



ALL SEASONS

Statement of Purpose



This Statement of Purpose has been prepared to meet the requirements of The Children's Homes (England) Regulations 2015 Regulation 16 - (1) Schedule

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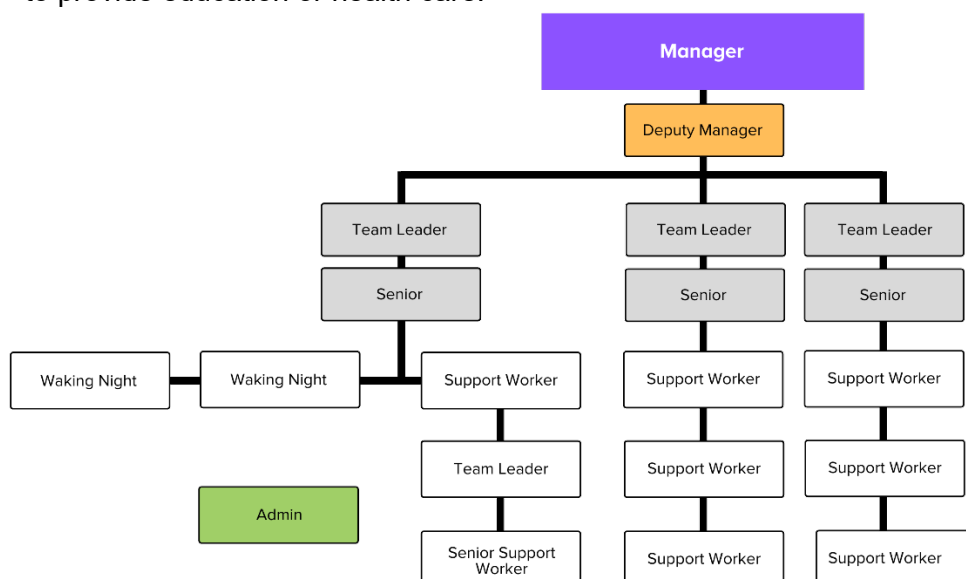
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Quality and purpose of care

1. The range of needs of the children and admission criteria

All Seasons House provides long term therapeutic care for up to 6 children. We have a carefully devised admission procedure which will consider the holistic needs of the child. An impact assessment is completed prior to any admission to ensure children are matched as well as possible.

The admission of a new child, whether planned or unplanned, may be a difficult time and we aim to make any transition as smooth as possible. During the referral process consideration will be given to how the child would adapt to the new environment, placing emphasis on how the home can meet the needs of the child, without there being too much impact on the existing group of children.

We support children between the ages of 12 and 18 who:

- Require a residential alternative to a family placement.
- Have suffered multiple placement breakdowns.
- Have Social, Emotional & Mental Health difficulties.
- Suffer from attachment difficulties.
- Present challenging behaviour(s).
- May have had police involvement.
- Have experienced abuse or neglect.
- Have suffered trauma and loss.
- Present with age-inappropriate sexualised behaviour(s)
- Are in mainstream or special education.
- Have mild learning difficulties.
- Have ASD or other neurodevelopmental needs.

Placements cannot be considered for:

- Children who are addicted to drugs
- Children who intentionally set fires
- Children who persistently go missing
- Children who are subject to a DOLS order
- Children who require continuous psychiatric supervision
- Children who pose a serious physical threat to themselves or others
- Children who have severe learning or physical disabilities.

Admission of any child in a planned or emergency manner would be subject to receipt of the relevant paperwork and the arrangement of a planning meeting, either on admission or within 7 days of the placement commencing. (72 hours for emergency admissions).

Social Workers or placements officers are welcome to call our referral line on 07808351142 or Sian Andrews (Registered Manager) directly on 07815799539, or Bret Noades (Responsible Individual / Head of Residential Services) on 07763876837

2. Ethos, outcomes, and approach

Mission Statement

We believe in the possibility of healing from the effects of adverse childhood experiences and developmental trauma. Our aim is to ignite such healing through building and sustaining meaningful, trusting, and reciprocal relationships.

We provide a safe, holding environment for the children, so that the child could embrace loving care, feel seen and heard, expand on their positive experiences, and reach their full potential.

CORE VALUES OF ALL SEASONS HOUSE

1. Education, Employment and Training:

Every child is supported and encouraged to engage in education and is aware of employment opportunities specific to their individual needs. We believe that education is extremely important to our children, and they are encouraged to engage in a routine that involves this in a form that is most suited to their needs.

2. Play, Adventure and Activities:

Children need, play, fun, enjoyment and challenges as part of their childhood. They need to be able to test/refine their abilities, have new and exciting experiences, challenge their fears and be able to safely explore risks as well as build the positive relationship with adults while engaging in various forms of playful activities. All Seasons House encourage this through locating and organising various types of adventures, experiences, and activities.

3. Independent Living:

We encourage all our Children to explore their abilities and fulfil their potential as they move on from residential childcare to independence, learning the necessary skills along the way. This is discussed in their 'team around the child' meetings and then an individual independence plan is developed with both our Children and Keyworkers to enable them to gain the life skills required for a successful transition.

4. Community, Friendship and Family involvement:

It's important for children to be and feel a part of the home's community and wider network. Weekly community meetings, day-to-day upkeep of the home and partaking in community activities all support this. The children are a part of agreeing the values to be upheld by everyone and are supported to challenge them appropriately if improvements or adaptations may be needed.

Charity events and giving is also encouraged and supported – to give them a sense of agency in helping other people as well as belonging to the wider community.

5. Mutual respect between all community members:

We listen and we try to understand and accept each other. We understand that at times we go through difficult periods when our behaviour may be challenging, however, we will not tolerate violence towards other community members, bullying or damage to property.

We seek to provide a therapeutic environment for children whose needs may be complex, often presenting behaviours that are the result of the child experiencing significant trauma.

Our children may have experienced rejection or separation from their families. They may have experienced physical, emotional, or sexual abuse, had multiple placements, been excluded from (or under achieving in) mainstream education, had episodes of going missing, or have been displaying offending or self-harming, behaviour.

Children may have underlying mental health issues, a history of substance misuse and/or be at risk of child sexual exploitation. Many may experience difficulties in establishing and maintaining positive relationships (with peers and adults) and be unwilling or unable to express their own feelings.

Children have a right, and must be enabled by adults to, feel safe and be safe. They are supported to understand how to protect themselves and keep themselves safe – through exposure to well thought through risks, feel protected and safe and be protected from significant harm.

To achieve this, we recognise the importance of the home's adults members adhering to our therapeutic ethos and places a strong value on making positive relationships with children. This generates a culture of openness and trust and ensures that adults remain alert and are aware of any signs that might indicate a child is in any way at risk of harm.

This allows the children to feel confident and be able to tell someone they trust about any concerns or worries they may have.

The home is designed to offer the child a period of stability while intensive task focused work is undertaken with them. Our focus is to support and encourage the emotional, social, and physical development of each child through maximising the benefits of strong and positive relationships, alongside the provision of a range of opportunities for learning.

THERAPEUTIC MODEL

Our practice is informed by attachment theory and its specific practical implementation in the form of PACE - based model of therapeutic care. Within this model we aim to give the children a significantly different experience of care – one that can start the process of recovery from developmental trauma. Recognising that the healing process depends on the quality and strength of our relationship with the children we care for, we aim for our adults to be trained in Dyadic Developmental Psychotherapy developed by Dr Dan Hughes – level 1 (DDP) as from this modality PACE arises.

We strive to train our adults in DDP Lv1 within their first 18 months of employment. We recognise the need for the adults ongoing development in their capacity to provide the children with therapeutic care. We create the space whereby such a learning is most effective. The adults team are provided with clinical group supervision as well as group reflective practice sessions. In these safe spaces adults can reflect on their own practice, emotional responses to difficult situations, and look in depth into the communicative function of behaviour, including their own. These sessions prevent and counteract the effects of secondary trauma and blocked care.

Overview of our PACE-based model of Parenting

PACE is a way of thinking, feeling, communicating and behaving that aims to make the child feel safe. It is based upon how parents connect with their very young infants. As with young toddlers, with safety the child can begin to explore.

PLAYFULNESS

This is about creating an atmosphere of lightness and interest when you communicate. It means learning how to use a light tone with your voice, like you might use when storytelling, rather than an irritated or lecturing tone. It's about having fun and expressing a sense of joy.

It is similar to parent-infant interactions when both parent and infant are delighting in being with each other and getting to know each other. Both are feeling safe and relaxed, neither feels judged nor criticised. Playful moments reassure both that their conflicts and separations are temporary and will never harm the strength of their relationship.

