school equipment
Where a Child is not attending school, J&R Care will admit the child to their own Private Independent School, The Annex School.
- All J&R Care educational input will take into consideration and work with the Child's PEP (Personal Educational Plan).
- All Children will be provided with facilities that are conducive to study and to do homework and will be actively encouraged and supported in doing so. This includes the use of books, computers and library membership.

Procedures

We have a registered Independent School within the grounds of our home and all children resident in the home will have access to this school, providing the placing authority deem it appropriate from the first day of their placement. (see separate The Annex School prospectus and policies and procedures manual and our web site at www.jandrcareltd.co.uk)

For children already in an education programme, whether it be mainstream or pupil referral unit:

- all staff will continue to support the Child to be able to maintain this programme. The child's key worker will actively take part in school activities, i.e. open day, school plays, sports days, etc.
- While assessing the child's needs, the key worker will incorporate various learning programmes, e.g. helping with homework, bedtime reading, educational games, social skills (this will include encouraging the child to find and help with hobbies, youth clubs, sports and other interests)

Pembroke House will follow these guidelines of conduct:

- Promote educational entitlement through the provision of on-site specialist facilities, or by accessing good quality local educational facilities.
- Promote and encourage high expectations of educational standards and individual achievement.
- Ensure that education is provided in line with the individual education plan for each child, which will be reviewed each term and reported to the social worker/parents and purchaser on a minimum of an annual basis.
- Encourage the child to be fully involved in the process, both in terms of his/her individual educational plan, his/her annual review and his/her work towards a nationally accredited record of achievement.
- Encourage individuals to do 'work at home'
- Promote features of good parenting in respect of schooling. These would include:
 - The setting of an appropriate framework of expectation for behaviour, time keeping, peer group associations and school work.
 - The provision of continuity of relationships with adult key workers
 - The establishment and maintenance of communication with the school and education providers as would be expected of a caring parent.
 - Provide a commitment to invest effort, time and the adoption of policies, which promote a long term interest in the child's educational career and the outcomes, including transition to the next phase of the individual's life, as any interested, caring parent would.
 - To ensure that a review of school progress should be a part of each child care plan.
 - To ensure that care staff take an interest on a daily basis of the child work at school and provide support and encouragement to individuals as necessary at home.
 - To be sensitive to the need of the child to integrate within their school, so as to be seen by their peers and staff as a normal member of the school community.

Further Education

When a child reaches 16 years old, J&R Care are able to continue providing education. It is recognised that the children who attend our school can be behind in their schooling and it will not always be in the best interest of the child to go to a college. In these instances, the child will be able to access further education, for example, GCSE's and Adult courses through our school. The child's social worker will be involved in this consultation process if this is deemed appropriate. This arrangement will at times compliment college courses.

ENJOYMENT AND ACHIEVEMENT

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| 13. The arrangement for enabling children to take part in and benefit from a variety of activities' that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills |
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There is plenty of opportunity for children to engage in a range of leisure and activity pursuits.

Staff and children are involved and engage together in discussion, consultation and decision making, in relation to the overall running of the home and more specifically to plan leisure, activities, special events and holidays and outings. For instance, through children's meetings and one to one sessions.

The particular interests and talents of individual children should be considered within the individual Placement Plan. This should include ways in which the child will be supported to pursue their interests and talents.

Children are helped and encouraged to engage in leisure and other activities that promote a positive involvement with the cultural, ethnic, religious and language heritages to which they belong. This should also be seen as an opportunity to celebrate diversity and help other children from different backgrounds to learn about difference in positive and enjoyable ways.

Staff also engage in leisure and other activities, alongside children, whenever it is appropriate to do so.

The staff team, in consultation with children, address ways in which to achieve a balance between 'controlled' and 'free' time within the overall structure of the day.

Any activities that children engage in must take into account the safety of the child.

Any high-risk activity that the child chooses to pursue, for instance rock climbing or horse riding must be supervised by a qualified person.

The recreational use of videos and computer games should be age appropriate. Therefore individual arrangements will need to be made in order to allow access to videos for older children that are not appropriate for the younger ones. Such arrangements will need to be made through individual and group discussions.

With ever increasing access to the internet, the home will need to work out ways in which to reduce the risk of children accessing websites and individual or network predator's, perpetrators of child sexual abuse, who use the internet as a means of gaining access to children and children. (See Internet policy)

Whenever possible, children are encouraged and supported to engage in community based activities within the locality of the home. This should also extend to helping, whenever possible; children to make friendships outside, as well as inside, the home.

This also includes ensuring that appropriate friends are welcome to visit the child in their home.

Any transport used by the home is well maintained and should not be distinguished from any other car or bus.

In line with our aims and objectives we aim to provide the children with a range of experiences through activities and holiday's.

HEALTH

14. Details of any health care or therapy provided, including:

- a) Details of the qualifications and professional supervision of the staff involved in providing any health care or therapy**
- b) Information about how the effectiveness of any health care or therapy provided is measured, the evidence demonstrating its effectiveness and details of how the information on the evidence can be assessed.**

We are constantly auditing our Be Healthy programme in our home and ensuring that all children who live there have their health needs met.

We ensure that on admission to the home we have a comprehensive background on all of the child's health needs, including all medical history, any allergies, all hearing, optical and dental records and the history of any specific therapies needed.

In addition to the above we work with the Child's care plan and formulate our own in house Health Plan for each child, which includes their physical and emotional health and personal and social skills requirements.

We recognise that many children who come to us will not be thinking about their health and in fact in a lot of instances will be subconsciously trying to sabotage their health.

We have 6 basic rules that each child is encouraged to adhere to from day one of their placement which helps formulate the first part of their health plan:

1. Every child must have a bath or shower each day and clean their teeth in the morning and evening.
2. No child is allowed to smoke on or in the grounds of the home.
3. All children have introductory checks with our local GP, Dentist, Optician
4. All children, together with staff in daily house meetings, decide on the menu for the next week and it must include all of the healthy eating options/food groups that a child needs to thrive. Diversity and culture is embraced and the children have the opportunity to eat and cook cultural food.
5. All children are told from the beginning of their placement that they have access to a child psychotherapist if they want to talk to somebody and an Independent visitor will visit them once a month and talk to them about how they view the home, its staff and the way we are caring for them.
6. The health needs of children from minority ethnic, racial and cultural groups are given specific attention. In order to address and support any specialist needs, staff whenever necessary, seek specialist help.

