



# Statement of Purpose

18 Birnham Place

27<sup>th</sup> March 2018

## Registered Manager

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## Registered Provider

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## COMPANY MISSION STATEMENT

**We are committed to creating positive futures for children,  
young people and their families.**

***We achieve this through:***

**Delivering an Holistic Range of Quality Interventions for Children,  
Young People and their Families**

**Measurable Standards of Excellence**

**Imagination and Creativity**

**A Commitment to the Development of our Staff**

## INTRODUCTION

Our philosophy at Right-Trak is to place the needs of the young people at the heart of our service by promoting and providing care that respects young people's choice, rights, privacy and dignity.

Right-Trak Ltd is an organization which formed in 2006 to provide services for children and young people with emotional and/or behavior difficulties. We have 2 six bedroom children's homes just outside the City Centre. Our home at Brighton Grove offers mainstream care for children/young people and our second home at Birnham Place offers a therapeutic environment with a clinical overview. Additionally we are able to offer preventative outreach support to children/young people and their families in times of crisis.

### 18 Birnham Place

18 Birnham Place is situated in Newcastle and located 3 miles north of the city centre. It is a large detached dwelling house with extensive gardens offering a safe, warm and comfortable environment for up to six children/young people with emotional and or behavioural difficulties of either sex, usually between the ages of 5 to 11 years on admission. All consideration will be given to ensure a positive and balanced mix of children/young people along with appropriate staffing levels. Central to our model of care is the provision of a highly supportive care team who strive to deliver therapeutic environment for the young people in our care. Our therapeutic care pathway (outlined below) highlights our recognition of child centred care planning, whereby we seek to gain a thorough understanding of a young person's needs and respond to those needs within a therapeutic, clinically supported domain.

## Ethos of 18 Birnham Place

The ethos of the home incorporates the following beliefs,

- That each child and young person should be viewed as an individual with their views, attitudes and opinions respected
- That children and young people are experts on themselves, therefore they should be actively involved in decision making about their lives.
- That children and young people make mistakes. Experience, help and guidance will empower children and young people without disabling.

These beliefs are underpinned by the following **therapeutic core values**:

*("owned" by The Consortium for Therapeutic Communities (TCTC) – a membership charity which supports, develops and promotes therapeutic community practice in a wide range of settings)*

- **Attachment:** Healthy attachment is a developmental requirement and a basic human right.
- **Containment:** Everybody needs a safe and supportive environment to develop, to grow, or to change.
- **Respect:** People need to feel respected and not defined or described by his or her problems alone.
- **Communication:** All behavior has meaning, and represents communication which needs to be understood.
- **Interdependence:** Personal well-being arises from relationships which recognise mutual need.
- **Relationships:** The quality of relationships determines one's quality of intimate, family, social and working life.
- **Participation:** Ability to influence one's environment and relationships is necessary for personal well-being.
- **Process:** It is often better for individuals, groups and organisations to reflect than to act immediately.
- **Balance:** Positive and negative experiences are necessary for us all.
- **Responsibility:** Each individual has responsibility to others, and others to him or her.

## Our Services

- 24 hour care & supervision
- Therapeutic and Psychological Assessments
- Individual and group work
- Clinical supervision of the Residential team

## Our Success is based on

- Improved Outcomes for looked after Children
- Stable Placements (low placement breakdown)
- Smooth and supported Transitions
- Increased Partnership & Multi-Agency working
- Clinical oversight to practice
- Value for money

## Our Philosophy

Many children who are accommodated in children's homes have experienced multiple placement breakdowns and been forced to manage significant early disruption to their care provider. This is naturally an extremely frightening and traumatic experience for children. Many of these children have very complex early histories of primary abuse and neglect, which represents significant psychological trauma. Children in residential care are therefore faced with the daunting emotional task of managing primary and secondary trauma related to multiple separations and psychological abandonment. The trauma of multiple placement breakdowns has a major impact on the young persons' experience of themselves and others with detrimental implications for the development of secure relationships.

At Right-Trak we recognize the pervasive legacy of relational stress and poverty on a young persons' development. Supported by empirical evidence; we acknowledge that such complex, traumatic early experiences have a massive impact on a young person's brain development, psychological development and capacity to move successfully into adult life. Sadly, much research suggests a strong link between malevolent early experiences (early stress and trauma) and the development of psychological difficulties. We strive to provide care, which acknowledges the pervasive impact of relational stress and attachment disruption on the young persons' development. We strongly believe that young people can flourish, when provided with an environment, which facilitates positive psychological, social and educational development.

We strive to provide a reparative, caring environment to support young people to recover from such psychological trauma and crucially- support them to move toward developing secure attachment relationships. This is long-term work, based on relationships developed over time and teams of careers involved in thoughtful joined

up working. It is not a 'soft' model – boundaries and containment are at its core. However we recognize that boundaries and containment are not sufficient conditions to help children develop and move forward; rather a holistic package of care which acknowledges the pervasive impact of relational stress and trauma on the young persons' development is imperative.

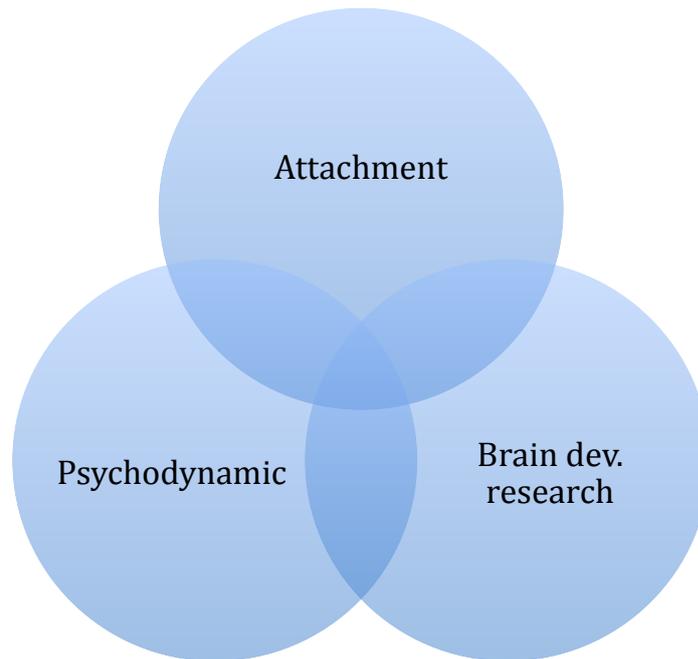
## Therapeutic Framework

At Right-Trak our central aim is to provide young people with a safe, nurturing environment, which facilitates positive development. Our therapeutic framework is informed by psychodynamic, Object relations' theory and brain development research, which acknowledges the impact of early trauma and neglect upon attachment and psychopathology.

Our model of care stresses the importance of understanding the emotional development of young people. We emphasise a relational approach; our daily care is based upon the assumption that children cannot develop alone – it is paramount that YP are provided with a supportive, nurturing, relationship from which to develop.

As an organisation our core values align with those established by the royal college of psychiatry (*appendix 1*) and the core therapeutic values of the TCTC (*appendix 2*).

## Theoretical Contributions



### **Psychodynamic / Object relations Theory**

Psychodynamic models recognize that the importance of understanding emotional development of YP. Emotionally troubled young people have often missed key stages in their early development, which means that, irrespective of their actual age, emotionally they may be operating at a significantly younger stage of development. This can easily be overlooked, especially when working with teenagers and adolescents. Anxieties and fears arise for YP when healthy emotional development is disrupted. Psychodynamic models emphasize the need for emotionally holding relationships. The need for consistency and containment particularly with children who have experience multiple rejections and abandonments. This model supports the understanding of the key significance of the carers position in containing to YPs distress and helping them to develop understanding and meaning. A psychodynamic model of care allows for greater insight into a young person's inner world, looking beyond behavior to understanding the anxieties and conflicts associated with trauma and becoming a looked after child. Such anxieties and complexities manifest within care teams; a psychodynamic approach helps us to more thoroughly unpick this, which in turn enables consistency of therapeutic responding.

## **Brain Development Research.**

Caring, safe relationships are essential to brain development (Gerhardt: 2015). Trauma effects key systems in the brain. Latest research findings from neuroscience, developmental psychology and neurobiology emphasise the impact of early stress on the child's developing brain. Strong evidence acknowledges the impact of attachment on the child's capacity to manage stress and develop. Therefore stressful (abusive, neglectful) experiences impact a child's growing brain, which in turn may make them more vulnerable to developing psychological difficulties later in life. Brain development is key in managing emotional distress. Young people who have experienced neglect and abuse often struggle with emotional regulation, self-soothing and relating to others. Much of this difficulty is related to structural and functional brain development- which is impeded, by relational stress and poverty.