Having a playful stance isn't about being funny all the time or making jokes when a child is sad. It's about helping children be more open to and experience what is positive in their life, one step at a time.

Sometimes a troubled child has given up on the idea of having good times and doesn't want to experience and share fun or enjoyment. Some children don't like affection or reject hugs. A playful stance can allow closeness but without the scary parts.

When children find it hard to regulate their feelings, anger can become rage, fear, terror, despair and sadness. If this is the case, then children may also find it hard to regulate feelings of excitement, joy and love. Feeling these emotions can sometimes turn to anxiety.

Playfulness allows children to cope with positive feelings. It also gives hope. If you can help the child discover their own emerging sense of humour, this can help them to wonder a little more about life and how come they behave in the ways that they do. When children laugh and giggle, they become less defensive or withdrawn and more reflective.

A playful stance adds elements of fun and enjoyment in day-to-day life and can also diffuse a difficult or tense situation. The child is less likely to respond with anger and defensiveness when the parent has a touch of playfulness in his or her discipline. While such a response would not be appropriate at the time of major misbehaviour, when applied to minor behaviours, playfulness can help keep it all in perspective.

ACCEPTANCE

Unconditional acceptance is at the core of the child's sense of safety.

Acceptance is about actively communicating to the child that you accept the wishes, feelings, thoughts, urges, motives and perceptions that are underneath the outward behaviour. It is about accepting, without judgment or evaluation, their inner life. The child's inner life simply is; it is not right or wrong.

Accepting the child's intentions does not imply accepting behaviour, which may be hurtful or harmful to another person or to self. The parent may be very firm in limiting behaviour while at the same time accepting the motives for the behaviour.

One hopes that the child learns that while behaviour may be criticised and limited, this is not the same as criticising the child's self. The child then becomes more confident that conflict and discipline involves behaviour, not the relationship with parents nor her self-worth. Curiosity is the foundation of acceptance of whatever underlies the behaviour. Making sense of how the child has learnt to behave in certain ways can help with acceptance.

CURIOSITY

Curiosity, without judgment, is how we help children become aware of their inner life, reflect upon the reasons for their behaviour, and then communicate it to their parents or therapist. Curiosity is wondering about the meaning behind the behaviour for the child. Curiosity lets the child know that the adults understand.

Children often know that their behaviour was not appropriate. They often do not know why they did it or are reluctant to tell adults why.

With curiosity the adults are conveying their intention to simply understand why and to help the child with understanding. The adult's intentions are to truly understand and help the child, not to lecture or convey that the child's inner life is wrong in some way.

Curiosity involves a quiet, accepting tone that conveys a simple desire to understand the child: "What do you think was going on? What do you think that was about?" or "I wonder what...?"

You say this without anticipating an answer or response from a child. This is different from asking the child, "Why did you do that?" with the expectation of a reply. It is not interpretation or fact gathering. It's just about getting to know the child and letting them know that.

Curiosity must be communicated without annoyance about the behaviour. Being curious can, for example, include an attitude of being sad rather than angry when the child makes a mistake. A light curious tone and stance can get through to a child in a way that anger cannot. You might make guesses about what a child may be thinking and feeling, saying this aloud, and keeping it connected to the present. It can be about having a conversation, almost with yourself, with the child in the room, without anticipating a response.

If an adult can stay curious about why their child is behaving as they are, the child and adult are less likely to feel cross or frustrated. As curiosity is non-judgmental, this can help the child to be open to how they, and other children, are thinking and feeling. Curiosity lets the child stay open and engaged in conversations.

Children then start to reflect upon their own inner life with their parent and therapist and start to understand themselves. As the understanding deepens, the child can discover that their behaviour does not reflect something bad inside them, but rather a thought, feeling, perception, or motive that was stressful, frightening, or confusing and could only be expressed through their behaviour.

As the child communicates this to the adults, the need for the behaviour may reduce, and with that the behaviour itself. The child's feelings about the behaviour may change, with less defensiveness and shame but more guilt, leading to less of the behaviour.

EMPATHY

Empathy lets the child feel the adult's compassion for them. Being empathic means the adult actively showing the child that the child's inner life is important to the adult and he or she wants to be with the child in their hard times.

With empathy, when the child is sad or in distress the adult is feeling the sadness and distress with them and lets the child know that.

The adult is demonstrating that he or she knows how difficult an experience is for the child. The adult is telling the child that they will not have to deal with the distress alone. The adult will stay with the child emotionally, providing comfort and support, and will not abandon them when they need the adult the most.

The adult is also communicating strength, love and commitment, with confidence that sharing the child's distress will not be too much. Together they will get through it.

The role of the adults in the community is the key to the healing process. As well as meeting the young child's basic needs, they satisfy their emotional need to feel seen, heard, safe, valued, respected, supported, empathised with and cared about. They provide positive role modelling, clear and consistent boundaries and role model appropriate behaviour. The children begin to recognise that adults can be reliable and there for them. These relationships enable the children to develop appropriate attachments based on trust, safety and respect.

Our home is not isolated from the rest of the community. Our ethos is to integrate our children into society as much as possible as part of their living-learning experience. All our children attend either our own school or local mainstream or special schools, with which we have close working relationships. We encourage them to cultivate appropriate friendships. We also encourage them to develop interests and hobbies and to take part in activities in the community which help build their sense of self and self-esteem, such as performing arts clubs and sports teams. When planning activities for our children we always balance the possible risks with the benefits of independence.

All the approaches we use at All Seasons House – including therapeutic interventions and behaviour support are child-centred and consistent with attachment theory.

Claiming and community rituals

As mentioned above, All Seasons House sees the importance in creating and sustaining a sense of community for all our young people. For the children to have a sense of belonging, before they move into our home, it is part of their transition plan to be given the home's Guide for Children, can choose their room colour, are taken out shopping to help personalise their new bedroom and visit the home and other children.

On their first day, adults ensure their favourite meal is cooked and allow the child to fully explore their surroundings and spend time with the adults/children.

Dinner times, the home's monthly meal out, weekly community meetings and organised whole community activities (such as games nights, movie night, pamper sessions and trips out) are some of All Seasons rituals, as well as having a yearly holiday.

Community meetings

Community meetings are held once a week and are used to consult the children about the operation of the home, to address current issues within the home e.g. peer dynamics, plans for activities and behavioural issues which are impacting on other members of the community. These give the children the opportunity to find their own voice, share their views and feelings,

challenge their peers and adult members of the community, to develop empathy and to contribute to the development of the home.

Key working

Each child is allocated a named key worker(s). These workers seek to develop and sustain a strong, meaningful positive relationship with the child based on trust, consistency and resilience. The Keyworkers monitor issues arising in all aspects of the child's life - emotional, behavioural, social, educational and health. They report to the child's Social Worker and take any necessary action required. The keyworkers also manage the child's records, contribute to Placement Plans, Risk Assessments, and Individual Behaviour Support Plans. They provide reports for review, TAC, and planning meetings. They identify and undertake individual work with their key child which is planned, supervised and monitored by their line manager.

Independence

For children leaving care, independence and life skills are like a launchpad to adulthood. These skills, from cooking to learning to drive, empower children to manage their own lives and boost their wellbeing. Having good independence and life skills increases all types of opportunities in life for positive outcomes. Ultimately, these skills are essential tools for navigating adulthood with resilience and achieving their full potential.

We prioritise fostering independence and preparing children for a successful transition to adulthood. Here's how we ensure a smooth and individualised journey:

- **Individualised Plans:** We begin planning well in advance, tailoring a plan to each child's unique needs, aspirations, and goals. Some children take on aspects of independence far sooner than others, and we recognise that progress is not always linear.
- **Collaborative Approach:** We involve the child, their parents (where appropriate), their social worker, personal advisor, and other relevant professionals in the planning process, ensuring everyone is invested in the child's success.
- **Life Skills Development:** We aim to equip children with essential life skills like budgeting, cooking, self-care, and navigating public services. This empowers them to manage daily tasks and build confidence.
- **Education and Training:** We actively support the child's education or vocational training. This could involve helping them apply for programs, liaising with schools or colleges, or exploring career options that align with their interests.
- **Engaging with the community:** Our aim is to try and find children a hobby, club or activity that will give them a shared interest with others, so they can find and engage with likeminded people in their community.
- **Safe Housing Options:** We work closely with others to explore safe and secure housing options for the child after leaving care. This could involve a transition to supported living, reunification with family, independent living, or other arrangements with support networks.
- **Financial Resources:** We work with personal advisors to ensure that child have access to any necessary financial resources or benefits they may be entitled to. We will involve helping them understand budgeting and managing personal finances.
- **Ongoing Guidance:** Even after they leave our care, we offer ongoing support and advice. This could involve regular check-ins, connecting them with community resources, and offering a listening ear as they navigate the challenges and triumphs of adulthood.
- Any ongoing contact between children and staff will need to be formalised with the local authority. Wherever possible we aim to continue our involvement with children via the Staying Close project.