Children with particular health needs or a disability are provided with appropriate support and help the Key worker for the child ensures that they closely liaise with the health professionals and seek both guidance and direction on any specific and particular health needs.

All children are helped to understand the particular health risks associated with smoking, alcohol and other substance use. How this information and awareness building is done will be dependent upon the age and understanding of the child. We have a drugs and alcohol advisor who visits the home regularly.

Children are also provided with the appropriate advice and support in relation to sexual education and sexual health matters. Again, consistent with the age and understanding of each child, the LAC nurse visits with the children as a group and on an individual basis to discuss matters relating to sexual health.

Issues of personal hygiene are addressed in a sensitive and proactive ways within an overall atmosphere that helps children build and develop a positive self-image

Therapeutic Input

Training

The Director and Head of Education and Training both have the Certificate in Therapeutic Child Care and Education

All staff are trained in Therapeutic Practice as part of their CPD

The consultant therapists that work with us all have relevant qualifications

Psychotherapy

The structure of psychotherapy at Pembroke House is defined by the therapist being an independent practitioner working 1:1 with the young people, contributing to their Personal Educational Plans (PEPs) and Child in Care (CIC) reviews, occasionally contributing to Child and Adolescent Mental Health Service (CAMHS) reviews but otherwise not being part of the day to day care of the young people.

The aim of introducing psychotherapy in November 2012 was to offer an adapted model to engage young people previously hostile towards CAMHS and rejecting of therapeutic intervention. The young people often arrived at Pembroke House with combinations of diagnoses including attachment disorders, conduct disorders, anger management difficulties, Attention Deficit Hyperactivity Disorder (ADHD) and/or diagnosed or suspected Autism Spectrum Disorder (ASD). Less frequently identified but most likely to be present is severe anxiety disorders rooted in the experience of multiple traumas and changes in care-giver and possibly linked to childhood Post Traumatic Stress Disorder. They commonly share histories of neglect, physical abuse and complex and ongoing family difficulties or breakdown which mean that developmental histories are usually incomplete or unavailable. Frequently there have been multiple involvements with the police and with social services for the young person and/or their families, as well as multiple breakdowns of educational, fostering or other residential provision. Often the educational attainment level of the young people on arrival is well behind their chronological age and there may have been a longstanding non-engagement with education. It should also be noted that while placements at Pembroke House are intended to be long term, other factors in the care/network system inevitably results in

periodic uncertainty as placement decisions are reviewed within Social Service departments as well as within the CIC review based system. This of course directly affects the willingness of young people to engage in longer term work.

Psychotherapy takes place in the context of the young people hearing about it in the first instance from the management team at Pembroke House. They can then discuss it with their key workers and management prior to a meeting between the young person and the psychotherapist with a member of staff present. This was designed to lead to a planned period of assessment – three once weekly sessions to be followed by a written psychotherapy report, discussion between psychotherapist and the management team and by them with the young people. This allows the psychotherapist to understand some of the complex factors defining the young person's perceptions of their world and to allow them to have some experience what psychotherapy might involve. The sessions are arranged to be part of the school day; young people were not obliged to attend, but if they refused they were expected to have some quiet time to themselves and not return to school until the psychotherapy session time was over.

Post –assessment discussion with the management is central to the process given the likely suspicion and uncertainty with which the young people would be expected to direct towards the psychotherapy, and the need for the staff team to support them in thinking this through outside the therapy time.

Psychotherapy Evaluation

Between 2012 and 2014 there was no evaluation model applied outside the structure of interim psychotherapy reports contributing to PEPs, CIC reviews and CAMHS reviews. These are on file for each young person. Discussion of the psychotherapy provision was discussed with management and staff, often in the context of the day to day arrangements of the young peoples' attendance and the development of their engagement.

Given the need to evidence additional evaluation models the psychotherapist has used an adapted model of a simple research-based questionnaire to help gather information about the young people's engagement in therapy, the changes hoped for, and the perceptions of carers and psychotherapist as to such changes that are noted. .

One highly problematic issue is that of the young people being very suspicious of unknown third parties having information regarding their psychotherapy or indeed being aware that they are attending psychotherapy at all; their insistence on confidentiality, in the context of suspicions about 'the system' has often been profound. Maintaining a therapeutic space for young people who resent the intrusion of the welfare system on their and their families' lives presents grave difficulties in establishing a workable protocol which would not be seen as intrusive and provoke rejection of both evaluation and possibly the psychotherapy.

A questionnaire has therefore retrospectively been developed to gather the hopes and expectations of therapy as discussed between management and psychotherapist at the onset of psychotherapy provision. The questionnaire is designed to be revisited every six months with a rating of 1-5 to be given relative to the attainment of previous goals, and new goals identified or old goals to be maintained.

Reflective Space

These are fortnightly meetings which is a space for staff to reflect on their own feelings with regards to working in a residential home.

Child Focus Meetings

These will take place fortnightly. At these meetings we will discuss the residents individually. The key worker should bring any relevant information to be shared with the staff team to these meetings. The meeting also serves as an informative forum for staff to collectively share their concerns and ideas around the residents.

Reflective space with Consultant Psychotherapist

We employ the services of a Tavistock trained Independent Consultant Psychotherapist who is available to staff every Friday to meet with individual key workers and individual staff and can be a space to discuss a child's care and help to guide the key worker in working with the child and also for staff to be able to reflect on any difficult situations/ feelings they find themselves dealing with during the course of their work.

POSITIVE RELATIONSHIPS

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

Contact arrangements are discussed at the time that a child is admitted into the home and these arrangements should be recorded in the Placement Plan. If there are any child protection issues regarding the contact arrangements, these must be clearly recorded and communicated to all staff. Any restriction on contact arrangements, resulting out of the need to protect the child, must be clearly recorded and communicated to all staff. If there is a need for supervised contact in order to safeguard the child, the necessary arrangements must be clearly communicated and detailed.