## **Attachment and Psychopathology**

Children develop ways of managing their environment. This adaption is key to survival. Attachment research allows us to look at the subtleties of interactions and gain an insight into a young person's strategy for relating. Children may develop complex patterns of relating to others. These strategies aim to provide protection, however they often result in further attachment related difficulties. As outlined above Children who have experienced stressful experiences with their primary carers are likely to experience structural and functional brain changes which effects their capacity to manage stress and attachment to others later in life. Young people who have developed insecure (ambulant and disorganised) attachment styles may be more vulnerable to develop mental health difficulties and psychopathology in later life. It is essential that our model of care recognises attachment research and the way in which young people learn to experience themselves and others. Our central aim is to support young people to move toward the development of secure attachment relationships. This is crucial to their future development. Psychological trauma in the form of relational stress or relational poverty (abuse and neglect) has a pervasive impact upon the YP brain structure and function, physiology and capacity for attachment.

## Therapeutic Goals

Young people in residential care have often experienced significant emotional and physical trauma. Becoming looked after or accommodated by the local authority often represents a further emotional trauma, which the young person is forced to adapt to. The ramifications of both primary and secondary trauma on the YP development is often pervasive, with significant impact on the young person's emotional, psychological and physical wellbeing. At Right -Trak we recognise that the impact of such trauma for each child may manifest in a unique way. However we believe that the impact upon the child's experience of themselves and others is often the most catastrophic. This is why our care is centred on a relational model which asserts that YP in the care system must be supported by a care package which emphasises repair and growth, both internal growth for the child and in their attachment with others.

In the first instance our primary goal is to gain a thorough understanding of each YP, and to establish a comprehensive picture of their needs. We hope to provide a facilitative, therapeutic environment where the YP feels 'held' and contained in the context of healing, reparative relationships.

Our main aim is that of protection and safety for the individual and community. We aim to provide each of our young people with the opportunity to develop personally, emotionally, and physically through the provision of a therapeutic environment which empowers young people to exercise appropriate control and helps them to learn about relationships, life skills and inter-dependency.

## Pillars of Parenting

Endorsed via the principle of humanist psychology we recognise the desired outcomes outlined for YP by the Pillars of Parenting (Colin Magnin et al. 2011).

- Primary care and protection
- Secure/close relationships
- Positive self-perception
- A sense of belonging
- Resilience
- Self-management /self-efficacy skills
- Emotional competence
- Personal /social responsibility

A core aspect of our therapeutic model acknowledges that the above outcomes cannot be successfully pursued for young people, in the absence of providing supportive, nurturing and containing relationships, which facilitates such development. Our therapeutic framework highlights our key therapeutic values, model and structure. An integral aspect of the process of providing therapeutic residential care to YP is the emphasis upon the therapeutic approach and the way in which this should manifest in the daily care of YP.

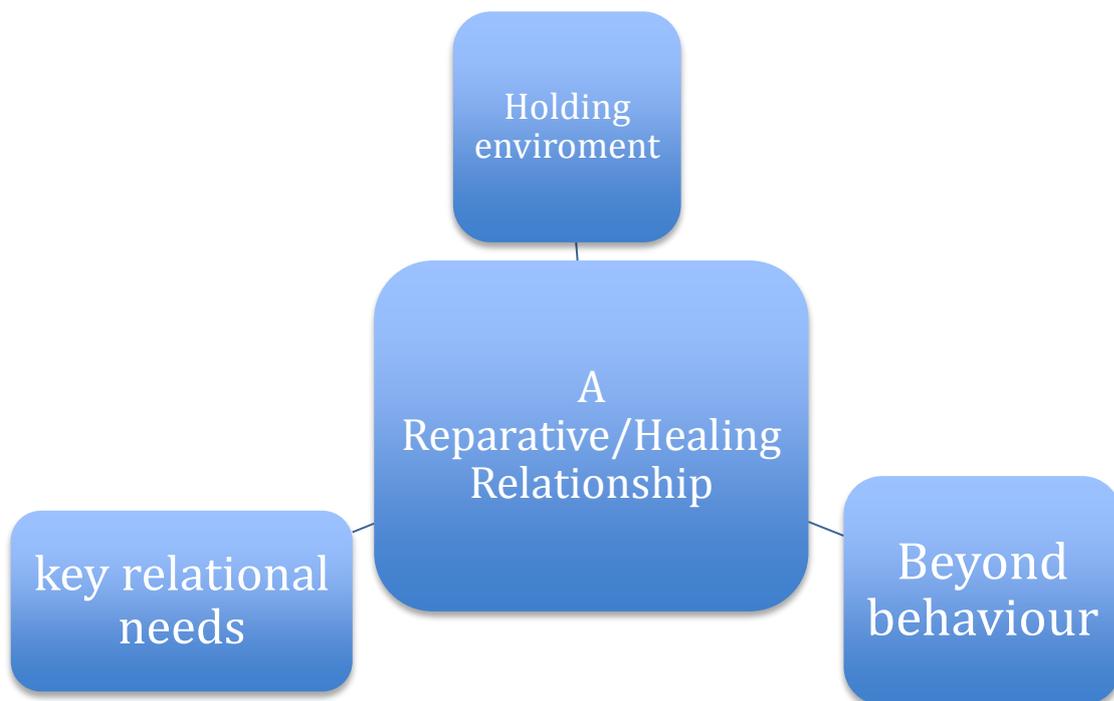
Our model of care is a relational model. Our work is relationship based - meaning that the actual “treatment” is in the way that staff interact with young people, build up relationships that are based upon the development of stability, safety mutual respect and empathy. We strive to provide a reparative experience for young people, “learn through living”, making mistakes, but building resilience and self-esteem along the way in order that they have good emotional and mental health. ‘Therapeutic parents’ (carers) provide the implementation of direct therapeutic strategies /activities which support the development of secure attachment, emotional reflection, regulation and the development of resilience.

We acknowledge that the young people in our care may have experienced significant trauma in the form of neglect/abuse, alongside the trauma of multiple placement breakdowns; naturally this has a vast ramification on the young person’s experience of themselves and others. The implications of such primary and secondary trauma are often pervasive impeding the young person 'development emotional, socially academically and physiologically. Our central aim is to provide reparative caring experiences which vast empirical research suggests supports recovery and development.

Our integrative approach which combines theoretical and research findings from the psychodynamic paradigm, neuroscience and attachment theory underpins our therapeutic framework. In this sense, we believe that the 8 key outcomes outlined in the pillars of parenting above, cannot be achieved in the absence of a reparative relationship. Our central focus is therefore on the provision of this nurturing relationship.

## Model of Care

Central to our model of care is an emphasis on the provision of a healing, accepting and containing relationship with carers or '*therapeutic parents*'. Our model of care can be subsume into the following areas. All of which highlight the centrality of the YP relationship with the carer, our central goal being the provision of a reparative relationship and movement towards the development of a more secure attachment.



## The Key Needs for Secure Attachment (Sutherland, 2012)

The key relational needs for secure attachment support the development of a holding, containing reparative relationship. (*appendix 2*). These conditions form the basis of our care at Right-Trak and support our daily interaction with YP.

A relationship which is defined by an empathic, attuned containing and soothing carer who is able to facilitate the YPs development. These condition are necessary particularly for traumatised YP to begin to feel safe enough to form relationships with others.



- **Presence of a holding, containment environment:** we emphasise the importance of therapeutic responding and sensitive care which is highly responsiveness to the YP needs. We strive to provide care which delivers stability and security for each YP. This is supported by the provision of consistent, predictable, highly attuned responsiveness from carers. We aim to support carers to develop the resilience required to 'hold' and support YP with complex emotional needs (and potentially very challenging behaviour).
- **Beyond behaviour** –We strive to understand the meaning of a young persons' behaviour, and seek to understand feelings and difficulties which may manifest as problematic/challenging behaviour. We adopt a curious, empathic position, rather than a critical, punitive approach in attempting to unravel an YP distress. Our primary focus is containing the YP distress and supporting them to develop a self- regulatory capacity to deal with distressing feelings and experience. In line with attachment research we empathises an approach which encourages emotional reflection and awareness for the young person. When describing a young persons' presentation and

behaviour we avoid the use of language which is negative (i.e Kicked off) and fails to demonstrate understanding of the YP difficulty. A central element of looking beyond behaviour to develop meaning and understanding is the pertinence of carer's capacity to be reflective. Team consultation meetings support carers to reflect upon their interaction and experience of YP and to consider more therapeutic ways of responding.

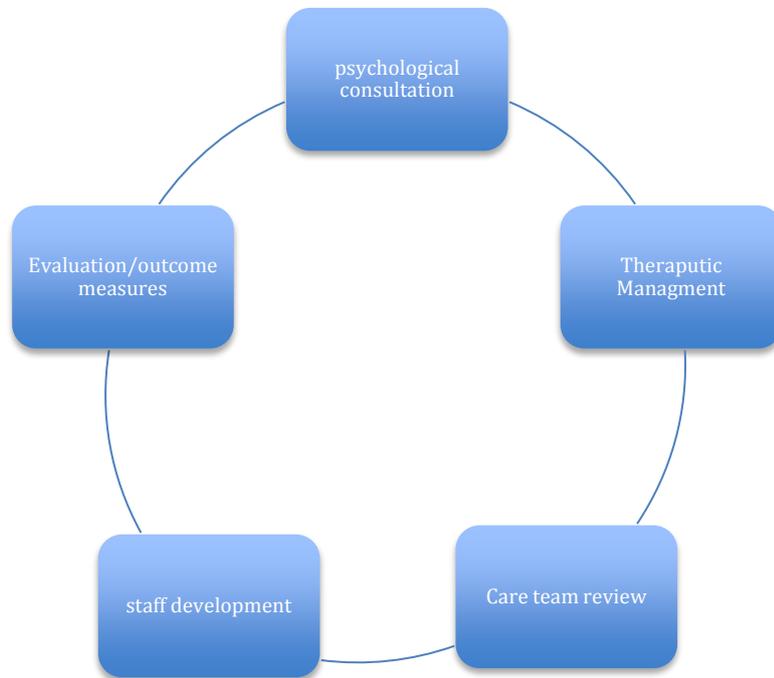
### Our 'Home'; a Therapeutic Environment

Our aim is to create an environment that is both homely and practical, thereby minimizing the effects of institutionalization. Special attention is given to developing an environment where young people feel safe and able to achieve their individual potential. Provide emotional stability and security to support the development secure attachment relationships.