This is a continuous process, and we strive to adapt and improve our planning strategies to best serve the needs of the children in our care. Our goal is to empower them to reach their full potential and thrive as independent adults. When independence planning for young people, staff are able to draw upon some of the following resources and guides.

Care Leavers Survival Guide, 2023-2024 - designed by former children in care from Oxfordshire.

A practical guide for care leavers, October 2022 – The Childrens Commissioner

Building independence through planning for transition – NICE

Keep On Caring Supporting Children from Care to Independence July 2016

Life Skills for Teens: How to Cook, Clean, Manage Money, Fix Your Car, Perform First Aid, and Just About Everything in Between

Recreation and Community Activities

We offer a wide range of activities on and off site. Adults plan recreational activities with children as part of daily living. Weekly community meetings allow children to discuss their preferences and feed them into a weekly plan of activities. Activities need to be carefully planned to balance realistic activities and leisure pursuits in line with those a child would normally receive in a family or foster care environment.

Hobbies and interest-specific activities are organised for the children to allow them to explore what they enjoy, with new taster sessions to activities that they may not have experienced before – to expand on their interests and opportunities.

Service

All Seasons House is in the process of being registered by OFSTED and our **Unique Reference Number is: 2827029**. We will operate in accordance with government regulations as a Children Home. We aim to provide long term therapeutic childcare for up to 6 children (mixed gender) who may have experienced various abuse, inadequate parenting, domestic violence, and other traumatic events. We are a member of The Children's Homes Association. We attend regular practice forums, and training events and access a wide range of professional networking activity.

Our assessments, placement plans, risk assessments, individual behaviour support plans, and supporting interventions are created in partnership with our Fairways Clinical Hub practitioner who works in close collaboration with the homes management and adults.

This allows us to:

- Bring psychological and therapeutic knowledge and expertise to inform, contribute, and complement our overall model of parenting.
- Demonstrate high clinical standards and evidence-based methodology to the stakeholders, including regulatory body (OFSTED)

Our working practices are consistent with the five principia of trauma informed practice as defined by Office for Health Improvement and Disparities (Published 2 November 2022)

1. Safety

2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment

The services we offer include:

- 24h care with up to 5 adults to 6 children ratio during the day, and 1 waking night and one sleep in during the night.
- Access to full range of health care services
- Assessment of therapeutic needs of the child by clinical hub within first months of the placement
- Access to sensory profile assessment if required.
- Access to individual therapeutic intervention if required.
- Access and transport to local educational provisions.
- Supporting family time, through organising logistics and reasonable facilitation.
- Range of activities, hobbies, and holidays.
- Preparation for transition to foster care, reunification with family, or other provisions identified by the Local Authority Care Plan

3. A description of the accommodation offered by the children's home, including:

(a) How accommodation has been adapted to the needs of children cared for by the children's home

All Seasons House is a large detached house. It comprises of 6 good sized bedrooms, 2 adults bedrooms (1 with ensuite), 1 bathroom, 2 shower rooms and 2 toilets along with an open plan kitchen and dining area with doors exiting to the idyllic and expansive garden area – with plenty of room for running, playing and relaxing. A computer area is set up in the dining room for the children to be able to access the internet and complete homework. We have 2 large living room areas. There is an adults office and Managers office that are situated away from the main living area of the home. A utility room and meeting room are situated in a separate building to the side of the home.

Each child is encouraged and able to decorate their bedrooms to their own taste to promote individuality. Each child's bedroom is fitted with TV, draws and fitted wardrobe.

Our garden is fenced to ensure a safe perimeter. The home meets fire safety standards regarding fire doors, alarms, emergency lighting and drills. All windows upstairs have a safety latch to prevent them from being open wide.

External doors are fitted with thumb lock, so that the children are able to gain independent access to the outside.

All external doors and children's bedrooms are fitted with an alarm system operated by a mobile phone. This is only set at night, where identified within risk assessments, as a safeguarding measure.

We will have two home vehicles to take our children to various educational, recreational, and individual specific outings. These are cleaned regularly and checked for safe usage daily.

(b) the age range, number and sex of children for whom it is intended that accommodation is to be provided

Our children are aged between 12 and 17 years and we offer places for boys and girls. We provide nurturing, therapeutic care for up to 6 children. We are working in close collaboration with other homes in the department and our Supported Living Service. This allows us to plan pathway plans for the children that may need Independence Support. This enables the children to continue receiving consistent care within wider Fairways community.

4. A description of the location of the home

We are situated in Swanwick, which is a village in Hampshire, east of the River Hamble and north of the M27 motorway. It is a short distance Whiteley Shopping Centre and the smaller Locks Heath Centre.

The home's location provides us with the easy access to parks and nature reserves. Within walking distance, the children can enter Swanwick Lake Reserve. The excellent road links e.g., M27 or A3 allow us to deliver a great range of outdoor activities such as walks and bike rides in the New Forest as well as seaside activities.

Proximity to Southampton gives us a good access to city-based undertakings – cinema, shopping, and other leisure activities.

Our Location strikes a fine balance between quiet, semi-rural area that naturally provides sense of safety and accessibility to various activities and opportunities for the children. The location fits perfectly well within our core values and is directly linked to the value of play and outdoor adventures. We believe that connecting to and exploring the beauty of the nature plays a significant role in the process of healing and recovering from traumatic, early life experiences. We are using the opportunities given by the home location to achieve the best outcomes for our children.

5. Supporting the cultural, linguistic, and religious needs of children.

We welcome children from all cultural backgrounds and support them in holding and maintaining any religious beliefs and carrying out any spiritual practices they want to. The wishes of the children's family in respect of their cultural/religious needs are, of course, taken into consideration. The home holds the view that discrimination is unacceptable, and everyone is expected to actively demonstrate tolerance, understanding and empathy for every individual. It is the policy of the home to ensure that each child receives care in an environment of anti-discriminatory, anti-oppressive practice, therefore care adults are expected to recognise "differences" and actively support a child's cultural, ethnic, linguistic, and religious needs as part of individual care.

Children can attend any appropriate religious service with adults support at established churches, mosques, temples etc., within the community, but are not obligated to do so. If required, we are able to support a child attending a place of worship of their choice within the local community. Adults will respect the child's right to having a lack of faith.

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

If a complaint is made against the home, the work within, or one of its employees, the complaint is taken seriously, the correct procedures followed, a thorough investigation carried out and an equitable outcome achieved.

On admission, children, their family and placing authority will be provided with information on how to complain, which will include a copy of the home's complaints procedure.

The central principles for our complaint's procedure are:

- The welfare of the child is paramount.
- Any concern about the quality of care must be fully explored.
- Investigations should be thorough, timely and consistent.
- All parties should be treated with dignity and respect.
- All adults and children will be supported and treated fairly.
- Adults will have an opportunity to respond to any concerns raised about them.

Complaints from parents

Complaints from parents will be recorded and addressed by the Manager of the home. If the Manager is unable to resolve the complaint, then Senior Management will be asked to try to arrive at a satisfactory outcome for all.

Failing this, the complaint will go to an independent person with no line management responsibilities who, if unable to resolve the matter in a satisfactory manner, may refer the complaint to OFSTED.

Complaints from children

Firstly, the complaint is listened to and recorded. The child will also be asked to write down their complaint, with help provided by an appropriate person if it is needed. If the adults on duty cannot deal with the complaint, then it will be taken to the home's Manager or a member of the management team.

The complaint is recorded in the individual child's complaint log. The complaint procedures are revisited with the children on a bi-annually basis.

The Social Worker and parents will also be informed if it is felt relevant. If the complaint is still not resolved, then Senior Management will be asked to try to resolve the issue. Failing this, the complaint will be passed to an independent person with no line management responsibilities who in turn may pass it onto OFSTED if a satisfactory outcome has not been reached.

Any complaint will be addressed seriously and without delay. A complaint will be fully responded to within a maximum of 28 days and children, parents and the placing authority kept informed of the progress.

