

**Location Risk Assessment**

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| **Placement**  | Coniston House | **Lead Local Authority** | Telford & Wrekin |
| **Risk Assessor** | Lee Smith / Gary Tinsley  | **Date of Assessment** | Completed September 2014; Reviewed April 2015; Reviewed May 2016; October 2017 reviewed July 2018.Reviewed July 2019 |

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| **Key Placement Information** |
| **Address** | Coniston House, 134 Haybridge Road, Hadley, Telford TF1 6JE |
| **Telephone**  | 01952 407055 |
| **Registered Manager**  | Gary Tinsley |
| **Deputy Manager**  | Deborah Maher |
| **Responsible Individual**  | Lee Smith  |
| **Ofsted SCN** | SC379123 |

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| **Key Local Area Professionals: the following are key stakeholders in maintaining the safety of the placement within the local area:**  |
| **Police**  | Local Station: Wellington, Victoria Road TF11LQ Tel: 0300 333 3000.Chief Inspector R Langton; Sergeant R Yeomans; Sp Sergeant D Williams; Con R Hughes; Con M Morgan; Sp Con K Davies; Sp Con K Garrett; PCSO I Collumbell; PCSO P Haigh; PCSO R Sanders |
| **Local Authority**  | LADOs, Head Of Safeguarding & Corporate Planning, Telephone 0345 678 9040Glen Ashbrooke, Director of Child and Family Services Linda Talbot , Lead Member for Children, Young People and Families  |
| **Ofsted Lead Inspector**  | Sarah Junor-Fitzpatrick |

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**Introduction**

From April 2014 all providers of children’s residential care services are required to conduct a local area risk assessment, reviewed annually, which examines the potential concerns or risks associated with the area on the young people within the placement (Children’s Homes and Looked After Children (Miscellaneous Amendments) (England) Regulations 2013, Regulation 31). This is the local area assessment for the Coniston House placement in Hadley, Telford.

***Method***

We have divided the assessment into two sections: Section 1, assessing and managing the risks associated with the immediate physical area; and Section 2, assessing and managing the risks associated with the wider, social and demographic aspects of the area. This includes social, educational, health, crime and disorder, and the accessibility of local resources.

In conducting this assessment we have extensively researched the geography of the local area, by scoping the potential factors in interviews with staff and young people (both groups have individuals with good local knowledge); we have examined demographic statistics in social factors, crime and disorder, social and data, health and education (Health Profile 2009; Lsc 2010). We have also examined data and existing reports from Telford & Wrekin (Telford & Wrekin Safeguarding Children’s Board 2014a and 2014b) around the particular risk areas of young people going missing and being at risk of particular exploitative factors whilst missing. We have made use of guidance from the Independent Children’s Homes Association (ICHA 2014), Ofsted (2013) and the Department for Education (DfE 2014a); and we have also sought the views of key local area professionals including the police, safeguarding and the health authority.

***Risk Management Process***

The main body of this document is a discussion of the specific potential factors within each area, along with a comprehensive examination of their assessment and management. Wherever applicable, references to the sources of information that informs data or supports best evidence for management are given. Following the discussion, Cove’s risk assessment proforma, that sets out the full numerical rating of each specific risk factor can be found on 15 – 18.

***Review***

As this is a new industry development, we will be actively seeking early feedback from stakeholders, including placing authorities and Ofsted, to refine it further on an ongoing basis. The legislation requires an annual review (completed in April 2015 and May 2016; 2017; 2018; next due 2019) but we intend to review it more frequently if new evidence / information comes to light in the interim.

**Telford & Wrekin: Location Background**

Telford (initially called Dawley, later Telford and recently Telford & Wrekin) was a ‘new town’ development in the 1960s which facilitated relocation of larger city populations into outlying areas. Telford relocated people from Birmingham and across the Black Country, and in doing so established a newly designed town centre from old towns and villages such as Wellington, Hadley, Oakengates, St Georges, Priorslee and the celebrated historical industrial areas at Coalbrookdale and Ironbridge (British History Online, 2013).

The area suffered with economic downturns into the 1970s, and became more established into the 1980s, when rapid expansion of population and social developments occurred, along with the introduction of a more technological profile to its businesses, several quality leisure and recreational innovations including parks, hotels, ice skating and extensive shopping facilities, and a major investment in road and transport provisions including a major motorway completion of the M54, connecting Telford at junction 4 and 5 to within easy reach of the north and south through the adjoining M6 and to Wales to the west. The A442 provides a substantial north-south route through the town. Telford lies 15 miles east of Shrewsbury and 17 miles north west of Wolverhampton.

Telford now has an eclectic combination of technology, leisure and service industries with many large European, American and Far Eastern corporations having outlets in the town (British History Online, 2013).