Our vision for our young people is that they receive expert support in a stable placement where residential care is a positive choice, enabling them to move forward from a 'stuck' position. We want our young people to overcome challenges and achieve their full potential.

Each young person has an individual care, education and health pathway plan, and is given the opportunity to develop social skills, tolerance and understanding. Our therapeutic work is centered on meeting the needs of young people who display often-complex emotional and behavioral difficulties. Central to such is the provision of warm, empathic holding relationships, which provide the safety and security from which the young person can develop.

## How do we ensure good quality Therapeutic Practice?



### Staff Development

- Right-Trak aims to provide the highest levels of care and service to enable young people to achieve their goals. We do this by ensuring our staff are recruited, vetted and trained against a strict framework with emphasis placed on the quality and continuity of our care workers to provide a stable and secure environment for all young people.
- The Training programme at Right-Trak affords staff the opportunity to develop their theoretical and practical application of an integrative model of care which is underpinned by key psychological research and theory (psychodynamic, neuroscience, attachment and psychopathology).  
All carers 'therapeutic *parents*' will be supported to attend therapeutic training to support their development as therapeutic parents. The training manual has been devised to support carers understanding of the theoretical basis of our therapeutic model and provide them with a thorough underpinning to support the delivery of therapeutic care. Training supports staff personal and professional development as we strongly believe that our carers require the capacity to be reflective, resilient carers who can sustain the challenge of

containing and 'holding' a YP emotional distress and to support them with their ongoing developmental task. Training and development is an essential component of ensuring that we provide a facilitative environment for YP in our care (training programme: *appendix 3*).

**Our staff training programmes are developed in accordance with Therapeutic Community Practitioner Competencies.**

We are members of The Consortium for Therapeutic Communities (TCTC.) TCTC is a membership charity for all those connected with, interested or involved in the delivery of relationship-based support and treatment across the entire human lifespan.

*"We are an organisation for people who recognise the influence of our social environment on how we are, what we learn and how we change."*

We are also members of 'National Centre' for Therapeutic Residential and Foster Care, The nation Centre is an alliance of like-minded organizations who recognize the importance of the role of residential and foster care, and who are committed to improving the lives of children and young people.

This enables us to be part of a forum for sharing, discussing, disseminating and testing models of high quality therapeutic residential and foster care.as well as the sharing and dissemination of University research on residential and foster care and the needs of looked after children. The overall aim being to improve service quality and practice, and ensure excellent outcomes.

## Psychological Consultation

Our appointed Psychologist holds the following qualifications: BSc (Hons) Psychology (Major) Counselling (Minor), Post Graduate Diploma in Counselling Psychology and a Doctorate in Counselling Psychology. The psychologist has expertise in the area of child and adolescent mental health and has historically worked with LAC with complex and enduring psychological difficulties. The psychologist is a senior practitioner who has a strong working knowledge of relevant evidence based practice models. She has expertise in academia in the involvement of lecturing /training others on a psychology doctorate towards professional qualification as psychologists.

Consultation addresses the emotional and mental health needs of the children/young people and supports staff development (knowledge, skills and confidence). There is a clear evidence trail of consultation records, updated care plans, clinical governance and clinical supervision. This allows for internal management and quality assurance systems with an ability to

demonstrate the impact on practice, placement planning, staff support and interventions

The staff team are supported by monthly team consultation meetings with a psychologist wherein aspects of the child's presentation and the delivery of care is discussed. Staff are further supported by individual supportive supervision sessions which focus upon providing direction, support, holding and guidance with therapeutic care (and specific strategies).

### Trainee Psychologist

We have a post graduate, doctoral psychology trainee from the University of Teesside- who will assist the work of the Psychologist. This has afforded us the opportunity to further develop the culture of evidenced based therapeutic practice within our establishment. The psychologist in training will also be responsible for undertaking outcome and evaluation research which will play in key role in our service development.

### Therapeutic Care provision

We accept referrals of young people who are in acute crisis due to placement breakdown and relational trauma. However our model dictates the necessity of a gradual transition period to support appropriate assessment provision and placement stability. We strive to provide a reparative, caring environment to support young people to recover from such psychological trauma and crucially- support them to move toward developing secure attachment relationships. To this aim we are committed to the development of a highly trained, psychologically minded staff team. All staff attend regular training in areas covering therapeutic practice, child development and childhood trauma. Training and development is an essential component of ensuring that we provide a facilitative environment for YP in our care. The staff team are supported via regular psychological consultation and supervision with our in-house psychologist ensuring a caring environment which is mindful of the centrality for reparative care in trauma recovery.

## Tailor made Treatment planning

We aim to provide a holistic package of care which acknowledges the pervasive impact of relational stress and trauma on the young persons' development.

Therapeutic treatment plans are devised by our Psychologist following an assessment period, which supports the daily care of each young person. This is centered on supporting the young person to recover from trauma and is informed by current evidence based practice. Each child has access to psychological assessment and psychological intervention. We strive to provide short term (24-30 months) therapeutic residential care which will support the YP development and capacity to develop and maintain positive relationship on the future. In this sense our model is a short term trauma recovery model which facilitates stability and longevity of future foster care placements (and /or strengthen family stability).

## Psychological Assessment / Psychological Intervention/ Therapy

Our in-house psychologist is an integral part of our staffing team and has a daily oversight of clinical practice. As outlined each young person will be given a psychological assessment and have access to psychological therapy. Following an initial assessment process a therapeutic treatment plan informs the YP daily care in placement. This is supported via staff engagement in regular psychological consultation and supervision. At Right-Trak we recognize the pervasive legacy of relational stress and poverty on a young persons' development. Supported by empirical evidence; we acknowledge that such complex, traumatic early experiences have a massive impact on a young person's brain development, psychological development and capacity to move successfully into adult life. Sadly, much research suggests a strong link between malevolent early experiences (early stress and trauma) and the development of psychological difficulties. Therefore it is paramount to our model of care that each young person is afforded timely access to psychological intervention which provides evidence based therapeutic support. This is something we are able to provide in-house which precludes our children awaiting access to CYPS where waiting times can be problematic.

## Transition Support to parents & Foster careers

Our recovery model emphasises a short term (24-30 months) period of therapeutically focused residential placement to support young people via a trauma recovery model. Our central aim is to support young people to develop the capacity for secure relating and to begin to move forward into their developmental trajectory. Our vision reflects the need for the YP in our care to begin their psychological recovery from attachment trauma. Our central aim is to facilitate progression toward secure relating which enables young people to develop and maintain relationships in a manner which may have been challenging prior.

Our care is based upon a relational model which asserts that YP in the care system must be supported by a care package which emphasizes repair and growth, both internal growth for the child and in their attachment with others. Our model aims to support the young persons' future placement stability within their nuclear home or with future foster care placements. We provide transitional support to families and foster carers to support placement stability for each young person. The experience of being in the care system in this context is facilitative rather than deterministic to the child's future attachment security. Such transitional support involves psychological consultation and dedicated support from the child's therapeutic parent within the forthcoming placement.

## Therapeutic Management

Our central goal is the successful development of a care team which provides a holding, supportive and facilitative environment for young people to develop. Our therapeutic framework is centred on the pertinence of providing a reparative relationship to YP in our care. With this goal in mind, we hope that our carers will develop into resilient therapeutic, parents able to provide the therapeutic care required by young people who have experienced significant trauma and loss. In order to support the staff team to provide a strong therapeutic home environment for young people we acknowledge that the management team must provide a strong holding, supportive frame for the care team. To this aim, the management team will be supported with

therapeutic management training which explores organisational dynamics, drawing upon key psychological research and theory.

### Care team review

- “Evidence suggests that for the ‘team around the child’ to provide effective care, professionals need to collaborate closely and share relevant and sensitive information. It is also reported that when multi-agency teams are supported and encouraged to address their way of working, they are better able to collaborate when handling difficult and complex situations, and more readily adopt a non-defensive approach that focuses on the best outcomes.” (NICE, 2010, Pg. 21)
- Another recommendation which was put forward in the NICE guidelines was to support professional collaboration on complex case work. (NICE, 2010, pg. 22)
- “Ensure the multi-agency ‘team around the child’ (including frontline staff and carers) has access to a consultancy service to support collaboration on complex casework. The approach taken by this service should be based on the concept of reflective practice.
- Each child’s therapeutic plan will be developed and reviewed with the immediate care team, and the wider care team of professionals involved in the child’s care. This enables us to monitor a young person’s presentation and adapt our care according to their developing needs.