N.B. Complaints by any party can be referred directly to OFSTED at any time. Their main office address is Piccadilly Gate, Store Street, Manchester M2 7LA. Telephone: 0300 123 1231.

Full details can be found in our Complaints Policy which is available on request.

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

All the policies and procedures related to safeguarding and protecting children are available for all adults members in electronic version on Access system. The policies will be shared with relevant stakeholders on their request. This includes the behaviour management policy.

In addition, the home has a specific Positive Behaviour Support Policy. This policy highlights home's focus on trauma informed approach to managing behaviour and outlines home specific strategies to support positive and sustainable changes in child's behavioural presentation.

Safeguarding Officer and Policy

We are committed to the principle that the welfare of the child is paramount (Children Act 1989). Any suspicion or allegation that a child has been abused whilst in Fairway's care will be dealt with in accordance with this principle. This means that the company will seek to work with placing authorities and investigating authorities collaboratively and swiftly to progress investigations. At All Seasons House, the '**Designated Person**' with lead responsibility for safeguarding and child protection is **Siân Andrews**.

Any member of adults under suspicion of having abused a child will be immediately suspended while investigations are carried out.

Support workers who are told of allegations of child abuse or have reason to suspect that abuse has taken place must report details immediately to the home's designated person. In the absence of the designated person, concerns must be reported straight away to a line manager (Team Leader), Deputy Manager, or to the Head of Residential Services. There must be no delay in reporting caused by the unavailability of the designated person.

Telephone numbers:

Siân Andrews, Registered Manager	07815799539
Bret Noades, Head of Service & Responsible Individual	07763876837
Eileen Calnan, Fair Ways DSO	07851251978
Laura Rowe, Director of Residential & Family Services	07823344410
Hampshire LADO	01962 876364
Hampshire Children's Services	01329 225379
OFSTED	0300 1231231

All matters relating to child protection issues or concerns must be reported as soon as possible to the Registered Manager who will escalate to the relevant people.

Child Abuse is not always clear cut and the uncertainty about it can cause anxiety. The important messages are:

- Do not panic
- Share concerns with a more senior member of adults and approach the Registered Manager for an initial discussion
- Always act on the side of caution and report concerns quickly rather than adopt a policy of wait and see. This is crucial where there are allegations against or suspicions about a member of adults or where there may be abuse of one child to another. Failure to report such concerns promptly can lead to suspicion of collusion or cover up.

Further details can be found in our Safeguarding Policy which is available on request.

Safeguarding Officer

Fair Ways designated Safeguarding Officer is Eileen Calnan. Eileen is responsible for ensuring that all safeguarding training delivered within Fair Ways is suitable and effective, that procedures and policies are accurate and true, and she is also available to advise, and assist should we have any safeguarding concerns.

Fair Ways Safeguarding policies are available on request from policies@fairways.co

Safeguarding children, preventing bullying.

Outcome: The welfare of children is paramount, children are protected from abuse, and an appropriate response is made to any allegation or suspicion of abuse (Quality Standard 12 The children's Homes (England) Regulations 2015)

Principles:

This code of practice is based on the following principles:

- A child is a person under the age of 18.
- An acknowledgment that children can be victims of physical, sexual, and emotional abuse, neglect and bullying.
- Abuse can have serious and long-term effects on all aspects of a child's health, development and well-being. Sustained abuse is likely to have a deep effect on a child's self-image, self-esteem and future life.
- The safety and welfare of children is paramount and is the responsibility of all members of the adults to help to prevent abuse and to act on any concerns.
- All children have the right to live in safety and to be protected from abuse.
- Children must be listened to, and any allegation or suspicion that they have been the victims of abuse or ill treatment will be taken seriously and responded to swiftly and appropriately.
- These principles will apply equally to all children irrespective of their race, culture, religion or belief, language, gender, age, disability or sexual orientation.

- We will take all reasonable steps to ensure that unsuitable people are prevented from working with children, through its recruitment practices, DBS checks and induction procedures.
- All adults are in a position of trust and should have a clear understanding of the responsibilities this carries, and they should not abuse their position. We recognise the potential of both men and women to abuse a position of trust.
- All members of the adults team have a duty to raise concerns, without prejudice to their own position, about behaviour by adults, managers, volunteers, students or others, which may be harmful to those in their care and will receive appropriate support when doing so.
- We are fully committed to providing on-going safeguarding training for all those working with children and will regularly review the operational guideline in place.

Safeguarding

Should a child disclose information of any abuse towards them, the Home Manager must be notified immediately. We are governed by legislation and mandatory practice when responding to child protection issues under the Children Act (1989) amended (2004) setting out organisational responsibilities to safeguard and promote the welfare of children across all sectors. Fair Ways will also follow the Department of Health Working Together to Safeguard Children (2015) guidance. Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- Safeguarding is everyone's responsibility: for services to be effective, each professional and organisation should play their full part.
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.
- We will continue to maintain professional relationships with local agencies to ensure the safeguarding and well-being of all children placed; this will also be outlined within the Local Safeguarding Children's Board (LSCB) with the effective sharing of information in a timely way to promote joined up working and a robust safeguarding tool.

When disclosure takes place, the child should be reassured but told that it will be necessary for this information to be passed on to other adults members (i.e. Registered Manager, Responsible Individual) and that such a conversation cannot be kept 'confidential'.

Children must be listened to and enabled to report any allegations at the earliest opportunity. Adults should report any allegation of abuse immediately to a senior manager within the home.

All child protection issues should be taken seriously and in no circumstances, should they, or the disclosures, be taken lightly or ignored. These issues will be investigated according to the placing authority's Child Protection procedures. Without exception, the case holder or their manager must be notified of the disclosure. If the disclosure occurs outside office hours, the emergency duty service of the placing authority must be notified, this information can be found within the individual child's working files.

Radicalisation

Our aim is for adults to be trained in the prevention of radicalisation and is committed to actively promoting the spiritual, moral, social, and cultural development of children in line

with British values. The adults are trained to spot signs of behaviour, which undermine British values and have clear pathways to report any such behaviour through the channel process. We recognise the risks to children and children around radicalisation and have developed a policy which outlines how the organisation will minimise those risks for the children we support.

CSE

Looked-after children may also be particularly vulnerable to sexual exploitation by adults in the community. The NSPCC defines sexual exploitation as ‘being when someone grooms and controls a child for a sexual purpose’. The term ‘child sexual exploitation’ is used to refer to a range of illegal and abusive activities that can broadly be separated into two areas:

- Sexual exploitation through street grooming
- Online sexual exploitation

Where child sexual exploitation or the risk of it is suspected, residential care adults must discuss the concerns with the home manager or the designated member of adults for child protection within their service. If after discussion there remain concerns, local safeguarding procedures must be triggered, including referral to local authority children’s social care and the police.

The support needs of the child concerned, including how they will be kept safe from intimidation and future exploitation, should also be discussed with statutory agencies and a joint plan of action agreed upon. We will use the CSE screening tool as part of the initial induction into the home for the children.

Bullying

Bullying is the intimidation or belittling of someone through the misuse of power or position which leaves the recipient feeling hurt, upset, vulnerable or helpless. It is often inextricably linked to harassment. Bullying can be either psychological or physical – both are equally distressing for the victim.

It is not uncommon that some children, especially those in a group living situations, attempt to use bullying tactics at some time. Research suggests that children from dysfunctional or abusive home environments are more prone to becoming either a target or a bully.

Regardless of the reason bullying has no validity at our home. We are proactive in our approach towards bullying and address incidents immediately.

“Objectives should extend to the fundamental right of any child to dignity and protection from harm” Caring for Children Away from Home – DOH

We believe that children can be helped to develop better ways of behaving, provided that:

- There is a whole-hearted anti-bullying ethos which applies to both adults and children
- Everyone knows and understands what bullying is and why people may bully
- Everyone knows and understands that bullying is unacceptable
- Incidents of bullying are immediately dealt with
- A bully is called to account in a firm but supportive manners
- A bully is supported in learning more appropriate ways of interacting with other children as well as why they may feel the needs to use bullying behaviour.

- All children are encouraged and aided to be assertive
- All children are helped to identify bullying and to report it
- All children are empowered to help both the target and bully

Incidents of bullying are dealt with in a variety of ways, depending on the circumstances of the case and the characters involved. Where the children concerned have previously had a good relationship, or where there isn't a long history of bullying behaviour, the "no blame" approach may be used. In other cases, both the bully and target are worked with individually and in the group setting. The dynamics of the situation are analysed, and an understanding is reached as to what factors are contributing to the problem. Work on building the self-esteem of both victim and bully may be undertaken. Adults may more closely supervise both parties. The target may be taught strategies for dealing with the situation, helped to be more assertive, or his/her awareness raised about collusion or taking on the victim role.