**Risk Assessment Section 1: Immediate Physical Area**

**Discussion**

The placement at Coniston House is well situated in the quiet location of Hadley, Telford. Hadley was an old small village site in the 1700 and 1800’s, inhabited mostly by colliers (Britain Through Time). It was a bustling, dynamic village in the late 1800’s with an active social life, although it has since settled into a more sedate, suburban district (British History Online), incorporated within, but retaining a separate character and settlement to, Telford. Newer housing built in the 1980s has extended the surface area but Hadley is essentially a small, suburban location. Coniston House is positioned centrally just off the main Haybridge Road close to the areas of Leegomery, Apley and Wellington. Specifically, it lies to the north of the main roundabout junction between the A5223 and Haybridge Road, where it occupies a position to the western side of the latter. The immediate area is of predominantly residential character although business premises lie to the south east.

Coniston House has been operational as a specialist children’s residential care home since 2008 and is well-established in the local area. The placement itself is a large, detached property, built in the early 1900s built in a traditional construction. It is approached from Haybridge Road via a short spur serving the main road, the car park to the rear of a neighbouring business, one other dwelling and a nearby travellers residential site. From the spur, access for cars opens between a large pair of timber gates into a concrete surfaced yard between the property to the south and a double garage block to the north, where there is comfortable space for 5 cars. Pedestrian access is from the spur, through a further gate and along a concrete flagged footpath to the home’s main entrance.

The property is set in a proportionate site, of a triangular shape around 0.25 acres and is reasonably level. Gardens to the east of the property are simple and well-maintained, consisting of lawn, gravelled beds, planters and a mature tree. The main gardens to the west are accessed through the properties conservatory French Window entrance or through the kitchen entrance, and comprise of a series of interlinked concrete flagged and stepped patios, together with a sloping lawn and planted mature conifer borders.

The property has been recently extensively independently inspected for business and service development purposes. During this process it has been identified that the life span of the property, in accordance with our existing planned programme of maintenance and cyclical internal and external refurbishment, is estimated at in excess of 25 years. All essential services (gas, water, electricity, drainage) are in place; the property is fitted throughout with smoke / fire detectors, emergency lighting and regulation door fittings, in accordance with statutory requirements. All hot water outlets are fitted with valves to regulate water temperature. The Environment Agency does not identify the property to be at any risk of flooding. Other online enquires have included the Central Telford Area Action Plan (2011) and the Core Strategy, and have identified that the property is not listed and does not lie within a conservation area; there are no major planning proposals, highway or other infrastructure works to be undertaken in the area that would have adverse impact; and the property is held freehold by the company.

There is one immediate neighbour to the south, a friendly couple who have adult children. The relationship with them has been consistently positive, and they have been aware of the purpose of Coniston House from the outset. Our commissioning of Coniston benefits from the previous history of the property which has also included time as a care provision, albeit with a different service-user group, which seems to have established the positive identity of a care establishment within the immediate neighbourhood. Certainly, relationships with the immediate neighbours, the traveller community to the north and the local business across from the main entrance, as well as individuals frequently passing the placement towards Leegomery or Wellington, have always been notably convivial.

The overall ecology of the local area can be seen as compatible with the positioning of a children’s home in many ways. It is in a quiet area, but has the vibrancy of Wellington within easy reach. There is no significant criminal activity in the Hadley area, although as the police indicate in their reports to us there is the potential for alcohol or substance misuse familiar to many town centres presently, and we should acknowledge the risks associated with this should a young person from the placement have authorised or unauthorised access to the centre. The average age of the residents in Hadley is perhaps higher than in many inner-city areas, but this should be contrasted with the lack of opportunity to engage in many of the risk-related behaviours that many of the young people have difficulties with. The ‘smalltown’ infrastructures of Hadley, Wellington and Telford centre allows young people many opportunities to engage in community life with the support of staff, and this has often proven safely scaled-down for some young people from larger city locations, requiring less environmental hazards due to their needs; or of a manageable size for those young people who may have been isolated from communities for sustained periods of time, i.e. after a hospital admission.

**Risk Factors**

The following have been identified as Immediate Risk Physical Area potential Risk Factors (for full numerical assessment see Proforma on p 15):

**a. Immediate neighbours**

This is noted as a factor requiring ongoing monitoring although, as described above, relations with all neighbours have consistently been convivial and warm throughout. These include the immediate next-door neighbours, the business across from the front of the placement and also the traveller residence along the lane. The factor is noted to enable ongoing monitoring and assessment of this risk in terms of any changes requiring action. One issue that has arisen recently is the business owners voicing some opposition to staff or visitors parking in the car park reserve for their customer useage, which we have acknowledged and respected.