### Outcome and Evaluation Research (A, B, C)

- A) Pillar of parenting: We monitor the development and progress of all YP via regular care team reviews, staff consultation and child observation/assessment. Our outcome measures are centred upon the 8 pillars of parenting model (Colin Magnin et al. 2011 ) which allows us to focus upon 8 key outcomes when considering the YP development. (*Primary care and protection, Secure/close relationships, Positive self-perception, A sense of belonging, Resilience, Self-management /self-efficacy skills, Emotional competence, Personal /social responsibility*). Therapeutic parents /key workers will review the YP development on each of these domains and feed back to the wider care team during consultation, to allow for further discussion and identification of future goals.

- B) Provision of a reparative relationships / focus on carers: Whilst we utilise the pillars of parenting outcomes as a guide to measure each YP development and progress our primary goal for each YP is to begin to develop a sense of safety and trust with therapeutic parents - to move toward secure relating. To this aim, our evaluation is also staff focused in that we do not consider the source of dysfunction to sit with the child, rather we focus on the therapeutic care we provide and regularly monitor our care provision. Team consultation meetings are centred on exploring as a care team, as *therapeutic parents*, checking our commitment and adherence to our therapeutic philosophy which is centred upon providing each YP a reparative, caring relationships. We utilise numerous resources to support reflection and adherence to this model of care.
- C) Qualitative research: single case study: In the future we hope to undertake Individual case studies, exploring the journey of YP in our care. Such research would seek to explore the YP experience, development and overall perception of being cared for at Right-trak. A qualitative research design would support the rich and detailed account of a Young persons' experience and provide key insight the elements of care provision and how this is perceived by the young person. This information would provide a key insight into developments and directly feed into future development in our therapeutic framework and the delivery of care at Right trak.

## Right-Trak Therapeutic Care Pathway

### Right-Trak Therapeutic Care Pathway





## Support

As outlined above staff training is an essential component of delivering therapeutic care provision for children who have complex needs. Right-Trak recognises the need for high quality, well-trained and motivated staff. The 18 Birnham Place team will be available 24/7 to make a child/young person’s experience within the home as positive as possible. Support for the child/young person will involve strategies geared to meet emotional, social and developmental needs, (mindful of the age range within the home), as well as practical support in relation to the development of life skills. The promotion of independence skills along with advice pertaining to health, wellbeing and personal safety will also be paramount.

## **Individual Support – ‘Therapeutic Parents’**

Each child/ young person will be allocated a member of the team who will represent his or her ‘therapeutic parent’. We strive to move away from institutionalized terms such as ‘key worker’ or staff member and move toward language, which highlights our keen concern with providing reparative, therapeutic care provision to young people.

Careful consideration will be given to this allocation and all possible attempts will be made during the referral and planned admission stage, to ensure that the young person has the opportunity to meet a therapeutic parent and thus begin the process of relationship building. The young person will have a ‘familiar and friendly face’ to support them in what for many children/young people can be a frightening and stressful transition.

As outlined on the care pathway illustrated above, the Therapeutic Parent will support the young person via dedicated therapeutic parenting sessions (around 4x monthly). These sessions are aimed at supporting a young persons’ development. The focus of such sessions will be informed by the young person’s Therapeutic Plan and team Case Review. Naturally such sessions are centered upon supporting the Y/P development. The young person is offered a nonjudgmental space with the team member (therapeutic parent) to explore areas of their experience. This also facilitates the development of strong attachment relationships, and allows the young person to experience the attention, interest and support of another whilst exploring difficulty feelings. This dyadic work is essential to support a young person move toward secure relating.

Some areas of focus during these individual support sessions are outlined below:

- The development of a reflective capacity
- Increasing emotional awareness
- Communication /containment of feelings
- Increasing tolerance for difficult emotions –via a shared understanding
- Problem solving
- Increased emotional regulation

These very simple strategies support the young person to develop a means to communicate aspects of their experience and internal world, which may be disturbing. This work is set at the Y/P pace and involves creative play. Sessions facilitate emotional connection and communication allowing the therapeutic parent to provide containment and support, helping the young persons to develop a capacity to think rather than react to ‘big’ feelings. This in turn supports the development of key brain function which affords the child greater capacity for self-soothing and emotional regulation. This dyadic work is essential in building self-esteem and resilience for children who have experienced relational stress and trauma. Healing is therefore contextualized to a relationship rather than left to the child to manage alone.

All therapeutic parents have access to planned 1-1 consultation with the psychologist to support the efficacy of these sessions and ensure best practice. The psychologist provides support and guidance in the context of a reflective space, which provides holding and containment.

More practical aspects of the Therapeutic Parents' role involve, maintaining any links the young person may have with other agencies involved directly or indirectly with their care.

### **ADMISSIONS PROCEDURE- 'Moving in'**

Effective child and young person centred admission procedures, require careful and sensitive multi agency liaison and care planning. As illustrated in our care pathway above, in considering the suitability of a referral, the management team will the support of consultation with the psychologist (where possible), will consider our ability to meet the Y/P needs, whilst considering the needs of our existing Y/P in our care.

#### **Can we meet the young person's needs?**

Careful consideration will be made as to the perceived ability of a child/young person to integrate into the existing group. Balancing the needs of all of the young people in our care is of paramount consideration at this stage. Placements will only be offered to local authorities when a completed referral form is submitted accompanied by sufficient background information to allow a realistic assessment to be made concerning the viability of the placement.

#### **Planned visits**

Should we feel able to meet the young person's needs, we would accept the referral. Following the Initial Planning Meeting we would arrange for a period of planned transition- whereby the young person can visit the home and meet staff and other children. Where indicated, a therapeutic *parent* will arrange a visit to the child prior to this (within their current placement), to allow for initial contact and help support the young person manage any anxieties they may have about the transition.

#### **Information gathering**

Proceeding the Initial Planning Meeting with the L. A (social worker), a member of the management team or Psychologist will gather information from professionals involved the child's care (historically & present). Such information will inform a more thorough understanding of the young person's early life and present needs.

#### **Integrated care planning**

- Risk assessment, care plans and health plan will be devised by a team member, taking into account historical information of to the child's needs.

- Once the child is placed in our care, we strive to arrange a meeting with relevant professionals within 2 weeks of admission to discuss the child's presenting needs. Our psychologist will attend this meeting, as this will form the beginning of therapeutic treatment planning.
- Within the first 4 weeks of the child's stay the psychologist /management will hold an Initial Case Review meeting with the entire in-house care team where the child's' needs will be discussed at length and an initial therapeutic plan establishes which will clearly outline therapeutic goals/actions required to support the young person's initial transition and further development. This initial Therapeutic Plan will be subject to regular review and update. At this stage a Therapeutic Parent will be allocated.

### Psychological Assessment

After twelve weeks our clinician will have developed a more complete Therapeutic Treatment Plan and psychological assessment of the young person. This will be informed by observation of the child in placement, during contact and at school (where required), alongside direct consultation with the Y/P. Such information will enable the psychologist to provide required support and guidance to the Therapeutic Parent which in-turn supports the efficacy of the Therapeutic care Plan and therapeutic parenting sessions. The psychologist will attend multi agency care team meetings and LAC reviews where possible. Relevant aspects of the psychological assessment will be shared with professional involved in the young persons' care to support inter-disciplinary, joined up working and ensure that key professionals involved in the child's care are aware of the young person's key psychological/developmental requirements. This is an integral aspect of effective child centered care planning.

### Emergency Admissions

All admissions should be planned however we will in particular circumstances, with appropriate safeguards, accept emergency referrals.

Emergency admissions are extremely stressful for any child/young person. Every effort must be made to facilitate as smooth a transition as possible. A planning meeting must be held within 72 hours of admission. The meeting should be attended by all relevant parties to draw up an initial placement agreement and a short-term care plan.

## **Positive outcomes of 18 Birnham Place**

At 18 Birnham Place we have a very clear vision for the young people we care for. Using long established systems of support for young people along with a continuing skills development programme for our entire team, our target for each and every young person is to enrich their lives with new life skills, provide a renewed sense of wellbeing, to achieve a good level of education and to improve their prospects for the future. Where we have younger children with more complex behaviors we aim to reach a point where they are able to re-integrate into family life (e.g. long term stable foster placement).

We deliver these outcomes by promoting:

**Health** – Physical well-being, healthy choices

**Learning & Education** –Educational achievement, skills, interests, hobbies, SEN needs met

**Family & Social Relationships** – Safe, stable, affectionate and supportive relationships

**Emotional & Behavioural Development** – Quality attachments, resilience, Emotional health

**Identity** – Self-image, self-esteem, belonging, acceptance, cultural identity

**Social Presentation** – Good Physical Presentation, positive interactions

**Self-Care Skills** – Stay safe, develop life skills, employment

### **These positive outcomes are achieved through**

- Working with each child/ young person as a unique individual to develop a package of care appropriate to their age and level of emotional development, which will enable them to achieve and grow at their own pace whilst also providing them with the skills required to prepare them for their young adult lives outside of the 'looked after' system.
- By enabling children/ young people to make best use of the range of support services available to them, which are relevant individually in relation to their own communities and lifestyles?
- Ensuring the care team around the child/young person receive clinical oversight, which promotes and maintains a therapeutic approach to their practice.