Particular attention must be given to ensuring that all staff are aware of who has responsibility for supervising the contact and where contact will take place. All staff have a responsibility for encouraging, facilitating and providing the practical support in order that the agreed contact arrangements for children can take place.

A child may contact by telephone, family and social workers at any reasonable time unless restrictions apply from the placing authority. Telephone calls to/from relatives/ friends will not be encouraged prior to 3.30pm on school days unless in extenuating circumstances. A portable phone is available to residents for their use.

Visits to or from relatives are also permitted as often as is agreed by the placing authority and reasonable notice is given to enable this to occur. It is also expected that home policies will be adhered to and the privacy of residents respected. A child's social worker may attend the home at any time without prior notice.

Visits or telephone calls to or from friends can be permitted as long as they do not disrupt the house rules and occur at reasonable time. This would also need to be approved by the placing authority. Arrangements for contact visits for children to visit their families will be made by staff in conjunction with the placing authority, parents and guardians. Likewise visits from social workers / guardians and independent visitors etc.

As these arrangements will form an integral part of the care plan they are deemed of great importance and every effort will be made to prevent disruption of such visits. Contact visits will be arranged by mutual convenience and will only be restricted upon the advice of the placing authority. All contact will be monitored on the contact sheet.

PROTECTION OF CHILDREN

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

Pembroke House work with a very high staff ratio. When there are 5 children in the home there will be 4 staff on shift in addition to management. We do not use CCTV in the home.

All staff are instructed to supervise the children and young people very closely but the extent this is necessary will be depending on many factors:

1. The age, understanding and responsibility of the child or young person
2. Any behavioural issues the child or young person has
3. The agreement with the Local Authority
4. The length of time the child or young person has been at the home and how well the staff know them
5. The identified risks at the time, which is ongoing and can change from day to day

It is important that children and young people feel free and are not restricted and do not feel overcrowded however the child's safety will be paramount in making any decisions and will be considered in their placement and behavioural support plan.

If necessary and in agreement with the homes manager, children may be put on one to one staffing and this would be due to a risk assessment identifying safety concerns.

The ethos of Pembroke House is for staff to build positive relationships with the child or young person and as such will spend much of their time with them engaging in activities.

17. Details of the children's home approach to behavioural support, including information about:

- a) **The children's homes approach to the use of restraint in relation to children**
- b) **How persons working in the children's home are trained in the use of restraint and how their competence is assessed.**

At Pembroke House we endeavour to work within certain boundaries. These are clearly explained to all children and young people prior to admission. To help with this we have a behaviour management policy which is set out below:

REWARD SYSTEM

Rational

The purpose of the reward system is to improve the children's day to day behaviours in a way that they can be mindful of small achievements in various parts of their daily routine. Individual targets are discussed with the children and set.

Points given

| | |
|---------------------|----------|
| Target One | 5 |
| Target Two | 5 |
| Target Three | 5 |
| Target Four | 5 |

The children can earn up to 20 points each day. Reward points can be exchanged: 1 point = 10p

Things points can be used for:

- Trip to Alton Towers
- Music system
- Mobile phones
- CD's
- DVD's
- Play station/ Wii / X box and PSP games
- Bike (cycle)
- TV
- Day trips
- Poster/pictures
- Personal I Pods

All reward monies are only spent with the child's key worker and CANNOT be given as money in hand.

DEALING WITH VIOLENCE AND AGGRESSION

Definition of Violence for Pembroke House:

'Any incident in which a person is abused, threatened, or assaulted. This includes an explicit or implicit challenge to their safety, well-being or health. The resulting harm may be physical, emotional or psychological.'

The effective handling of aggressive children is one of the most demanding aspects of working at Pembroke House. It is an area where good interaction and communication skills are required.

The majority of situations, where there is a potential for violence, can be handled through communication.

Aggression can be defined as any behaviour that is perceived by the victim as being deliberately harmful and damaging either psychologically or physically.

Our policy is that staff prevent the aggression escalating into actual physical violence.

Staff Guidance

Signs of aggression:

- Standing tall
- Red faced
- Raised voice
- Rapid breathing
- Direct prolonged eye contact
- Exaggerated gestures

Children may become aggressive for a number of reasons, including:

- Frustration
- Unfairness
- Humiliation
- Immaturity
- Excitement
- Learned Behaviour (it gets results)
- Reputation
- Means to an end
- Decoy

The following signs may indicate aggression:

- Any major change in behaviour that varies from what is normal for the child
- Pale or flushed face
- Rising voice
- Focusing/narrowing of the gaze
- Tensing of muscles
- Increased agitation and disturbance in behaviour (e.g. pacing, increased play fighting)

Staff faced with aggressive children should assess the risk of violence by considering the following:

- Is the child facing a high level of stress?
- Does the child seem to be drunk or on drugs?
- Does the child have a history of violence?
- Does the child have a history of psychiatric illness?
- Has the child verbally abused staff in the past?
- Has the child threatened staff with violence in the past?

Communication

Communication is a two-way process that relates to verbal interaction (listening, speaking and hearing), non-verbal interaction (interpretation and observational skills - looking and seeing).

To minimise communication problems staff should use language appropriate to the child (in his/her language if possible and using an interpreter where necessary), take time to communicate, check they are understood, encourage and give feedback, and make sure the conversation takes place at an appropriate time and place (where possible).

Some of the common inhibitions to effective communication are:

- Noise
- Language
- Perception and prejudice
- Intrusion of personal space

We cannot necessarily avoid or overcome all these barriers but we need to find ways of minimising them.

Noise:

Noise is a major distraction when trying to communicate. It's hard to hold a discussion against a noisy background.

Language:

Staff need to express themselves in a direct and explicit manner as possible and avoid emotive language (for example – avoid 'power' words)

Perception and Prejudice:

Everybody has a unique background and history with influences and experiences that form our way of looking at the world. It is important to recognise our prejudices for what they are and to work round the prejudices of others. We have to maintain a professional attitude by not allowing our own perceptions to get in the way of our duties and responsibilities towards others, particularly in promoting equal opportunities, or to let our prejudices influence the way we communicate.

Intrusion of personal space:

Avoid standing too close to the person.