Regarding management of this risk, we have consistently put in place several measures to reduce the possibility of tension and conflict, including noise proofing, strategic parking of cars within the placement’s own car park, with clear messages to visitors of directions to the placement and instructions for parking, and good maintenance of our own gate / entry areas to ensure access to the property and car park is well managed.

**b. Young people running away via nearby footpaths and cycle paths**

There are a network of foot and cycle paths which run from the nearby disused railway bridge, down towards the Wellington area, also towards Leegomery and Hadley in different direction. These could lead to a young person successfully running away and hiding from staff, effecting a runaway or missing incident. There are additional risks of a young person being either directly or inadvertently alone on these paths due to the isolation of the paths and the vulnerabilities of the young people.

Generally, we know that young people in care generally are 3 times more likely to run away than the general population (Department for Education, 2014b). In Telford, between March and August 2013 there were a total of 87 incidents of running away, involving 71 young people. 32 were males and 39 females, 7 were missing for 24 hours or more, and Child Sexual Exploitation (CSE, see below for a fuller discussion of this risk factor) were implicated in 6 cases (West Mercia Constabulary, 2013). We note this risk despite never only having had very few and isolated incidents of the specific risk factor of these paths being used to effect an escape, and only isolated cases of running away generally. With the few runaway incidents we have had, the young people have left the area via the main roads (see below). However, due to the isolated nature of the paths this risk is considered significant enough to record and monitor.

In terms of management, the issue of running away is managed generally through 1:1 staff care and support and the range of measures we have in placement which minimises this risk, including window restrictors in young person areas and night time support through night wake and sleep-in staff. Furthermore, if a young person is identified as a high risk of going missing and getting placed in highly vulnerable situations (i.e. Child Sexual Exploitation, CSE) we would likely not agree admission, or if other issues suggest admission is indicated, would work closely with the local authority in establishing a specific CSE risk assessment and management plan for that young person. Finally, a familiarisation of the paths and local area generally should be included in all new members of staff key induction to the placement which would assist them in attempting to locate a young person in the event of this route being used as a running away attempt.

**c. Immediate risks associated with local areas**

As discussed above, Wellington has a busy centre with many pubs together within a small town centre location, several night clubs, several takeaways and a popular theatre. At weekends the high street is quite busy, and while the local police liaison officers report no significant drug issues in the area the typical issues are apparent with alcohol use. We have had several incidents of young people heading to Oakengates and Wellington and, while this has never resulted in significant difficulties or risks to the young people, the issue is again highlighted due to the potential of a young person coming to some harm if unaccompanied by staff late at night in the area.

There is also a railway bridge immediately within 50 meters to the north side of the placement further along the lane (the railway line itself has been disused for some time). The risk associated with this is 2-fold: firstly, as a means of potential escape by young people accessing the footpaths which lead from / to it as described above (b.), and also as a potential for young people either by misadventure or deliberately falling from the bridge. We have never experienced any serious incidents from this source, although we have had several young people over the years heading to the bridge when upset, requiring support from staff to return to placement.

Management of these risks is as indicated above (b), and also to provide a familiarisation of the area for all new staff.

**d. Proximity of railway station as means of unauthorised exit.**

The railway station in Wellington is a 20 minute minute walk from the placement, even quicker via the footpaths that cut through Wrekin College and into Wellington. We have had one incident of 2 young people leaving the area through the train station. While others have been intercepted by staff, we highlight the risk again in terms of the proximity of the station and the high likelihood of it being utilised by any young person with planned running away as a risk factor. Oakengates and Telford Central are other nearby stations that might be used to leave the area by young people.

Management of this is as indicated above, and also to provide a familiarisation of the area for all new staff. We have also installed links for all the connected local train stations:

* Wellington: <http://ojp.nationalrail.co.uk/service/ldbboard/dep/WLN>;
* Oakengates: <http://www.thetrainline.com/stations/oakengates>
* Telford Central: <http://www.thetrainline.com/stations/telford-central>;

for quick access to the stations’ train times in the event that this is required for an emergency search. Finally, we have reviewed our local placement policy for the management of missing children in line with local area and national guidance.

**e. Busy Road Network**

Coniston House is approached by several main and busy roads which should be taken into account in this assessment. Specifically, it lies to the north of the main roundabout junction between the A5223 and Haybridge Road, where it occupies a position to the western side of the latter. The A5223 leads directly to the Princess Royal Hospital which can, certainly around visiting hours, be full of traffic. The roundabout connecting to the P.R.H is also a known route for local schools so at certain times of the day can be extremely busy indeed. The Telford AFC football ground, the Bucks Head Stadium, is also within a mile to the south west of the placement, which has an effect on traffic and levels on Saturdays, Sundays or some midweek evenings. Finally, the roundabout which immediately leads to Coniston, connecting Haybridge Road and the A5223, can be hazardous leaving the circle to access the small access lane to Coniston, and also leaving the lane to join the circle.