Using similar strategies, the 'bully' may be taught different ways of dealing with their anger or frustration and helped to develop empathy. A behaviour contract may be drawn up to help the perpetrator change his/her behaviour, with rewards for improvement and appropriate consequences for continued bullying. Both individuals may be brought together to discuss the situation, the way forward and progress made.

Enabling a bully to look at their behaviour and the impact it has on others may be sufficient. However, if the behaviour does not modify sufficiently, the care plan will be revised. This may include involving external agencies and / or increasing adult levels to maintain safety for all our children.

We are committed to resolving and preventing all forms of bullying and believe that this is achievable without termination of the placement. Only in extreme cases would we consider placement termination and when all other prevention and management options have been unsuccessfully explored.

We believe that all children have the right to be treated with dignity and respect. We fully endorse an anti-bullying ethos to which both adults and children are committed.

Missing Child

It is explained to all children on admission, in language appropriate to their age and ability, that if they are away from the home without permission the adults will be worried as to their whereabouts and safety and will have to take action to locate them and return them home. The home has an agreed Missing Person's protocol with the local police and each child will have their own risk assessment for being absent from the home without leave.

The procedures when a child goes missing are as follows:

- The house and grounds are first thoroughly checked.
- The local area is searched after five minutes.
- Within 30 minutes (depending on the individual risk assessment) the Police are contacted to report the child missing or unauthorised absence. A full description of the child and the clothes they were wearing is given and the photo from their file used.
- The Registered Manager or on call manager is informed as are the other local homes.

- The child's local authority is informed.
- All Information is recorded in the absent and missing child chronology report, including times. When any new information is gained the relevant children e.g., police, family, local authority and On-Call are informed.
- The child is responded to positively on their return and food and drink offered. A debrief with the child is held as soon as is appropriate.
- All relevant parties are informed. A return interview is to be requested from the Local Authority.

If there is any doubt regarding the safety of any child, the police will be notified immediately. Case holders and parents / carers are notified as soon as possible – dependent on wishes (some parents choose not to be informed during the night).

It is important that plans are made for the return of a child. Adult numbers and planning should reflect the need to engage and support the child who may return in a negative frame of mind. Adults should always discuss the reasons for the non-return, the child's whereabouts and who they were with at an appropriate time following their return; this is all completed on a return interview with the child.

Views, wishes and feelings

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

Children's opinions, and those of their parents or other significant family members, Social Workers, Independent Reviewing Officers or others significant to the child, are sought over key decisions that are likely to affect their daily life and their future. Feedback forms are sent to Social Workers and IROs, school adults, other professionals who are engaged in childcare and to parents at regular intervals.

Children's views may be explored in key work sessions, or in regular community meetings. The views of parents or significant others may be gathered during visits, by phone or by letter. All opinions expressed are promptly recorded and feedback given. We take the views of children, parents and placing authorities into account in the development and planning of changes in the operation of the home. Adults play an important role in these meetings, including supporting the child and enabling a clear understanding to be reached about the child's views, wishes, feelings, and expectations for their future. We have an open-door policy, and the children are welcome to talk to management team at any time.

Anti-Discriminatory Practices

We appreciate the specific needs of minority groups and pro-actively and positively works towards maintaining high standards in meeting these needs.

Positive adult role models are considered of the utmost importance in demonstrating kindness, respect, and fairness. Children are encouraged by this example to address any aspect of discrimination within the home. Our home is a place which promotes and values diversity and equal opportunities.

We provide a home that does not tolerate any form of discrimination, whether direct or indirect, including those based on disability, sexuality, race, colour, sex, religion, or ethnic or social orientation.

All children and their families are treated with respect and accorded the maximum privacy, personal choice, and autonomy within the overall requirements for safety.

We are committed to promoting and protecting children's rights and we endorse and uphold the UN Convention on Children's Rights. In providing support to children and children, we are committed to meeting their needs effectively and actively promote their rights.

9. A description of the home's policy and approach in relation to-

- (a) Anti-discriminatory practice in respect of children and their families; and*
- (b) Children's rights*

All of our homes are committed to promoting a positive and diverse culture in which all children and adults are valued and supported to fulfil their potential irrespective of their age, disability, race, religion, belief, sex, or sexual orientation. All children and their families will be treated with respect and accorded the maximum privacy, personal choice, and autonomy within the overall requirements for safety.

Fair Ways is committed to practices that uphold the principles of the following:

- Children Act 1989
- Children Act 2004
- Community Care Act 1990,
- Care Standards Act 2000
- Disabilities Discrimination Act 1995
- Sex Discrimination Act 1975/1986
- Race Relations Act 1976
- Human Rights Act 1998
- United Nations Convention on the Rights of the Child (Article 12)
- National Standards for the Provision of Children's Advocacy Services 2003
- Children's Homes Regulations including the Quality Standards (2015).

We encourage all children and adults to develop respect for themselves and others, encourage and support children to understand their rights and be well-informed about ways to challenge discrimination whilst fostering positive attitudes and relationships and a shared sense of cohesion and belonging.

Children who come to live at the home, will be cared for by adults who have been suitably trained in all aspects of equality and diversity including legislation and their responsibilities through online training as part of their induction programme.

If you would like information on the rights of a child:

<https://www.gov.uk/government/publications/united-nations-convention-on-the-rights-of-the-child-uncrc-how-legislation-underpins-implementation-in-england>

Key worker

We place a strong emphasis on making positive relationships with children through assigning key and co-workers along with working in a trauma-informed and accepting model

of care (House Model of Parenting, PACE, DDP). Through promoting key working and building trusting and consistent relationships, there are many opportunities to converse, share and explore the wishes and feelings of the children that are placed with us. Fair Ways offer 'keyworker' training designed and delivered to all members of adults within their induction period. Our keyworkers are responsible for knowing their key child's history, their current needs, views and wishes, advocating for them, completing all necessary paperwork, attending CLA reviews and PEP meetings, engagement in parents' evenings, and much more. They will also support their key child to attend playdates and family contact, plan for bedroom redecoration, find and attend a hobby, ensuring they have enough clothes and toiletries, etc.

Meetings

Our children are invited to and attend various meetings whereby they can express their views, wishes, and feelings, and by doing so have the agency in decisions that affect their lives at the home. The child, if requires, will always be helped by an adult to prepare for and during these meetings. The community meetings are held once a week and are an integral part of our home life. During the meetings various aspects of community life are discussed such as unresolved issues and disagreement, routines and boundaries, events in the world that may affect community, appreciation, weekly highlights etc. The minutes from the meetings are recorded.

Education

Whilst we believe that all children should have the opportunity to receive education in a mainstream provision, we also recognise that for various reasons this is not always possible. For these children we can provide alternative provision.

Children are encouraged to realise the importance of education and understand the implications in later life if they enter independence with no qualifications. Children can be educated at the home whilst they are awaiting the transition into an appropriate education provision. We support those who are entering higher education such as college and will provide transport to and from the educational centre giving them opportunities to achieve their aspirations. We may be able to provide transport to external education provisions.

Fair Ways has its own Ofsted registered schools, and a referral can be put forward if required and appropriate. The organisation also has its own ASD School in Totton and a Post 16 Education and Training facility in Fort Wallington, Fareham. All our educational packages are tailored around the needs and abilities of the individual child. Adults advocate strongly on behalf of children and assist in devising and supporting all educational plans.

Our children have a specified time and area within the home in which to carry out homework with support available from the adults.

The adults at the home, work in partnership with the education adults and Local Authorities to support children with Special Educational needs as identified through their Education Health Care Plans, IEP's, PEP meetings and CLA Reviews.

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

We recognise that for various reasons it is not always possible for children to attend mainstream education such as severe trauma, social, emotional, behavioural or learning difficulties. Children may have been out of education for long periods of time and may struggle to integrate into the mainstream classroom.

For those children that meet the age and educational requirements, Fair Ways has three of its own DfES registered schools including an education centre for special needs pupils aged between 11-19 years old. Further information on these provisions can be found at <https://www.fairways.co/education/>

For those children not meeting the age range or educational needs of the Fair Ways provisions, we have a good working relationship with two nearby specialist schools. Kingsgate School and Serendipity, which are all based in the Southampton area.