Entering a Child's bedroom while dealing with challenging behaviour

While it is clearly necessary to intervene if a child is hurting themselves or causing serious criminal damage, it also should be recognised that during or following an unsettled time or when the child's behaviour has been challenging, they may need time to calm down before staff challenge them on this. Therefore, unless the child is at risk of harm, best practice is to allow them to go to their rooms and staff not to follow them into their rooms to continue to challenge them. At a later time when the child is calm, they will be in a much better frame of mind to discuss issues with staff.

Non-verbal Communication

Staff should be aware of non-verbal messages that show how a child is feeling or may respond and should apply the techniques of non-verbal communication they are taught in training to help defuse potentially violent situations.

Diffusion Strategies

Before anything else happens staff should seek to defuse the situation. A child who is out of control will be under the influence of the adrenal cocktail. Staff should aim to do nothing to escalate their state of mind whilst being prepared to defend themselves if necessary.

Staff should seek to:

- Appear confident
- Displaying calmness
- Create some space
- Speak slowly, gently and clearly
- Lower your voice
- Avoid staring
- Avoid arguing and confrontation
- Show that they are listening
- Calm the child before trying to solve the problem

Staff should adopt a non-threatening body posture:

- Use a calm, open posture (sitting or standing)
- Reduce direct eye contact (as it may be taken as a confrontation)
- Allow the child adequate personal space
- Keep both hands visible
- Avoid sudden movements that may startle or be perceived as an attack
- Avoid audiences – as an audience may escalate the situation

NEVER THREATEN: Once you have made a threat or given an ultimatum you have ceased all negotiations and put yourself in a potential win lose situation.

De-escalation Techniques

- Explain your purpose or intention
- Give clear, brief, assertive instructions, negotiate options and avoid threats.
- Move towards a 'safer place', i.e. avoid being trapped in a corner.
- Encourage reasoning (for their behaviour)
- Encourage reasoning by the use of open questions and enquire about the reason for the aggression.
- Questions about the 'facts' rather than the feelings can assist in de-escalating (e.g. what has caused you to feel angry?)
- Show concern through non-verbal and verbal responses.
- Listen carefully and show empathy, acknowledge any grievances, concerns or frustrations. Don't patronise their concerns.
- Ensure that your non-verbal communication is non-threatening
- Consider which de-escalation techniques are appropriate for the situation.
- Pay attention to non-verbal clues (i.e. eye contact). Allow greater body space than normal.
- Be aware of your own non-verbal behaviour, such as body posture and eye contact.
- Appear calm, self controlled and confident without being dismissive or over-bearing.

PROCEDURES AT PEMBROKE HOUSE FOR DEALING WITH VIOLENCE AND PHYSICAL ASSAULTS TOWARDS STAFF

At Pembroke House we understand that we are working with, at times, very damaged children. It is due to this and the fear of criminalising children that we have developed an approach to offences that occur within the home that hopefully will help to work through behaviours and issues the child has without there being a need for police intervention.

While at times it may be necessary to call for police assistance, this does not necessarily mean that a prosecution will follow.

At Pembroke House we have an in house system for dealing specifically with violence to staff and serious deliberate criminal damage

This includes:

1. First offence – Reflection in key working session of the incident
2. Restorative justice – by way of verbal apologies, writing letters of apology, reparation work, and if deemed appropriate attributing to the cost of any damage caused to the home
3. a verbal warning from the Registered Manager that if the behaviour continues a disruption meeting may be called.

Depending on the level of violence/ criminal damage and personal circumstances of the child, police may be called. See guidance below on prosecuting young people.

GUIDANCE TO STAFF ON PROSECUTING YOUNG PEOPLE IN THE HOME

Staff at Pembroke House take into consideration the Children's Home Regulations guidance around criminalising young people and situations that in a normal family home would not involve the police however the young people we look after at Pembroke House at times can display dangerous behaviour and if staff are unable to manage this for the safety of all involved, police presence may be necessary. Considerations that would be taken would be:

1. The young person's age and understanding
2. The young person's state of mind
3. How many incidents of violence prior to the offence

It is our job to prepare young people for living independently and it would not serve them well to learn that there are no consequences for any of their actions.

(This guidance needs to be read in conjunction with Pembroke House Police Involvement Policy)

If the police have been called staff must ensure that they have ready for the police:

- A copy of Pembroke House's Behaviour Management Policy
- A fully completed and detailed Incident form which has been read and signed by either the Registered Manager or a Director.

Staff must ensure that the incident form is completed including as much detail as possible, including :

- What led up to the incident
- What de-escalation techniques were used
- Any physical intervention techniques that were used
- A brief history as to how many times the child/ young person has been through the different stages in the Behaviour Management policy including any restorative justice and reparation work has accompanied any incidents in the past. If they have not, then it needs to be explained why not. For example, there may be times when the offence is so serious that it will need police intervention immediately.

Children should not be charged with offences resulting from behaviour within a children's home that would not similarly lead to police involvement if it occurred in a family home.

BEFORE A DECISION TO PROSECUTE, STAFF MUST CONTACT AND CONSULT WITH EITHER THE REGISTERED MANAGER OR IN HIS ABSENCE THE DIRECTOR.

SANCTIONS USED AT PEMBROKE HOUSE

| BEHAVIOUR | SANCTION | TIMESCALE |
|---|---|--|
| Abuse of cars or dangerous behaviour in cars | Car ban | Between 1 and 7 days depending on the seriousness of the incident |
| Abuse of the telephone/mobile phones (including accessing pornography on mobile) or I pad or other portable devices | Telephone/Mobile/ I pad phone ban | Between 1 and 7 days depending on the seriousness of the incident - If a contract is being paid for and in the name of J&R Care this can be cancelled at any time at the discretion of a Director for using inappropriately. (accessing pornography on mobile phone will also result in an assessment as to whether this should be for a longer period and to be discussed with the child's social worker) |
| Damages | Fine and reparation | Fines – for as long as it takes to repay the damage Reparation – Immediately |
| Abuse of the kitchen or food | Kitchen ban | 1 DAY Depending on the seriousness of the incident (staff need to ensure for this sanction to take place that the behaviour in the kitchen was dangerous and staff must also ensure that when a child needs something from the kitchen that they attend to this need immediately) |
| Refusing to go to school Disturbing others at night Returning late No paid activities (unless within three month assessment) | Reward points not being awarded No paid activities | For that day only The next day |
| Absconding | Free time revoked (Grounded) | Between 1 and 7 days (always in consultation with the social worker) – this only works if the child agrees as restriction of liberty is NOT allowed. Continued non compliance with this sanction could result in a disruption meeting being called. |

| BEHAVIOUR | SANCTION | TIMESCALE |
|--|--|---|
| Found to be smoking (under 16) or taking drugs | Supervised pocket money | 2 weeks |
| Violence / Abuse to staff or other children | Loss of activity/Restorative justice | On the day of incident |
| Physical assault of others | Restorative justice/ Prosecution through the courts | As soon as possible after the incident - (Staff should take into account the companies policy and the Quality Standards guide regarding prosecuting children) |