## **Accommodation**

**High quality, child friendly accommodation, which is safe and secure with a care team who are responsive to a child/ young persons' needs, 18 Birnham Place offers accommodation which is comfortable, homely, safe and private.**

## Moving on

Our model of care is centered on the provision of a reparative care approach. We are dedicated to providing young people with an optimal, facilitative environment, which supports their development. With this key aim in mind our goal is to support young people in our care to develop the internal and external resources to eventually leave the residential care system and be transitioned to family life either within their nuclear family (where possible) or foster family placements. This process and involves very thoughtful and sensitive care planning to ensure that the y/p is appropriately equipped to manage such a transition. Our aim is to increase the viability of and long term stability/ of such placements by first providing the young person with an opportunity to work through key attachment related difficulties which are often associated with early experiences.

Our aim is to support young people with their personal, psychological, social and academic development to enable them to move toward a position of greater self-esteem, resilience, secure attachment and eventually independence- naturally this s long term process.

Leaving the 'looked after' system and moving into young adult independence is an extremely complex period of a young person's life. At Right-Trak we recognise the need to continue to offer support at this critical time and to ensure that any move is as smooth and problem free as is reasonably possible. Hopefully this supportive, proactive approach will increase the likelihood that future outcomes for the young person are positive and stable. With this in mind, we have a young person friendly accredited semi-independence programmed, which will aid the development of the life skills important for young people as they move through adolescence into adult life and independence.

## **RELIGION AND CULTURE**

At 18 Birnham Place staff will support, encourage and respect the religious and cultural beliefs and practices of any child/young person living at the home. Linguistic needs will be assessed and provided for on admission

All items of diet, clothing, and religious observance such as prayer or attending significant religious buildings are accommodated. Staff will facilitate visits to local places of worship while seeking to enhance understanding of significant cultures and support any appropriate cultural links with the community.

Any issues that infringe the rights or fail to respect other children/young people at the home, relating to religion or culture will not be tolerated, and will be addressed promptly with discretion.

## **CONTACT and Working with Parents and Careers**

At Right-Trak we believe agreed contact with natural families/careers and siblings and other significant people in a Childs/young persons' life should be encouraged. The maintenance and further development of existing relationships is seen as fundamental to positive outcomes for children/young people, allowing for stability and a sense of belonging. We recognize that some of our children/young people will need support to build upon these relationships and therapeutic parents will work in a proactive manner to support at all stages of the process. Where and when required, contacts may be supervised and detailed reports prepared to highlight positive and negative aspects, which could hinder or help further positive outcomes. All contacts will take place in a planned and agreed way, with reference at all times to the wishes and needs of the child/young person, but also mindful of possible safeguarding issues and the processes involved accordingly. All communication with parents and careers should be undertaken in an open honest and non-judgmental manner, ensuring that dignity and respect is maintained at all times.

Therapeutic parents will play a fundamental role in the monitoring and evaluation of existing relationships. Weekly summaries will be prepared for parents, carers and social workers, and will highlight all aspects of a child/young person's care. This will ensure that a process exists which promotes a sense of partnership and co-operation between all parties involved in the all-round care of a child/young person and therefore increasing the prospect for positive outcomes.

## **REGULATION AND QUALITY ASSURANCE**

The aim of any childcare service provider is to ensure that the highest possible standards of care and support are available to all the young people and families accessing their services. Right-Trak as an organisation and 18 Birnham Place as a home acknowledge that to achieve this aim, then a clear and well-structured process of regulation and quality assurance needs to be in place to ensure that all practices are monitored and evaluated to enable this paramount goal to be achieved. A range of methods will be implemented at 18 Birnham Place to ensure that all efforts are made to ensure positive outcomes for all young people accessing our service- Throughout a Childs placement questionnaires will be sent out to parents, social workers and other relevant professionals to enable us to continue to improve our service.

As a registered children's home 18 Birnham Place will be subject to rigorous inspection via the Ofsted inspectorate team, this will be backed up on a monthly basis through regulation 44 inspection by a named individual independent of the project and organisation as a whole.

## **Resident's Meetings**

This forum will offer young people the opportunity to have an input in relation to everyday issues pertaining to their lives. They will have direct responsibility for the creation of agendas and be able to influence the decision making process within the

home. These meetings will take place at least monthly and minutes will be recorded and distributed with clear instruction as to who has responsibility to ensure that decisions are acted upon.

### **Access to Independent Advocates.**

All young people will have access to an independent advocate from NYAS. We are also looking into subscription for an independent visitor's service.

### **Anti-Discriminatory Practice in respect of children and their families and Children's Rights**

Right-Trak accept all children and young people as they are and embrace their unique identity, circumstances, heritage, background and personality. No child or their family will be judged, treated unfairly or be discriminated against. Elimination of prejudice and unfair discrimination through practice that is ant-discriminatory and proactive will promote the rights of the individual and groups to which the individuals belong.

Fair and equitable treatment will apply regardless of any person's racial, ethnic or national heritage, gender, sexual orientation, age, religion or spiritual beliefs, disability or health status in accordance with the following legislation:

Employment Equality (Sex Discrimination) Regulation 2005, Race Relation Act 1976 (RRA) & the Race Relations (Amendment) Act 2000 (RRA 2000), Disability Discrimination Act (DDA) 1995, Equality Act 2010 and Human Rights Act 1998.

Right-Trak recognises the rights of the child. These rights are based on what a child needs to survive, grow, participate and fulfil their potential. They apply equally to every child, regardless of who they are, or where they are from.

All Children and Young People will be made aware of their rights and how to access independent advocacy services, their Independent Reviewing Officer, Children's Commissioners Office and Ofsted.

## **DESCRIPTION OF ACCOMMODATION**

18 Birnham Place is a large detached dwelling house

The ground floor comprises: -

- a large living/dining room
- a play room
- a sensory room/ arts room
- a well fitted kitchen and separate utility area
- Office and separate shower/toilet for staff use

The first floor comprises: -

- 6 bedrooms with neutral décor making it easy for children/young people to personalize their rooms. One of which is being made into a study for the young people.
- A bathroom containing a bath and vanity area
- 2 separate toilet and shower rooms at each end of the landing, 1 with a bath
- A music room

Externally there are extensive gardens to the rear and a small fenced garden to the front. The home has security lighting at the back of the property.

### **Monitoring and Surveillance**

Each bedroom door is fitted with an individual alarm that is linked to a panel in the staff office. These are not used for general surveillance and monitoring and are risk assessed on an individual basis

### **Location**

18 Birnham Place is situated in Newcastle, 3 miles north of the city Centre. There are several local schools and is ideally situated for all local amenities. There are good bus and transport links giving access to a wide range of cultural amenities in the city.

### **Recreational Activities**

- Our art room supports the development of interest in art and modelling. Several sports facilities are nearby in Kenton & Gosforth and include a swimming pool, cricket club, a park with tennis courts and a local sports centre. Adjacent to the house is a town moor with pedestrian access where children can fly kites, go for walks and explore nature. Around the corner there is a small playing field with football pitch. Right-Trak have a caravan at Sandy Bay Holiday Park, Newbiggin by the Sea available for the children/young people's use. The park is beside the beach and has an indoor swimming pool along with a clubhouse where there are

many activities arranged throughout the year. Individual hobbies are encouraged and supported. Our sensory room offers and provides opportunities for engagement in prevention and crisis de-escalation strategies, as well as a host of other therapeutic exchanges

## **CHILD PROTECTION & SAFEGUARDING**

### **Value Statement:**

Children and young people being cared for must feel safe.

Carers must protect those that they care for from harm or abuse by taking immediate action to stop it and to follow the agreed reporting procedures, having received training in its use.

Children and young people must have confidence that those caring for them will protect them at all times.

### **Guidance**

Everyone employed by Right-Trak has a duty to report incidents/allegations of child abuse whether internal or external, which involves the children we care for.

All staff must ensure that they are clear of their responsibilities in Child Protection situations by reading and understanding the procedures and taking the necessary action.

A carer, parent, another adult, another child, a person known to the child or a complete stranger may perpetrate abuse.

Children must be listened to. Any allegation will be taken seriously. Children must receive full support and protection.

In the event of any subsequent investigation the child will be kept fully informed throughout the process. Right-Trak employees will act immediately once they are aware that a child is suffering or has suffered abuse, informing their Line Manager who will follow procedure.

Staff who are the subject of an allegation of abuse will be suspended immediately, pending an internal investigation.