Further information on these provisions can be found at:

<https://www.kingsgateprimaryschool.org.uk>

01329 446 921

<https://www.serendipity-education.com>

02380 422 255

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

As part of the educational opportunities that we like to promote within the home, we provide a computer with internet access to support education, homework and informal learning. In addition, all children are provided with opportunities to extend their learning through school clubs and extra-curricular activities such as sport teams, homework clubs, music lessons, etc.

Our adults will attend the termly PEP/yearly EHCP reviews to ensure we are able to fully support the individual. In between reviews, regular communications with schools are important. We endeavour to keep educational provisions up to date with and current events, worries, feelings, and behaviours of the child, and vice versa; collaborative working allows for a better supported child.

Finally, we encourage and invite the school to attend our TAC meetings, so that all professionals directly involved in the childcare can have the opportunity to meet and discuss most current developments and supportive strategies.

Enjoyment and achievement

11. The arrangement for enabling children to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills

Recreational, Sporting and Cultural Activities

We offer a wide range of activities on and off site. Adults plan recreational activities with children as part of daily living. Weekly community meetings allow children to discuss their preferences and feed them into a weekly plan of activities. Activities need to be carefully

planned to balance realistic activities and leisure pursuits in line with those a child would normally receive in a family or foster care environment.

The children are actively encouraged to make use of all the facilities available locally and to develop hobbies and interests. Opportunities include (but are not limited to):

- Scouts/Guides
- Youth Clubs
- Performing Arts
- Skateboarding/BMXing
- Swimming
- Dance
- Martial Arts
- Bowling
- Horse-riding
- Football and Rugby
- Ice-skating
- Army, Police and Air Cadets
- Library

It is important for the adults to be aware that children in care can easily become isolated from the local community. Keyworkers actively encourage community involvement for children if they are emotionally able to cope with the activities offered within the locality. Keyworkers investigate and develop links with all potential activity providers within the community setting, i.e., Scouts, dance classes and swimming club.

Children are also encouraged to learn and explore various cultures through organised cultural cuisine nights and other opportunities.

Every summer, we organise a house holiday and the destination is decided between children and adults.

At Christmas, there are multiple opportunities such as attending the Christmas Panto and other Christmas themed activities, such as Christmas markets. Children are also encouraged to contribute towards charitable giving over the Christmas period, alongside at various times throughout the year.

When appropriate, keyworkers organise the big days out with their key children. This may include e.g. the whole day trip to London, theme parks, concerts, football matches, public talks etc.

Health

12. Details of any healthcare or therapy provided, including-

Health Promotion

Arrangements are made to ensure that each child at our home is registered with a local GP. They will receive an annual CLA Health Assessment, optical and dental treatment related to their individual needs and that they live in a healthy environment where good health is promoted.

Adults monitor any changes in the state of the child's health and arrange appropriate care or treatment after, obtaining if appropriate the child's consent, most medical problems are dealt with by our local GPs who keep full medical records of all our children. Every effort is made to ensure that past records are made available. They also perform medical examinations on admittance, periodically (as per regulations) throughout their stay and on departure. All children may choose whether they are accompanied by a member of adults to see their doctor, optician, dentist or nurse and where practicable, may see a doctor of either gender if they prefer. Adults encourage children to always maintain good personal hygiene and are encouraged to bathe or shower daily and wash their hair regularly.

Medication and other treatments are not given without the child's consent or/and the consent of those with parental responsibility. All medicines are kept in a locked room and locked in the medical cabinet; prescribed drugs are to be given in accordance with the instructions provided. A designated adult on duty is responsible for ensuring that an accurate record is kept in the medication folder. All drugs are double signed for, as per the protocol issued by The Royal Pharmaceutical Society of Great Britain.

All children with any type of special medical needs are encouraged to attend specialist clinics e.g., ADHD, asthma, hearing etc. to promote positive health care.

A written record is kept of all doctors, optician or dental appointments with any treatment, prescribed medicines and any follow-up advice documented – which in turn could become part of the child's Placement Plan.

The adults have an important role in the health education of the children resident at All Seasons House. The Key Worker provides the child with guidance, advice and support appropriate to their age, needs, culture and wishes in relation to health issues. These may include alcohol and substance misuse, smoking, sex education, HIV infection, hepatitis and STDs. They are also taught about the benefits to health of good nutrition and diet, adequate exercise and rest, and personal hygiene. They are discouraged from smoking and alcohol/substance misuse.

The children are encouraged to contribute to the weekly menu planner, to make healthy eating choices and to try a variety of foodstuffs from all over the world. The menus are varied, child-friendly, tasty, and nutritious.

Clinical and Therapeutic Team

The Fair Ways clinical and therapeutic department (Hub) is a multi-disciplinary therapeutic service central to all other Fair Ways services. It is comprised of clinicians with various qualifications and sets of skills. The Hub works with all Fair Ways services to ensure children's emotional, social and educational needs are identified through effective screening and therapeutic assessment. The Hub team works with Fair Ways adults through supervision and training to ensure our children and children receive the most appropriate support and evidence-based interventions to help meet their needs. The Hub will deliver specific, time limited evidence-based interventions where appropriate following a comprehensive assessment.

The Hub also works with local mainstream and specialist services including wider professional networks to ensure seamless pathways for care and treatment and to help identify appropriate thresholds between The Hub and Community CAMHS.

If a child presents in mental health crisis the role of The Hub is to ensure the Fair Ways adults seek emergency treatment for the child through the appropriate physical and mental health services. The Hub does not act as an emergency service and Fair Ways adults are supported and educated on appropriate care pathways in the case of an emergency.

The Hub's own Statement of Purpose and the makeup of the Clinical team can be provided on request.

The Hub supports the following:

- Children's therapeutic needs assessment
- Sensory profile assessment (if required)
- Direct 1:1 therapy or dyadic therapy (if required)
- Group reflective supervision and management reflective supervisions
- Adults training in a range of specific subject areas
- Chairing TAC meetings
- Access to specific external assessments as required (e.g. Educational Psychologist)

Assessment

Assessment starts from the initial referral and admission planning. Within first 3-6 months of the child's placement the clinician assigned to All Seasons House creates the assessment of the therapeutic needs. The assessment is systemic and draws on previous assessment and information from previous schools and placements, observations from the adult's team and TAC meetings reports and discussions.

Chaired by the clinician, TAC meetings take place every two months for each child and are the main forum for the formulation of therapeutic interventions. They represent ongoing process reviewing and assessing of the child's developmental needs and effectiveness of our therapeutic interventions.

Individual therapy

The specific individual therapy may be delivered or sourced externally by the clinical hub should the need for such intervention be identified in the process of assessment the child's therapeutic needs or arises at any stage of the child's placement.

Outcome Measures

- Focus on qualitative data from key workers reports, key work sessions, TAC reports and discussions.
- Quantitative data from management reports including the longitudinal trends in the use of RPI, Incidents, Consequences, and rewards
- Internal Placement Plan designed to track changes of the child's developmental needs through 6 monthly assessment of the progress against the baseline (the child's needs on admission)

Adult Consultation, Supervision and Dynamics

Clinician attends team meetings to provide the adults with the opportunity to explore the themes from day-to-day support of the individual children, the dynamics of the group, and interventions. This form of reflective supervision is one of the core elements of the homes practice.

The management team are available throughout the week to provide the team with adhoc reflective supervision. The scope of these may be to look at, explore, and, if possible, address and resolve any challenges the team are facing.

The Responsible Individual carries out yearly consultation with all adults in the form of anonymous survey on various aspects of the home performance. The outcomes of the survey are shared with management.

The hub may also offer individual clinical supervision to adults where either they or their manager identify an additional support need.

Positive relationships

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

Contact between a child and their family is seen as an important factor in a child's residential experience and is actively encouraged and welcomed unless directions from the placing authority / Court dictate otherwise.

All of our children are supported in maintaining constructive contact with their families, friends and other people who play a significant role in their lives.

Prior to admission contact arrangements are discussed, along with any restrictions to contact, and made clear to all parties concerned. Written guidance for adults is provided on the rights of children, parents and others to maintain contact, whether the contact needs to be supervised, and when and how to encourage parents and other significant children to take part in activities with the child in the home, at school or in the community.

If arranged in advance, we can arrange for our adults to supervise contacts, although there is limited availability for this service.

All contact sessions are recorded, whether supervised or unsupervised.

We make use of local resources so that the contact can be as private and individual as possible.

If a contact is to take place away from the family home, then transport arrangements are made and agreed with the local authority in advance.

Telephone contact can be made with the children after school times and before bedtimes; children can also have the use of the telephone at the home to call friends, relatives or family.