NON PERMISSABLE SANCTIONS

The following shall not be used as disciplinary measures on children accommodated at Pembroke House:

- Any form of corporal punishment
- Any punishment relating to the consumption or deprivation of food or drink.

Any restriction on:

- A child's contact
- Visits to him by his parents or relatives,
- A child's communications with any of the persons who he is supposed to have contact with
- His access to any telephone helpline providing counselling for children
- Any requirement that a child wear distinctive or inappropriate clothing
- The use or withholding of medication or medical or dental treatment
- The intentional deprivation of sleep
- The imposition of any financial penalty; other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation
- Any intimate physical examination of the child
- The withholding of any aids or equipment needed by a disabled child

Any measure which involves:

- Any child in the imposition of any measure against another child
- The punishment of a group of children for the behaviour of an individual child.

PHYSICAL INTERVENTIONS WITH CHILDREN POLICY

1. Introduction

1. This policy addresses the issue of employing safe methods of physical interventions with children within a sound legal framework.

2. Operational Definitions

2.1. 'Physical intervention': the 'positive application of force for the purpose of overcoming a subject's resistance' (National Federation of Personal Safety, 2003). Such interventions may be verbal as well as physical in nature, although this policy refers only to the use of physical intervention methods.

2.2. The terms 'service-users' and 'children' are used interchangeably within this document, and all refer to those individuals who receive J & R Care's services.

3. Philosophy

3.1. Service-users are seen as individuals and should not be subject to generic approaches.

3.2. All interventions used to manage service-users challenging behaviour should be non-physical as far as possible.

3.3. Where there is no other option and where the legal criterion for intervention is clearly met (see below), the principle of least restriction is applied to the intervention.

3.4. The ethical framework which informs the use of any physical intervention at J & R Care is based on applied principles of non-maleficence (non-harm) and utilitarianism (for the greater good) (see Singer, 1992; Lyon, 2004).

4. The Legal Context

4.1. The relevant statute relating to the use of physical interventions with children incorporates:

- The Children Act 1989,
- Children's Home Regulations 2015
- Quality Standards for Children's homes 2015
- The Human Rights Act 1998, particularly Article II: The Right to Life, Article III: Prohibition of Torture, Article V: The Right to Liberty and Security of Person, and Article VIII: The Right to Freedom of Expression;
- The Education Act 1996, in particular Section 660a, which relates specifically to the use of force within educational settings;
- The Offences Against the Person Act 1861, section 18 (wounding with intent), section 20 (grievous bodily harm), section 42 (common assault), section 43 (aggravated

assault on woman or child), and section 47 (assault occasioning actual bodily harm) are also relevant;

- The Common Law positions on assault, trespass of person and tort need also be taken into account.

4.2. The legal position is complex and requires all J & R Care staff to have a working knowledge on the application of these statutes, and this is incorporated into the Control & Restraint training programme, with reference to case law authorities and judgements.

4.3. In summary, the legal departure-point is that utilising physical interventions with a child is a trespass where exercised without just cause.

4.4. Finally, in concordance with the Children's Homes regulations 2015 physical interventions at J & R Care are '... only used to prevent likely injury to the child concerned or others, or likely serious damage to property. Restraint is not used as a punishment, or to enforce compliance with instructions, or in response to challenging behaviour which does not give rise to reasonable expectation of injury to someone or serious damage to property'

5. Management

5.1. Risk assessments are compiled with each child on an ongoing basis to identify foreseeable risks. These assessments inform the team of areas for developing clear and effective management strategies.

5.2. As far as possible, this process should involve the child, utilising their own understanding of issues such as triggers for aggression and / or distress, and preferred management in the event of an incident.

5.3. In line with this process, the service's management strategies in the event of an incident will be explained to the child as early on following admission to the home as possible, together with the rules and boundaries of the home, acceptable and non-acceptable behaviour, and the reasons why these are in place.

5.4. Management strategies should itemise all non-physical methods of management as a first line approach (i.e., de-escalation strategies that have worked with the child in the past; cognitive behavioural strategies, etc). These should be reviewed regularly in line with the ongoing assessment of risk.

5.5. Where physical intervention is necessary due to the ineffective use of the above or the immediate necessity and high risk involved (see the discussions on 'necessity' and 'proportionality', below):

- The child should be approached safely by staff and wherever possible a verbal request or instruction made for the behaviour to desist.
- Also wherever possible, an explanation should be given by staff of the consequences of the child refusing this request (i.e. that physical interventions may be used). Certain

situations may require a rapid response which minimises the opportunity for maintaining this dialogue, i.e. where significant harm is imminent. However, an assertive use of voice and firm instructions will also be beneficial in these circumstances.

- Other children not involved in the incident should be asked to leave the area quietly.
- Those children not involved should be occupied and supported by allocated staff member/s.

5.6. Guidance on Interventions:

Staff should apply only force as is reasonable in the circumstances.

A definition of ‘reasonable force’ is two-fold: the use of force must be necessary (i.e. in response to an imminent risk, and be judged as an unavoidable course of action); and proportionate (i.e. must be directly compatible with the degree of force presented, and applied for only as long as is necessary) (Ashworth, 1997).

The member/s of staff present at the escalation of the particular incident, when restraint is deemed necessary in the circumstances, should obtain support from colleagues as they respond.