The Host Authority has a legal responsibility to deal with allegations of abuse and conduct any subsequent investigation

## **General Guidance for Staff:**

The ensuing procedures are intended for dealing with any alleged abuse of children within the residential setting by a member of staff and must be read and understood in that light

In all situations the immediate Line Manager will be informed in the first instance, who will then inform the responsible individual. This reporting must occur immediately once possible evidence is received that a child is suffering or has suffered abuse. Definitions of abuse can be found in full policy and procedures.

In all cases it is essential that the child or young person is listened to, protected, fully supported and kept informed about what is happening and what will likely happen next.

Remember once the internal reporting procedure has been followed, it is the child's Placing Authority and the Host Authority who have to decide whether to investigate or not. They have a legal responsibility to deal with the matter.

The registered Manager following discussions with the Placing Authority will inform local Social Services and the Police.

In every situation of alleged or actual abuse everyone has to give prime consideration to the child's welfare and safety.

All staff receive training in Safeguarding during their induction to the company.

## **BULLYING**

### **Value Statement:**

Exerting power through intimidating others is not acceptable. Some of the young people in our care may try to bully others in order to feel better about themselves.

It is our responsibility to be continually aware of the possibility that bullying may occur in the home or in areas external to the home.

We must offer protection to those who are bullied and guidance to those who bully.

### **Guidance:**

Staff need to try and understand and acknowledge that a young person's network exists and be prepared to discuss it with the young people, in an honest, non-intrusive, but open manner when necessary and not to be afraid of it.

### **FORMS OF BULLYING INCLUDE:**

- verbal teasing,

- physical confrontation/attacks
- theft or destruction of property
- isolation or marginalization
- Racism.

Whilst the welfare of the victim is of prime importance, the perpetrator also has needs, which must not be dismissed.

Bullies behave in the manner they do, partly because of difficulties in their own lives, e.g. feelings of inadequacy, unhappiness, or they may have been victims themselves. Their unacceptable behavior needs to be understood and then appropriately dealt with by staff if the cycle of bullying is to cease.

Staff who work with and support young people in the care system, will, if achieving good practice be vigilant (but not overbearing) about vulnerable young people's need to be protected, should the problem of bullying arise.

If there is an open and honest ethos within the home, the subject of bullying will be discussed at Staff and Residents Meetings and with individuals and groups of young people from time to time.

Staff need to talk frankly and openly with young people about bullying and must listen to their views too.

All in the home need to know and understand that incidents of bullying, no matter how small, will never be overlooked.

There is a clear policy on what measures will be taken to deal with bullying in the home and the type of support that will be available to both the victim and perpetrator.

### **Procedure - Staff:**

If an incidence of bullying arises, staff will:

- Establish the facts of the incident by undertaking a full investigation and talking with all those involved, having ensured the continuing safety of the young person(s) who was bullied and deal effectively, yet sensitively, with the incident in accordance with the homes policy on bullying.
- Complete an incident report. Inform the Registered Manager, young person's Social Worker and parents where there are contact arrangements.
- Make an entry of the incident in the running logs of those young people directly involved and inform their therapeutic parent's, in order that any follow up work can be carried out, including any amendments to the placement plan.
- Assess and deal with any damage e.g. personal injuries, physical damage (property), and loss of possessions.

- Offer appropriate support to the victim and perpetrator
- Raise the matter at the next team meeting and discuss learning points for the future and how effective, or not, the present intervention and subsequent follow-up work has been.
- Staff must remain vigilant at all times in order to reduce incidents of bullying.
- Staff must challenge all inappropriate behaviour, whether it leads to bullying or not and be aware of the fact that some young people set themselves up as victims of bullying as part of their behaviour pattern. Incidents, which may fall into this category, must still be recorded.
- When a trend or culture of bullying becomes apparent to staff, consideration should be given to addressing the issue in a key worker and group session

### **Safeguarding:**

Staff need to be vigilant regarding possible child abuse issues, inter peer abuse and safeguarding in relation to bullying.

If staff are uncertain in deciding whether a bullying incident/s falls into a child protection category, they must bring the matter to the attention of Senior Management. Staff may also contact the young person's Social Worker, the local Safeguarding Board or the local Inspection team.

### **Procedure - Manager:**

- Managers will have a written policy in the home regarding bullying, strategies to deal with such incidents and the necessary support available for victims and perpetrators.
- Managers will, from time to time, place bullying on the team meeting agenda in order that all staff are aware of the need to be vigilant in this area, ensuring that incidents are always challenged and their staff work to the company Policy and Procedure.
- Managers will instruct staff to make them aware of any concerns they may have regarding child protection implications arising from bullying.
- Managers will ensure that procedures are adhered to in recording incidents of bullying at the home and that the necessary people have been informed.
- Managers will inform the Director of any safeguarding issues arising from bullying.

## **ABSENCE OF A CHILD WITHOUT AUTHORITY**

Children or Young People who are absent without the consent of those who are caring for them must be protected.

The responsible authority must provide to Right-Trak any information on the Likelihood of the child absconding and the following questions must be addressed

- history of absconding;
- Risk of going off with a stranger;
- Risk of crime.
- Child legal status e.g. accommodated, care order, remand etc.
- Risk CSE

Risk assessments will be written and studied before placement commences

**Right-Trak, during staff induction, will discuss with all staff the following procedure.**

If the child or young person absconds during office hours the Senior Worker on duty will contact the placement authority of the child to discuss the situation. Details surrounding the circumstances of the child going absent should be given such as was the child upset in any way when last seen, any likely police involvement and any other relevant information.

If the problem arises out of hours, then the residential child care Worker should contact Social workers, parents and the Emergency Duty Team (EDT) should be kept updated, all of this contact should be recorded in the young person's daily file as well as the missing from home book. On the young person's return contact all the relevant professions and family.

### **Police involvement**

Right-Trak Ltd have worked in partnership with LADO, Newcastle City Council and the Police to develop an agreed protocol. This protocol has been updated from January 2015.

- If the child/ young person are thought to be in immediate danger, then details should be given to the police by telephone.
- The police response will depend upon the child/ young person's legal status. If the child is on a Care Order, the police will actively search for, and can 'arrest' the child. Anyone harboring a child can be prosecuted - including the parents.
- If the child is accommodated under Section 20, the police can only detain a child for his / her own safety.
- The responsible social worker should be notified or message left.

- When a child returns notify all relevant people immediately.
- The child should have food, drink and sleep and should be welcomed in a positive manner
- Staff should talk about why they went missing.
- The child/ young person should be encouraged to discuss their experiences whilst absent.
- The child/ young person should be able to ring a social worker if possible.
- If the child/ young person discloses concerning information, a senior member of staff should be informed who should then notify the placement authority.
- Incident sheets and daily logs should be filled in by staff on shift and should be forwarded to the social worker.
- The staff on duty to inform the manager or senior on call if an incident occurs whilst the child/ young person is missing from home.

## **Complaints**

All young people are made aware of our complaint's procedure and are informed about how to make a complaint.

We will always try to resolve a complaint at the lowest possible level, whilst respecting the seriousness of the complaint. All complaints are taken seriously and are recorded in our complaint's book.

The Manager meets regularly with young people from the home to provide an opportunity for feedback. Young people are advised that they can complain to: -

Adult members of the team including the Manager

- OFSTED
- Children's commissioner
- Their social worker
- The Host Authority
- NYAS
- Independent Regulation 44 Inspector

All complaints about the behavior of staff will be investigated by the Registered Manager, who will if necessary liaise with external agencies.

All Young People have the right to an independent person to support and advise in complaints, and this right will be upheld at all times by the unit.

## **METHODS OF CARE AND CONTROL**

### **Philosophy**

It is accepted that consistent guidelines and controls form an integral part of a child's development. As a child develops they gradually internalise these controls and reduce the need for external reinforcement.

### **General Principles**

Staff are expected to manage and control the children's behavior. The need for sanctions is reduced by clearly setting boundaries of acceptable behavior and achieving tight levels of consistent care practice. Acceptable behavior should always be encouraged as a normal part of day to day living.

### **Use of Sanctions**

Sanctions will only be used sparingly and after all other alternatives have been considered. If the need is felt to impose a sanction, the child will be informed and the matter discussed with either the Home Manager or Team Leader before deciding an appropriate sanction. Consideration must be given to the child's emotional state, understanding of their transgression and the effect that imposing a sanction will have on future relationships.

### **Reasons for Sanctions**

- Damage, such as damage to windows, furniture and decoration of the home.
- Criminal Damage caused outside the home - i.e. in the local community.
- An assault on an individual.

This list is not exhaustive but gives guidance in relation to situations where sanctions can be legitimately implemented

### **Permitted Sanctions**

The following list comprises the only sanctions permissible within 18 Birnham Place

The withdrawal of an extra privilege such as extended bedtime or special outing.

- The imposition of a chore such as washing the dishes. This will never detract from the dignity of the individual and will have a purposeful objective.
- Making reparation for damaged property out of their pocket money. The amount will take into account the child's financial commitments and in any event will not exceed 75% of their pocket money.

- The imposition of 'grounding' for part of a day or the whole of a day. Grounding is a common and acceptable sanction, provided the child is not prevented from leaving by being locked in or physically restrained.
- Curtailment of bedtime activities such as watching television/dvd's.
- Where the behavior of a child, when travelling in a vehicle, raises concerns for the safety of that child or others, they will not be permitted to travel in the unit vehicles until such time it is considered safe to do so.