Protection of children

14. A description of the children's home's approach to the surveillance and monitoring of children.

We employ minimal electronic surveillance in the home. The two methods the home utilises are:

1. Electronic door sensors on each external door and each child's bedroom. The sensors on these activate a pager that the adults have on their person to notify them a door has been opened. These are principally for use at night to ensure adults are able monitor movements of children throughout the night and keep them safe. All children and placing authorities are made aware of the sensors prior to admission.

Information relating to monitoring and surveillance is recorded on the child's Individual Risk Assessment and the home will ensure that written consent is obtained from the Local Authority.

Night care is provided through either a waking support worker and a member of the team who also sleep-in or two adults members on sleep in duty to provide additional security for children throughout the night. This may be deviated from if the safety of the children could be secured and dependent on a Risk Assessment

2. We use Norton Internet Security system to monitor the appropriate use of the mobile phones, tablets, and other tech devices by the children who are allowed to have them. This is agreed with the social worker and child prior to having them.

During the set-up process of each child's individual device, they are fully engaged and aware of the security measures in place and "device contracts" are formed between child and keyworker to ensure that boundaries are clear and that each child understands fully before entering into usage.

Through the Norton Security System, we have the ability for each child's Keyworker to receive email notifications whenever "house rules" or "agreed terms" are breached to ensure this is address in a child centred way and keywork sessions can be completed to ensure the child progresses through learning.

3. Each keyworker is responsible, and supported by their Team Leader, to complete regular E-Safety checks on the individual devices of each child. These are recorded within the E-Safety Folder and each child is aware that these happen on a regular basis.

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

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

Adults are expected to help and support children to manage and control their own behaviour. The need for consequences is reduced by clearly set boundaries of acceptable behaviour and achieved by high level of supervision and consistent care practice. High standards of behaviour should always be encouraged as a normal part of day-to-day living. Rewards and praise, play an important part of our behaviour support and are designed to encourage positive behaviour in the short and long term. By far the most effective tool the home uses to maintain discipline is the creative use of rewards. The home is very quick to recognise, reward and celebrate when children are managing their behaviour appropriately. We understand that developmental trauma may strongly influence a child's ability to accept and enjoy the rewards and praises. We are mindful of this phenomenon, and we always consider the individual child's need in this respect.

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

At All Seasons House, as a main behaviour correction tool, we use the natural consequences. These are used in day-to-day interactions with the children to help them to understand and follow social norms. They are non-punitive, parental interventions with easily indemnified therapeutic values.

Possible reasons for consequences:

- Criminal damage such as damage to windows, furniture and decoration of the home.
- Damage caused outside the home.
- An assault on an individual.
- Discriminative/Bullying behaviours.
- If a child continually disrupts other children when trying to sleep.
- Constant disruptive behaviour within the home.

The ethos of the home is that control should be based upon good personal professional relationships between adults and children. Any guidelines suggested are not intended to cover every eventuality.

Further details can be found in our Behaviour support Policy which is available on request.

Adults training & Competence

RiiSE

All Adults at Fair Ways are trained and assessed in RiiSE (5 days course). RiiSE is a trauma-informed behaviour support programme with core values at its heart, that are based

on proactive, preventative, non-restrictive, RELATIONSHIP INSPIRED IDEAS to support behaviours that challenge within safe, SUPPORTIVE ENVIRONMENTS. RiiSE was developed to embed a therapeutic approach which informs all interactions, embraces a positive culture while we move towards becoming a trauma responsive organisation. RiiSE has roots in theories of trauma, attachment, restraint reduction and aspires to create a therapeutic culture and ethos for all, with adults able to proactively build and sustain the positive relationships and support the people we care for with compassion and empathy.

RiiSE will identify how adults can be agents of change, proactively build therapeutic relationships, sustain connection and provide a better quality of life.

RiiSE encompasses research from Kevin Ann Huckshorn, Kim Golding, Bruce Perry, Karen Treisman, Dan Siegel, Dan Hughes, Sarah Naish and John Bowlby, this is not the definitive list of theorists we draw upon, work from other theorists are included, but not limited to: Steven Porges, Bessel Van de Kolk, Nadine Burke Harris, Brene Brown and Patricia Crittenden. This wide repertoire of strategies informs and enhances knowledge and builds understanding to reinforce the impact of trauma and adversity on the children and adults we support. RiiSE teaches how to create a culture of safety, security and trust and embeds the importance of building and keeping positive relationships at the centre of all interactions and incorporate models such as 'House Model of Parenting' (Kim Golding), 'PACE: Playfulness, Acceptance, Curiosity and Empathy' (Dan Hughes) and the 'Neuro-sequential Model of Therapeutics' (Bruce Perry and the 'Arousal Continuum' ()) amongst others.

The RiiSE programme provides effective preventative de-escalation techniques and therapeutic strategies which emphasise a safer, supportive philosophy which has positive caring therapeutic relationships at its core.

Development of our RiiSE physical techniques was undertaken to ensure all techniques were rights-respecting. RiiSE considers the below criteria when each of the techniques were risk assessed:

- Risk of psychological or emotional harm or re-traumatisation
- Whether the technique compromises the dignity of the person
- Potential for the techniques to intentionally inflict pain, with the use of pain compliance as a means of control
- Potential involvement of sensitive areas of person's body (neck, chest, sexual areas)

This process involves a five-day course within the workers probation period. All adults go through a continual assessment process throughout the five days - this involves monitoring the individual's attitude and skill set in de-escalation and prevention of the use of physical intervention as well as assessment of the knowledge of trauma informed practice in the end of the day 5th.

All adults attend Annual refresher courses in RiiSE to ensure continual development and assessment.

The principles relating to the use of Physical Intervention may be summarised as follows:

- Adults should have grounds for believing that immediate action is necessary to prevent a child from significantly injuring himself or others.

- Adults should take steps in advance to avoid the need for Physical Intervention, e.g., through dialogue and diversion and the child should be warned orally that Physical Intervention will be used unless she desists.
- Only the minimum force necessary to prevent injury or damage should be applied.
- Every effort should be made to secure the presence of other adults before applying Physical Intervention. These adults can act as assistants and witnesses.
- As soon as it is safe, Physical Intervention should be gradually relaxed to allow the child to regain self-control.
- Physical Intervention should be an act of care and support, not punishment.

Appropriate notes should be recorded in relation to all Physical Intervention incidents and the incident communicated to management as well as other relevant members of adults. A record of the Physical Intervention must be recorded in the child's file on ClearCare.

After a suitable period, the child's key worker should seek privacy with the child to discuss the incident and explore possible ways of this being avoided in the future (Re-attunement)

A record of any Physical Intervention occurring is sent to the child's social worker weekly.

Monitoring of behaviour and incidents

The Registered Manager & Deputy Manager monitor all incidents of behaviour support, discipline, and restraint to identifying trends and patterns that will assist with improving practice. The information from the analysis helps to inform our care planning, risk assessing and individual behaviour support plans.

Leadership and management

16. The Registered Provider & Manager, Including Qualifications

All Seasons House is owned by Fairways Community Benefit Society.

Company address:

Fair Ways,
Ground Floor, Building 1000,
Western Road,
Portsmouth,
Hampshire,
PO6 3EN.
02380 230400.

All Seasons House address:

All Seasons House,
New Road
Swanwick,
Southampton,
SO31 7HE.
.

Responsible Individual

Bret.Noades@fairways.co

Bret Noades

Registered Manager

Sian.Andrews@fairways.co

Siân Andrews

17. Details of the experience and qualifications of adults, including any adults commissioned to provide education or health care.

Home Structure, Staffing, Experience & Qualifications

We believe that stability and consistency are an important factor in the lives of our children, and this is reflected in our shift pattern. Our shift pattern is a system whereby adults work 2 days on duty, followed by 4 days off, which avoids the daily changeover of adults that can be unsettling and disrupt continuity, one of the things we are looking to maintain. This shift pattern does allow adults to create a more natural environment for the children and gives adults the satisfaction of being able to provide support for the children from dawn to dusk.

18. Details of the management and staffing structure of the home, including arrangements for the professional supervision of adults, including adults that provide education or health care.

The homes staffing Structure:

Registered Manager

Deputy Manager

Administrator

3 teams - comprising of 1 Team Leader, 1 Senior, 3 Support Workers with 2 Waking Night Support Workers working across the 3 teams.

All adults receive regular supervision with their supervisor, to discuss the performance of the individual, key working issues and any child protection concerns. Supervision is regarded as a valuable two-way process which supports positive development.

Once a month the whole team attends reflective group supervision with a clinician from our clinical Hub.