Prior to intervening every effort should be made to secure the presence of other staff to ensure that any action taken is both safe and successful ... It would be an error of judgement if a member of staff tried to restrain a person without proper assistance and in so doing caused injury to himself or the child because the intervention was handled ineptly.

The following directions are also given in this policy:

It is clear that staff can and must intervene immediately to try to prevent children leaving the children’s home when there are grounds for putting themselves at immediate risk. In certain circumstances physical restraint can and should be used. It is also reasonable to bolt a door temporarily to restrict a child’s mobility, in order to win time to call help from other staff. It must be noted that unless there is an immediate risk of harm, stopping a child from leaving the home or locking a door will constitute a restriction of their liberty. If staff deem there to be an immediate risk of harm and prevent a child leaving the home or lock a door, this is considered a physical intervention and a form must be completed and assessed by the Registered Manager.

9.52 of the Quality Standards for Children’s homes says:

“There may be circumstances where a child can be prevented from leaving a home – for example a child who is putting themselves at risk of injury by leaving the home to carry out gang related activities, use drugs or to meet someone who is sexually exploiting them or intends to do so. Any such measure of restraint must be proportionate and in place for no longer than is necessary to manage the immediate risk.

Risk assessments by staff at all stages where physical intervention is deemed necessary should focus upon the issue of proportionality, i.e. the potential for successful verbal de-escalation, the precise techniques to be deployed, the number of staff required for intervention.

During the intervention, one member of staff should assume lead responsibility for communication. Preferably this should be an individual who has a good knowledge of the child and a developed rapport. S/he should ensure the rationale for the intervention is being communicated to the child.

Voluntary control and physical autonomy of the child should be the primary aims of the intervention as soon as practicable.

Where children/ young people have any known physical and / or medical problems, together with a history of challenging behaviour or aggression (or this becomes evident at the home), these should be documented in a care plan with reference to specific restraint techniques to be employed in the event of a restraint. i.e., where there are suspected old fractures; conditions such as asthma; hypo tension; pregnancy / suspected; etc.

Techniques not to be utilised in any circumstance:

- Mechanical restraint of any sort (straps, body belts, restrictive items of clothing, restrictive use of bed sheets etc);
- Deprivation of clothing;

Guidance on Risks of Restraint-Related Mortality

Introduction

The risk of a child's death during physical restraint has been subject to much scrutiny. (inter alia: Banerjee et al, 1995; Dolan et al, 1995; Kumar, 1997). In the health field the literature often focuses upon the role of medication in fatality, although work by the police and prison services identify that deaths often occur in similar circumstances where medication has not been used.

Risk Factors

A. Neck-Holds. i.e., the placing of an arm around the neck of a subject.

There is much literature which associates the application of neck-holds to sudden death (inter alia Pollenan et al, 1998, who found that 14% of deaths associated with police restraint followed the use of a neck-hold). The mechanism of fatality involves tracheal constriction and / or crushing of the airway, preventing breathing; and also by the compression of carotid arteries across the surface of the throat, resulting in acute reduction of blood flow to the brain.

B. Weight Applied to Upper Torso. i.e., staff placing their own bodyweight deliberately or accidentally on top of the child.

The United States National Law Enforcement Technology Centre (1995) identifies the placing of pressure across the torso as a 'self-escalating situation'. Pressure executed in this way compresses and limits the motion of the ribs and restricts breathing capacity. This causes the subject to feel that they cannot breathe and panic, resulting in increased struggling by the subject and increased pressure from the officers. This situation escalates cyclically until death occurs.

C. Positional Asphyxia. i.e., restricted breathing related to prone (face-down) position of subject.

This is a much-studied risk (inter alia Reay, 1996), with multiple case reports of death following this technique. The mechanism of death is the dysfunction of the mechanics of healthy breathing, which requires movement of the ribs and of the diaphragm. Both of these are restricted in a subject when placed in a maintained prone position on the hard surface of a floor even without the application of weight to the torso. These mechanisms are even more restricted in larger subjects.

D. Obstruction of Airways. i.e., placing an obstruction over the mouth and / or nose).

Techniques which deliberately close the airways of the mouth and / or nose (e.g. the police use of adhesive tape over the face to prevent an arrested subject biting officers) are also associated with sudden death (note the case of Joy Gardener, reported in the Daily Telegraph, 1995).

E. Other Reported Risk Factors: Body weight.

Subjects who die in restraint are more likely to be heavily built or obese, and less likely to be underweight (Reay, 1998); Cocaine use. Patients using cocaine may be at increased risk of sudden death during restraint, the phenomenon having occurred in subjects with blood cocaine concentration levels less than 1/10th found in typical overdose levels (Wetli & Fishbain, 1985).

Conclusion

This section is not exhaustive and a variety of factors, out of the control of staff members, may heighten the risk of fatality during a restraint situation, e.g. serious and undiagnosed heart conditions. This section has focused upon the known risks that are within the restraining staff member's control. Consequently, any physical restraint or disengagement technique applied by staff, which may be attributed to a sudden death, would be an issue for the courts and applications for breach of the Human Rights Act 1998 Article 2, the Right to Life. Staff are required to be aware of the risks highlighted here and have a legal responsibility, under Article 2, described as a 'positive duty to preserve life'. The limited exceptions are in defence

from unlawful violence; to effect the lawful arrest of, or to prevent the escape of, a person lawfully detained; or to lawfully quell a riot or insurrection.

Where these exceptions are cited as defence to an application of breach of Article 2, these cases will hinge upon the notions of 'reasonable force' and 'proportionality'.

BEHAVIOUR MANAGEMENT AND PHYSICAL INTERVENTION TRAINING FOR STAFF

Every member of staff working at Pembroke House will be given the following:

- Within the first week of working at Pembroke House: A short overview of Physical Intervention including the law.
- Within the first 3 months of working at Pembroke House: A 2 day Working with Violence and Aggression training course
- Within 6 months of working at Pembroke House: A 2 day BTEC Level 2 Training course in Physical Restraint Practice.

The Director of J&R Care and Head of Education and Training are both accredited Physical Restraint instructors with The National Federation for Personal Safety and as such will deliver ongoing and regular training for all staff in and around all aspects of physical intervention with any child.