All sanctions must be recorded, dated and signed in the sanctions book and a copy placed in the young person's file.

### **Inappropriate Sanctions**

- NEVER impose physical punishment on a child.
- NEVER deprive a child of food, sleep or medical help.
- NEVER deprive a child of your care and consultation.

All staff should be aware that disciplinary action will be taken against them for the imposition of any of the above inappropriate sanctions.

### **Physical Interventions**

Whilst strongly believing that all children/young people should have the main responsibility for their own behaviors, 18 Birnham Place recognizes and understands that the children/young people in our care may sometimes demonstrate difficult or challenging behaviors which could require support or as a last resort, physical intervention. Subsequently all staff undertake CALM training with regular refreshers which offers a framework for dealing with challenging behaviors through theoretical and practical based training. Competency is assessed and re-accredited annually. We have our own in-house CALM Instructor who will attend regular training and will ensure regular practice sessions take place with the staff team.

The emphasis of CALM training focuses on de-escalation of situations and the avoidance of situations which could potentially lead to flash points. This ethos is fundamental to Chrysalis House's approach to physical intervention.

Physical intervention will only be used if all methods of dealing with a specific situation have been deemed unsafe and will only be actioned by staff that has completed both the theoretical and practical elements of training. The time period of any physical intervention should be as short as is possible, and all details of the intervention, fully recorded within the appropriate documentation and all relevant personnel notified of the incident. The child/young person involved will be afforded a debrief period following any intervention and the opportunity to discuss the situation, whilst considering the appropriateness/inappropriateness of the actions taken and any complaints which may result from the actions taken.

Physical intervention can only legally be used where there is belief that immediate action is required to prevent injury or prevent serious damage to property. The following criteria for restraint would therefore apply:-

- When the child/young person is attempting to harm him/her self
- Where this is substantial risk of physical injury to another child/young person
- Where there is substantial risk of physical injury to a member of the public or a staff member
- Where there is likely to be serious damage to property
- Where serious damage is occurring

18 Birnham Place has a behavior management and physical intervention policy and guidance document that goes into significant depth outlining good practice and our response to challenging situations.

### **SAFEGUARDING AND PROMOTING HEALTH AND WELLBEING:**

18 Birnham Place understands and promotes being healthy. Whilst living at the home all children/young people will have access and be registered with a named general practitioner, dentist, and optician along with support to access other primary and secondary health services as required.

The home has clear policies and procedures to support, ensure, protect and promote health and wellbeing for all children/young people in our care. This will encompass all aspects of a healthy diet. Children and young people will be offered an opportunity to contribute to a menu plan that encourages variety with home cooked meals that include all food groups. Involvement in the preparation of meals is encouraged to promote education and interest in trying new foods as well as promoting equality and diversity with dishes from around the world.

Supported access into exercise and leisure activities will focus upon promotion of emotional and physical wellbeing. Opportunities for outdoor play are available in the garden with outdoor toys and games. Outings are planned to include outdoor activities to offer young people opportunity to explore new hobbies that will also encompass physical activity with fresh air.

Whilst respecting privacy and confidentiality for all children/young people, we also offer support and guidance in accessing a wide variety of support agencies including sexual health advice, support with drug and alcohol issues and access to services offering more specialised emotional and mental health issues.

All staff are experienced and knowledgeable in regards to health promotion and will endeavor to work along side each child/young person, in an attempt to develop, stimulate and promote an interest in staying healthy, in both a physical and emotional sense.

Our practice is externally reviewed and audited and we are also supported by external clinical psychologists through a formal service level agreement. This follows NICE best practice guidance.

## **Dining and Food:**

Mealtimes will be structured, preferably at set times; they will be created as ordered times, a perfect opportunity for informal discussion and planning what is happening next, i.e. (agreeing who is doing washing up and who is putting away!)

Mealtimes are an important positive routine where this a beginning, a middle and an end --- something that traumatised young people need to experience.

*“The provision of food is closely associated with primary provision.*

*Paying attention to the way we provide a mealtime can make it a potentially nourishing experience both emotionally and physically”*

*(Tomlinson, 2004)*

Attention to routine and the underpinning values communicates significantly to young people --- for example, table manners, waiting until everyone is ready to start, expectations about how you leave the table, end the meal, routines for clearing away afterwards.

## **EDUCATION**

Education plays an important part in all of our lives. Unfortunately for many of the children/young people within the ‘looked after’ system there are a range of issues which hinder the educational development for the individual. Persistent absence or exclusion from the mainstream system is all too common. The main aim of the 18 Birnham Place team is to create an environment which stimulates and facilitates education and promotes learning in innovative and creative ways. Support for children/young people to access learning resources along with the provision of activities which offer new experiences will hopefully create a situation where children/young people no longer fear education, increase their sense of personal aspiration and view learning as a positive step which will increase their all-round opportunities and individual life choices. Our education policy ensures that all children/young people have the opportunity to develop and participate in a range of educational opportunities both from the home, mainstream provision and the wider community as a whole.

## **QUALITY OF CARE**

### **Staffing**

The team has been drawn together from a variety of backgrounds and have all been selected for their own individual skills and knowledge bases. A rigorous and carefully planned recruitment process has been developed to ensure as far as possible that the team is able to support in a positive and proactive manner. All new employees will be subject to a six monthly probationary period. This will allow them to gain a greater

understanding of the expectations within the home and the wider organisation as a whole. A clear set of benchmarks are in place to monitor and ensure that levels of expertise have been met and only then will a permanent working contract be gained. Ongoing training and personal development is encouraged and clear career development pathways are designed to enable all staff members to continuously learn new skills and thus be able to offer a greater level of expertise to the children/young people in their care. A minimum of six days training a year is on offer to all staff, and further training of a more specific and specialised nature will be available in line with personal development plans for each individual staff member and the needs of the project as a whole.

## **Staff Structure**

18 Birnham Place recognizes the need for appropriate, supportive staffing levels, not only in terms of health and safety requirements but also in relation to quality, purposeful, supportive and proactive childcare practices. With this in mind we have a team of 16 staff which consists of the registered manager, 1 Deputy Manager, 2 Senior Residential Childcare Officers, and 12 Residential Child Care Officers. Support will be provided on a 24/7 basis. As a basic guide, there will always be a minimum of three staff on duty. This level of cover will be constant at the point of the children rising in the morning until bedtime. At all times staffing levels will be determined by individual support requirements of the young people in our care and can be increased accordingly by utilizing staff from our relief pool of workers. All pool workers are subject to the same rigorous selection processes and are provided with the same levels of supervision and training as full time team members. Staffing cover during the night will consist of 2 residential childcare officers providing waking night cover. These night time staff will also have access to an on call system which will be either the manager or a senior on a rotational basis. The relief pool workers will also be available to cover holiday and sickness leave.

## **Qualifications and Staff Development**

Residential Support Workers are in the process of obtaining the Level 3 Diploma Children and Young People. Residential Child Care Officers have a range of qualifications including NVQ level 3 children and young people and level 3 youth work. All will be encouraged to continue with their training and development pathways within the field. The Responsible individual holds the following qualifications DipSW, Postgraduate diploma in Systemic Practice, NVQ Level 4 Children & Young People, NVQ Level 4 Leadership & Management, Registered Managers Award, and Certificate in Advanced Mental Health and is experienced as a Registered Manager since 2006. All staff will receive training from the psychologist on therapeutic parenting; and an ongoing training plan will be developed to further and enhance knowledge and understanding of therapeutic practice.

The Registered Manager holds an NVQ level 5 leadership for health and social care for children and young people's services, as well as a NVQ level 3 children and young people's services. The Registered Manager has recently completed a Level 7 qualification strategic business management. The Registered Manager has 6 years' experience working with vulnerable young people in both secure and residential settings, in various roles including RCCO, senior RCCO and Deputy Manager. The

Registered Manager is currently undertaking a BA (Hons) Degree in therapeutic childcare.

The Deputy Manager has 16 years' experience of working with Children and Young people, She has NVQ level 5 leadership for health and social care for children and young people's services, as well as a NVQ level 3 children and young people's services. The Deputy Manager has experience working as a Registered Manager, Deputy Manager and as an RCCO.

## **Management and Staff Structure**

**Registered Manager:** The Registered Manager will usually work 9am-5pm Monday to Friday but is required to be flexible depending on the needs/demands of the home.

**Deputy Manager:** The Deputy Manager will usually work 9am-5pm Monday to Friday but is required to be flexible depending on the needs/demands of the home.

**Seniors & Residential Childcare Workers:** 18 Birnham Place has a Rota dependent upon the needs of the children/young people which ensures that there is a minimum of three staff, excluding the registered manager, on duty at all times. There will be staff available where necessary from 7.00am in the morning for school runs. Where there is a need for a higher staffing ratio, due to the needs of the young people, this will be implemented by the Registered Manager.