All adults receive an annual appraisal with their supervisor/line manager. This process tracks their development and forms part of their Personal and Professional Development Plan – which should be used at a point of reference within supervision sessions.

Induction Training consists of relevant information and guides to ensure safe and appropriate onboarding, taking into consideration the needs of the role and recognition of prior learning.

All new adults are required to complete specific online trainings within the first week of their employment. E.g. safeguarding children, medication, H&S, and fire prevention. Within the first months of employment new adults are trained in RiiSE, Recording and Reporting, Manual Handling, Food Hygiene, First Aid, and Medication Competency.

At the point of starting their employment, all new adults are provided with comprehensive Fairways Induction Workbook that contains comprehensive overview and detailed information regarding all aspects of induction process. The new adults works through the workbook with close support from their line manager.

In addition, we have our own induction document that is exclusively focused on presenting the home, its culture and ethos. Every new adult member receives a copy of this document and works through this with support from the line manager.

Upon successful completion of the probation period all adults are enrolled on and begin working towards the Level 3 Diploma in Residential Childcare if it is not already held. Deputy Managers and Managers are required to complete the Level 5 Diploma in Leadership & Management.

The home has a workforce development plan available at the home which is available on request.

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

Our teams are made up of a mix of both genders, which is positive for the children in our care to build relationships and learn to interact and can relate to in this dynamic. This also reinforces anti-discrimination and enables us to work with those children that find it problematic to relate to one or either of the sexes due to their experiences in childhood.

Care planning

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

Admission Criteria

Potential referrals will be carefully assessed by the manager to ensure that:

1. The home can effectively meet the child's needs.
2. These needs fall within the home's Statement of Purpose.
3. Effective placement planning and risk assessment can be achieved should the referral convert into a placement.

To support the assessment, documents requested from the referring authority will include:

1. The most recent statutory review report.
2. All specialists' reports e.g., psychology.
3. School reports.
4. Education, Health & care Plan (if applicable).
5. The core assessment.
6. Family tree.
7. Any relevant court reports.
8. Chronology of significant events on the child.
9. The most up to date Risk assessments.

It is important that the placing authority provides detailed and comprehensive documentation about the child. This will enable the home to make an informed decision about the appropriateness of the referral including the capacity of the home to meet the assessed needs of the child, and any additional resources or services that may be required to achieve this.

As part of assessing the suitability of the referral, where appropriate the child should be visited in their current placement, provided with the opportunity to visit the home, and have the opportunity to be part of the decision-making process about the possible move. Meeting the adults and other children can diminish some of the anxiety they will understandably have about moving to another home and school. Where possible, a child's parents/carers should also have the opportunity to be involved in this process.

For all new admissions the following forms are completed:

- **Pre-placement checklist** recording all documents received from the placing authority regarding the new admission.
- **Pre-placement information / risk assessment** of the child (to be completed by the placing social worker). The home must ensure that any risks identified are subsequently addressed in the child's company risk assessment.
- **Impact assessment** this serves to identify the potential impact on the child of being placed in the home, together with the impact they may have on the established group and each individual within it.

We acknowledge that while we are skilled in working towards affecting change with children who display various challenging and difficult behaviours, there are however some with whom we are unable to work. This includes:

- Those who are unwilling or unable to demonstrate a potential for change, growth and development.
- Those who have a history of persistent fire raising or arson with the intention of causing danger to life
- Those who purposely intentionally and regularly commit acts of violence towards other.
- Those who display a chronic recent history of serious self-harm
- Those who have been diagnosed as in need of a residential specialist psychiatric mental health secure unit or hospital.
- Those who are actively misuses drugs

However, all referrals will be treated and assessed on an individual basis following our referral and admission process.

All authorities that place a child at our home are required to fill in and sign pre-admission documents to cover agreement to such areas as:

1. Pre-Placement Checklist
2. CSE screening tool
3. Pre-Placement Information RA
4. Consent forms

Fast Track and Same Day Admissions

Whilst a planned placement is always preferable, there may be circumstances where it is appropriate to agree to the admission of an emergency placement *i.e., an admission made within 24 hours of the initial referral contact*. In such circumstances there is likely to be less information available about the needs and characteristics of the child.

We will only consider an emergency placement in exceptional circumstances once we have received an up-to-date Risk Assessment from the Local Authority. ***The local Authority must then attend a placement planning meeting within 72hrs of the Child's placement at the home and provide all outstanding documentation.***

Action Following Admission

The child's bedroom will have been prepared in advance, be clean, tidy, warm and homely, and provided with appropriate toiletries.

On admission or as soon as possible thereafter, the child will have an informal meeting with their key worker and, if not already provided, be given an information pack containing information about life in the home including daily routines, pocket money, use of telephones, household jobs, activities, education and how to raise concerns, complaints and the fire evacuation procedure. The child will be given the opportunity to ask questions, meet other resident children, and adults. The induction checklist will be completed with the child.

An inventory will be made of all clothes and personal possessions brought in with the child. The adults responsible for the admission must ensure that the child has secure lockable facilities for storage of valuables and / or important personal possessions. They must be offered the opportunity to pass items of financial or personal value to the home for safe keeping. A record of all such items must be maintained, signed by the adults and the child.

Care must be taken to ensure that child's health care/medication needs are not disrupted by the process of moving to a new home. The child must be registered with local primary health care providers (G.P., dentist, optician) and initial appointments made.

If not already received, consent forms e.g., for medication and medical treatment, must be obtained.

Within 7 days of the placement starting there should be a **placement planning meeting** involving the home, child, their family, and the placing authority.

The purpose of the placement planning meeting is:

1. To formally reiterate the importance of the child having a voice in the process of planning for their future.
2. To ensure no vital information has been missed in the matching and subsequent placement.
3. To clearly set out from the start the specific expectations of the placement.
4. To be precise about the level of support/interaction expected of the Social Worker and placing authority.

5. To summarise for the child the expectations of group living and school attainments at the home.

Ongoing Planning

As part of ongoing planning, placement review meetings must take place within statutory timescales, in accordance with the Placement Planning Regulations.

The date of the first statutory review in placement will be agreed between the placing authority and the home at the time of admission. If this is not possible the IRO will be contacted and asked to set the CLA review date.

Whilst it is the responsibility of the placing authority to initiate statutory reviews, the home will be pro-active in advocating on a child's behalf where there is any delay.

It is the key workers responsibility to prepare a written report for the statutory review under the guidelines contained in The Care Planning, Placement and Case Review (England) Regulations 2010. It is also the responsibility of the key worker to ascertain verbally, or in writing the child's view(s) and wishes regarding the placement. In essence the key worker will ensure that they are fully prepared for the review, have a clear understanding of their role in the review process and will have facilitated the child being able to express their view or wishes.

The review process involves all professionals, the child, and relevant key members from their family. Key objectives and tasks are set within the planning forum to indicate work to be carried out on a range of criteria individual to the child.

The arrangements for the Team Around the Child meetings (TAC) and ongoing internal review

TAC meeting is one of the main tools for monitoring child's progress at MFC. The meeting is held every two months for each child and is chaired by Meg Whittaker who works for Fair Ways clinical hub.

There is an expectation that the school and child's social worker attend the meeting alongside with the child keyworker and MFC management.

Prior to the meeting, a comprehensive report is written by the keyworker and shared with other professionals. The meeting aims to review the child's progress and effectiveness of our interventions. TAC meeting supports the reflection on the child's presentation in all aspects of developmental needs, share the experiences of various professionals who are involved in the childcare, and agreeing further therapeutic interventions.

Summary

Our overall aim is to provide a safe, nurturing environment in which the physical, social, intellectual, spiritual, and emotional development of every child is facilitated and differentiated according to need.

In responding to the individual needs of the child, the home will at all times operate within the framework of the Children Act 1989, Children Act 2004, the Quality Standards (2015), the

Children's homes regulation (2015), The Social care common inspection framework (SCCIF) and Fair Ways' childcare policies.

The home's operation will be evaluated regularly through Fair Ways' Management via Regulation 44 visits and management schedules as detailed in Regulation 45, service purchasers and independent inspections through Ofsted.

From the Quality Standards (2015) all aspects of the following will be reviewed:

- Engaging with the wider system to ensure each child's needs are met.
- The quality and purpose of care standard
- The Children's views, wishes and feelings standard.
- The Education standard
- The enjoyment and achievement standard
- The health and well-being standard
- The positive relationships standard
- The protection of children's standard
- The leadership and management standard
- The care planning standard

Date	Updated	Sent to Ofsted	By whom



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