LEADERSHIP AND MANAGEMENT

18. The name and work address of:

- a) The registered provider
- b) If nominated, the responsible individual
- c) If applicable, the registered manager

Managing Director: Jane Parish

Finance Director: Wayne Parish

Head of Education and Training: Brendan Aherne

Address: Ash House, Centre Road, New Ash Green, Longfield, Kent. DA3 8JF

Telephone Number: 01474 871999

Mobile: 07736774491

Fax: 01474 879123

Email: headoffice@jandrcareltd.co.uk

Pembroke House Children's Home: (Address withheld due to this statement being on our web site)

Responsible Individual of Pembroke House: Jane Parish

Address: Ash House, Centre Road, New Ash Green, Longfield, Kent. DA3 8JF

Telephone Number: 01474 871999/ 07736774491

Email: jnparish@aol.com

Qualifications and Experience of Responsible Individual

Jane holds the Diploma in Health and Social Care, Diploma in Management and Certificate in Therapeutic Childcare and Education. Jane is also a qualified physical restraint instructor and holds teaching qualifications.

Jane has 25 years of experience in residential child care. Jane has been a bank staff worker, a residential childcare worker, a senior residential childcare worker, a deputy manager and a Registered Manager. She has also undertaken waking night duties. She has done every role within the home and understands the pressures, complexities, difficulties and fulfilment that each role can bring.

Registered Manager of Pembroke House: Eric de Mel (Post is currently vacant and Eric is going through the Registration process – Eric has worked at Pembroke House as the Assistant Manager for the last 7 years).

Address: Pembroke House (address not included due to the Statement of Purpose displayed on the web site)

Telephone Number: 01322 618776

Email: ericdemel@jandrcareltd.co.uk

Qualifications and Experience of Registered Manager

Eric holds the Level 4 Diploma in Health & Social Care and Children & Young People Services – and is currently studying for the Level 5 Diploma in Leadership and Management. He has worked within the residential sector for over 20 years and has been with J&R Care for the past 7 years.

19. Details of the experience and qualifications of staff working at the children's home, including any staff commissioned to provide education and health care

Qualifications of staff at Pembroke House

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|---------------------------|---|
| Registered Manager | NVQ Level 3 in Health and Social Care, Children and Young People NVQ Level 4 in Health and Social Care, Children and Young People Studying towards Level 5 Diplomas in Leadership for Health & Social Care and Children & Young People Services – Children & Young Peoples Management (England) |
| Senior (MO) | BSc – Therapeutic practice with Children and Young People NVQ 3 Health and Social Care, Children and Young People |
| Senior (SW) | Level 3 Diploma in Health and Social Care, Children and Young People |
| RCW (JM) | Currently studying CWDC Level 3 Diploma In Health and Social Care, Children and Young People |
| RCW (MS) | Currently studying CWDC Level 3 Diploma In Health and Social Care, Children and Young People |
| RCW (SS) | NVQ Level 3 in Health and Social Care, Children and Young People |
| RCW (LW) | Level 3 Diploma in Health and Social Care, Children and Young People |
| RCW (SK) | Currently studying CWDC Level 3 Diploma In Health and Social Care, Children and Young People |
| SWNO (IB) | NVQ Level 3 in Health and Social Care, Children and Young People |
| WNO (GM) | Currently studying CWDC Level 3 In Health and Social Care, Children and Young People |
| WNO (SS) | NVQ Level 3 in Health and Social Care, Children and Young People |

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| 20. Details of the management and staffing structure of the children's home, including arrangements for the professional supervision of staff, including staff that provide education or health care |
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The home is managed by the Registered Manager and supported by an Assistant Manager and they are responsible for the daily running of the home. The registered Manager works 40 hours per week on a flexible rota to meet the needs of the home.

The assistant manager works 40 hours per week and is delegated shifts and responsibilities by the Registered Manager

SUPERVISION

Purpose of Supervision

- To co-ordinate resources to maximise the effective delivery of services
- To ensure staff are clear as to their roles, responsibilities and accountability
- To set and clarify standards and expectations
- To identify tasks, key result areas and measure outcomes
- To enable staff to develop professionally
- To provide for the staff care needs of workers
- To manager stress
- To recognise achievements and feedback on performance including issues that pertains to the disciplinary code of practice
- To communicate between team members and more senior management

Every member of staff in the home should be receiving regular supervision from their supervisor. Under the policy on supervision, every full time staff member is guaranteed supervision every month. New members of staff should be supervised every fortnight for the first three months of service.

The main principles of the policy that are to guide the process of supervision, are noted here and should provide useful pointers for discussion between you and your supervisor when you are looking together at the way you relate to staff generally as well as how you function with the Children.

Supervision should be:

- Regular and guaranteed, using planned uninterrupted time
- Informed by Equal Opportunities Policy so that supervisors should acknowledge and discuss power, race, gender and equality issues and their effect on the relationship. Supervisors should also be pro – active in dealing with issues of discrimination, harassment or victimisation and support staff through supervision.

- Supervision requires a relationship based on a clear understanding of the different roles and responsibilities of the supervisor and supervised. The responsibility for this is a shared one.
- Supervision requires listening and respect by both parties, attention being given to anxieties and feedback
- Supervision must enable discussion of feelings raised by the work

The supervision process is best defined by a written agreement to define the ground rules, which can be reviewed at regular intervals

Supervision Agreements

- Supervision should be based on a written agreement, which acknowledges differences and is to the following minimum standard:
- It is regular.
- It is in a private place, and not disturbed
- Has an agenda to which both have contributed
- Is recorded, both being able to contribute to the record and signed once agreed.

All subcontractors employed at the home to deliver health services receive professional supervision and are members of their own particular association

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| 21. If the staff working at the children's home are all of one sex, or mainly one sex, a description of how the children's home promotes appropriate role models of both sexes |
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It is our aim at Pembroke House to have a mix of male and female staff. At times one sex may dominate however if this is the case we positively recruit to ensure a balance and this is explained at the time of recruiting.

CARE PLANNING

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

PROCEDURE FOR ADMISSION

Once a child has been identified for placement at the home, the Manager will contact the child's social worker, the children's current carer, and other professionals involved with the child to gain as full a picture as possible of their needs. A pre placement risk assessment will also be carried out.