Where there is a high level of risk associated with individual young people a third member of staff may be required to undertake waking night/sleep in duty. Where this is required, starting and finishing times will be arranged according to the need. The Manager will ensure that the staff Rota reflects the needs of the young people, and where young people need to be taken/collected from school, engage in extracurricular activities, or have family contact, there will be staff available to facilitate.

There will always be a shift lead and access to a senior member of staff for support both day and night via an on call system.

## **Pool Staff**

Right-Trak is in the process of building up our own pool of care staff to enhance the permanent team and ensure adequate arrangements for sickness and absence. This will also ensure staffing levels are able to be increased where circumstances require this in order to safeguard and promote the welfare of each individual young person. All pool staff undertake level 3 Diploma training

There may be circumstances where there will be lone working e.g. where staff are supporting a young person in education or attending appointments etc. In these circumstances staff will never be solely in charge of more than one young person and a risk assessment will be in place, identifying any likely risks to the

young person, staff and members of the public. This will demonstrate that there is no unacceptable level of risk in the arrangement.

## **CARE PLANS**

All children/young people will have a regularly reviewed and up to date care plan reflecting their own individual needs, wishes and aspirations. The care plan will outline areas of assessed need and clearly and unambiguously outline methods needed to achieve these important issues. The recording of these plans should be in formats easily understandable for the child/young person and they should have regular opportunities to discuss the progress and focus of the ongoing plan. The registered manager and clinician will oversee the management of all care plans and will monitor their progress with therapeutic parents through the supervision process and the 6 monthly regulation 45 review.

## **REVIEWS**

### **Looked after children.**

Statutory reviews are organised and chaired by the child/young persons' local authority of residence. 18 Birnham Place is proactive in ensuring that these reviews are held on time. A full and comprehensive report will be provided by each Child/young person's individual therapeutic parent. The contents of the report will be discussed with the child/young person prior to the review meeting to ensure that they are fully aware of the issues up for discussion. All attempts to ensure that the child/young person attends these meetings will be made as 18 Birnham Place acknowledges the importance of children/Young people being fully involved in any planning process. However it is also recognised that some children/young people can find these situations uncomfortable and threatening. With this in mind all attempts will be made to ensure that full and proper representation for the child/young person will be achieved. This will be managed either via the individual therapeutic parent or by the appointment of an independent advocate accessed from NYAS. Internally, the progress of each child/young person will be monitored at core group team meetings. These would normally be chaired by the Registered Manager and attended by those individuals actively involved in the child/young person's care, and will usually take place on a monthly basis. Care team meetings involving other professionals will be called should it be felt that there were significant changes within a child/young persons' life which warrants re-evaluation of existing plans or if it is feared that the placement is in danger of coming to an end.

## **Supervision**

Right-Trak as an organisation recognises the need for a structured and focussed process of supervision for all staff. All full time workers will be expected to receive supervision on a regular basis this will allow them to focus upon their own personal practice, the practices within the home as a whole as well as identifying training and support needs on an individual and collective basis. The process will be used by

management to assess work performance and the effectiveness of the project in meeting the needs of the young people in their care. Learning objectives and effective practice objectives will be set and fed into a wider personal development process. Staff members will also receive clinical supervisions from our psychologist, this will be done on an individual basis as well as group sessions. These supervisions will focus upon therapeutic interventions

### **Staff meetings**

This forum will take place as a minimum on a monthly basis but usually takes place fortnightly. This will give the team an opportunity to discuss and reflect on all aspects of their work and daily activities within the home. Consultation with the Clinical Psychologist along with updates and feedback from key workers in relation to the young people they hold responsibility for, enables the team as a whole to be comprehensively informed in relation to ongoing individual work and supports developments in relation to all young people. This consultation with all residential staff ensures collaborative working to support the individual treatment goals identified for each young person. This process will support the links and information systems already in place within the home i.e. recording systems, handovers etc.

### **Personal Development and Appraisal**

The need for a well-trained, well-motivated staff team is extremely important in the relation to positive outcomes for children and young people. The development of a clear, and focussed process which aims to promote staff development and ensure that the aims and objectives of the home, and organisation as a whole are achieved, is imperative. Through the process of supervision it is possible to begin to develop a personal development strategy for each individual. This process will be ongoing and allow the team to continuously develop a range of skills and abilities that enhances their practice and help them to work with and support children and young people more effectively, whilst also helping themselves to develop a career path that will allow them to experience a range of roles and situations that lead to progression should they wish to do so. This overall process will then allow for a situation where an appraisal system becomes part of the annual evaluation of the individual and the service as a whole. Jointly agreed aims and objectives become useful tools and make the service more responsive to the support needs of children and young people, through continuous development of staff and service.

### **References:-**

Royal College of Psychiatry 'Therapeutic Services Standards, 2<sup>nd</sup> Ed'; Community of Communities 2008

Tomlinson, P 'Therapeutic Approaches in Work with Traumatized Children and Young People', CH2, p40, Jessica Kingley, London 2004

NICE, 2010, Pg. 21, NICE, 2010, Pg. 22

SCIE Research, 2012

## Staff Team

Staff Name	Title	Qualifications	Experience/ Interests/ Hobbies
Glynis Spriddell	Responsible Individual	Diploma in Social Work, Approved Social Worker Award, Post grad Diploma in Systemic Practice, NVQ 4 Management and Registered Managers Award	Has worked in C & YP residential care for 8+ years. Prior to this Glynis worked as a Social Worker specialising in family therapy and mental health. Glynis enjoys Sailing, Reading.
David Watson	Registered Manager	Level 3 Children and Young People  Level 5 Diploma in Leadership for Health and Social Care and Children/Young People Services.  Level 7 in strategic leadership and management.  Currently working towards BA Therapeutic Childcare	Has worked in C & YP residential care for 6+ years. Dave enjoys fitness, movies and outdoor pursuits
Elaine Taylor	Deputy Manager	Diploma Level 5 Level 4 & Level 3 Leadership for health and social care and Children and young people's services.	Elaine has 16 years' experience of working with Children and Young people. Elaine enjoys shopping, home decoration, watching the soaps, socialising with family, friends and her loveable dog.
Deb Ramshaw	Senior Therapeutic Parent	Level 3 in Children and Young People Level 4 in children and young people Level 4 in leadership and management.	Has worked in C & YP residential care for 14+ years. Deb enjoys reading, shopping and socialising in her spare time.

Jo Anne Hutchinson	Senior Therapeutic Parent	BA Honours in Children and Young People  FDA Therapeutic Childcare  Level 3 in Children and Young People	Has worked in C & YP residential care for 4+ years. Prior to this Jo has worked in children and family settings for 3 years. Jo enjoys walking her dog and being involved in local community football.
Brian Burn	Senior Therapeutic Parent	Autism awareness Foundation. City and Guilds 3701 in counselling.  Holds Level 3 CYP	Brian has experience of working with children with a range of disabilities and diverse behaviours. Brian enjoys spending time with his family and holidays in the sun.
Charlotte Allen	Therapeutic Parent	BA Hons degree in Social Work	
Vicky Thomas (Pool)	Therapeutic Parent	Currently Studying BA Hons degree in Social Work at Northumbria University.	Vicky enjoys spending time with her family, and watching movies and socialising in her spare time.
Tiffany Becher	Therapeutic Parent	BA Hons degree in Social Work	
Susanne Atkin (Pool)	Therapeutic Parent	BSc Psychology & Criminology, Post Grad Diploma in Community & Youth Work, NVQ lev 3 Advice & Guidance	Experience in education support with young offenders & with teenagers & young adults who have become homeless. Susanne enjoys horse riding.
Joanne Hoey	Therapeutic Parent	Recognising and supporting children with SEN level 3, Asperger syndrome level 3 Level 3 Diploma in pre school practice  Currently working towards Level 3 CYP	Joanne has experience of working with children in a day nursery as well as a family centre. Joanne was a nursery practitioner.
Emily Trotter	Therapeutic Parent	Currently studying Childhood Studies and Early Years at Northumbria University.	Emily enjoys the Student lifestyle and socialising with her friends.

		CACHE teaching assistant	Emily likes to go to the gym and workout. Emily loves baking cakes.
Nicola Newman	Therapeutic Parent	BA Children, Young people and families	
Karen Phillips-Craig	Therapeutic Parent	Holds Level 3 CYP	
Nick Hambrey	Therapeutic Parent	BA HONS Early Years and Disability Studies. BTEC Childcare, learning and Development  Currently working towards Level 3 CYP	Nick has a vast experience of working with children and young people from working in a summer camp in America to supporting children with autism.
Clare Hastings	Therapeutic Parent	Holds Level 3 CYP	
Bradley Young	Therapeutic Parent (Pool)	Higher Sports Leader award  To be enrolled on Level 3 CYP	Bradley has experience within a sporting background working with Children and young people from coaching Golf at a summer camp in America to various other coaching jobs. Brad has a passion for cars.
Louise Webster	Therapeutic Parent	Studied a level 4 and level 5 BSc Social work	Louise had various Uni placements in settings with children and young people such as working for Sure Start and as a supporting housing service for 16-25 year olds.
David Veitch	Therapeutic Parent	Holds Level 3 CYP	
Stephen Thain	Therapeutic Parent	Currently working towards Level 3 CYP	