At this point the Manager will inform the social worker of the documents and reports required prior to admission.

The key worker will be identified and arrangements will begin to undertake a programme of introduction and familiarisation with the home. A date for admission will be agreed.

THREE MONTHS ASSESSMENT

All young people who are referred to the home will undergo a three months assessment. During this time, the young person will be seen by our child psychotherapist and staff will have regular meetings with the young person's social worker. Together the home and the social worker will decide if the home can meet the young person's needs and whether the young person is able to be looked after by the home on a medium to long term basis. It is important that all young people living within the home feel safe and to this end it is not always possible at the point of referral to determine if this will be the most appropriate placement. Our aim is the three month assessment period will give the staff and young people time to assess this.

THE PLACEMENT AGREEMENT MEETING

In most cases a Placement Meeting should take place prior to the children's admission. Where this is not practicable the meeting should take place within 72 hours of admission.

This meeting should involve the child, their social worker, the prospective key worker, the children's parents and/or current carer, and will be chaired by the Manager of the home.

The object of the meeting will be to agree the child's placement plan and the work that is required to meet the needs of the child. Areas for consideration will include health, education, cultural and religious requirements, issues of language, leisure and arrangements for contact and daily routine.

The meeting will also provide information about methods of control to be used in the home and the rules/expectations of the home. It is very important that the child is involved as much

as possible in the preparation of their placement plan, and the key worker will take time with the child after the meeting to ensure they understand what has been agreed.

The placement plan will be reviewed and updated every three months.

EMERGENCY ADMISSIONS.

Out of hour's decision-making will be the responsibility of the Registered Manager in conjunction with the Operations Director. On rare occasions it may be necessary to admit a child in an emergency. The decision to admit will rest with the Registered Manager who will take into account the current circumstances and the normal function of the home.

In the event of such an admission, further discussions will need to take place on the next working day with the social worker concerned, with a decision made about the future arrangements for placement within 48 hours.

ON ARRIVAL AT THE HOME

Unplanned Admissions

As much information as possible must be requested from the placing social worker about the child and a Risk Assessment be completed.

A guided tour of the home should be made as soon as practicable for the child.

As soon as possible but within 24 hours, an explanation of the rules, rights, and the complaints procedures will be given to the child, together with information regarding the key worker system. The children will be offered a drink, something to eat and a bath/shower etc. Close supervision will ensure the child feels safe and their needs are met during what will be a frightening time for the child.

Planned Admissions

Full LAC documentation will be received. Each Child looked after must have an Accommodation agreement. The agreement should be made prior to admission between the child's parents, social worker and the Registered Manager of the home. It may involve other significant adults that the child is involved with. The agreement is based on the child's care plan and the purpose of the placement should be made clear.

Minimum Standards:

The agreement should include the following information:

- Proposed length of placement
- Arrangements for contact with social worker, parents, family members and other appropriate adults
- Names of those with whom there should be no contact.
- Arrangements for religious observance/ cultural needs/education/language.

- Dietary/medical needs.
- Health needs
- Date when the placement will be reviewed; how the placement can be ended.
- The process for making complaints re: the placement.

The child will be met with a welcome from staff. Any medication necessary should accompany the child. Medication charts will be completed. The social worker/parents should stay for a while to help the child to settle in. The child will be introduced to other household members. The child will be offered help in unpacking. Time will be offered to the child to talk alone with residential staff about any concerns or anxieties about the placement.

The social worker should make arrangements for the next visit before leaving the placement. The key worker will spend time with the child ensuring that they understand the rules, expectations, the complaints procedures, and the key worker systems. Although these should have been covered at an introductory visit. The key worker will also explore with the child any clothing requirements or essentials needed and arrange taking the child to acquire these items.

The key worker and the child may make plans to go out together to buy things to personalise the child's bedroom.

In all cases, the child will at this stage be consulted about the colour of their room and the home's maintenance man will decorate it to the child's wishes as soon as is practical.

PREPARATION IN THE HOME

- The staff must be ready before a child arrives
- Vacant bedroom should be made ready as soon as last occupant vacates it. Any damage should have been made good, and all personalised belongings removed.
- Have a "Welcome Pack" ready.
- Towels should be out in room, bed made - room should look welcoming.
- Have Medication charts to hand.
- Have clothing lists to hand.

DISCHARGES FROM J&R CARE CHILDREN'S HOMES.

All discharges from the home should be planned. Any decision to discharge the child should be made at a placement planning meeting or review and a decision made regarding who is responsible for tasks and introductions relating to discharge. Care planning meeting decisions should be in line with Statutory Review recommendations. If this is not the case, a Statutory Review should be convened to consider the revised Care Plan.

When difficulties are experienced in the placement, responsibility should be shared between residential staff and social workers, and if appropriate parents, and a joint strategy of management agreed. Consideration must also be given to convening a disruption meeting.

Where possible, there should be a period of introduction to the new placement. Prior to discharge, residential staff should ensure that the child has appropriate levels of clothing for entrance to a new placement. Transfer of school and GP (where appropriate) should be organised prior to discharge, together with ensuring adequate amounts of medication/uniform for transfer. All children should be provided with their own holdall/suitcase for transfer.

All children should be given a planned opportunity to say appropriate goodbyes to residential staff and other children in the home including spending special time with their key worker and other favourite members of staff by doing some kind of activity or a meal out. All personal belongings should move with the child, with assistance from staff in packing as required. Any photographs etc. should move with the children.

The key worker or an alternative staff member should accompany the children to new placement as appropriate. Any ongoing contact with the residential home after transfer should be decided at the care planning meeting.

In an emergency situation where a child has to be removed from J&R Care, for example to secure provision it is our policy to offer any supporting documentation as is available at the time, as a minimum the Essential Information Record and further documentation will be sent within 5 working days.

If a child is still with us when they reach their 18th birthday it is important that they don't feel that they now are being rejected by us, however bearing in mind the levels of behaviour we work with and the fact that we are registered up to the age of 18, the following needs to be in place:

1. Ofsted notified of any child over the age of 18 residing at the home
2. A plan in place for their leaving the home
3. If deemed necessary a DBS check to be undertaken with the young person

Pembroke House can offer support to all young people moving into independence in agreement with the placing authority.