**Section 2: Social / Demographic Factors**

**Discussion**

***General Demographics***

Telford & Wrekin consists of a population of around 170,000, with the majority White British, and 15,200 from BME groups.

***Health***

The general health outcomes in Telford & Wrekin are reported as improving, although several key outcomes are below the national averages. These include chronic illnesses and deaths through smoking, cancer and heart disease rates, teenage pregnancy and childhood obesity, both of which are reported as improving but remain below national averages. On the positive side, levels of physical activity are higher than national average, and serious road traffic incidents are lower than national average.

Substance misuse is another aspect that is reported as higher than national average, with approximately 30 early deaths from liver disease every year. It is estimated that 1,020 people are opiate or crack cocaine users or problematic drug users; that about 18.7% of adults are binge drinkers; 1,072 recorded crimes are attributable to alcohol; and the rate of sexual crime attributable to alcohol (34 incidents) is significantly worse in Telford and Wrekin than the national average rate.

Young people in Telford misuse substances slightly higher than the national average, although alcohol misuse is less than average. In terms of mental health, young people are seen following incidents of self harming slightly higher than the average (a prevalence rate of 400 in 10,000), and are admitted to hospital for mental health problems slightly less so than the national average.

Significant numbers of our young people admitted to the placement arrive through the mental health framework, often directly from an in-patient unit and having been recently subject to the Mental Heath Act 1983. As a result, these young people will require the ongoing support of Child and Adolescent Mental Health Services (CAMHS). There are significant waiting lists in CAMHS teams nationally (reference) and currently at Telford & Wrekin specifically.

It is known that Looked After Children generally have higher levels of medical needs, both in their general and mental health, than other children. Due to the complex needs of our young people, many of them will be admitted to the placement on sizeable quantities of medication, often neuroleptic or psychotropic and occasionally Controlled Drugs (CD’s).

The local hospital is Princess Royal Hospital, Apley Castle, Telford TF1 6TF. This is very well placed within a mile to the north of Coniston House along the A5223. The GP practice, which all young people are registered with on admission to the placement, is at Charlton’s medical centre, Lion Street, Oakengates, TF2 6AQ.

The Child & Adolescent Mental Health Services (CAMHS) team is based at Phoenix Academy and Sports Centre, Duce Drive, Dawley, Telford TF4 3JS.

***Education***

Good GCSE (i.e. A\* - C passes) results in Telford & Wrekin are reported as lower than national average, although if we take all passes the local rate is higher. Also, numbers of young people engaged successfully in local apprenticeships is higher than national average.

Adult education is reported as lower than the national average, with less people educated to level 2.

Schools in the area are Telford College of Arts and Technology (TCAT), a short walk from Coniston at the top of Haybridge Road, utilised by several of the young people at the placement to good effect, rated as Good with Outstanding features by Ofsted in 2010; New College, Wellington, a nearby VI form rated as satisfactory by Ofsted; the Hadley Learning Centre in Hadley, again a walking distance away, utilised by several young people to good effect and rated as Outstanding; the Old Hall School in Hadley; and Wrekin College in Wellington, rated as Good. The senior school is Wrockwardine Wood Arts College, rated as ‘Good’ in May 2012. This school has a higher than average intake of pupils with disabilities and Statements of Educational Needs (SEN’s) and has worked successfully with several of our young people.

***Crime and Disorder***

Crime rates in the local areas of Hadley, Leegomery and Oakengates are reported as at normal levels by the police (see: <http://www.police.uk/west-mercia/PAG02/crime/> ). Generally, anti-social behaviour accounts for the majority (42%), burglary and thefts 18%, criminal damage and violent or sexual offences at 10% and drugs only accounting for 2%.

***Child Sexual Exploitation***

A specific area of criminality in Telford which has been a well-publicized significant concern over the past few years has been the organised abuse and exploitation of young females by older males within a specific geographical area. This issue is now known as Child Sexual Exploitation (CSE), and a general understanding of this issue and how the local work has evolved should be incorporated into any assessment of location.

Telford & Wrekin professionals identified potential problems with CSE in 2006, specifically concerning Asian men targeting young girls. Connexions4Youth worked in a targeted way in attempting to outreach to the girls involved and this was known as the Children At Risk Through Exploitation (CATE) project. Initially CATE reported several problems in obtaining relevant disclosures from the girls who would often refuse to see, or deny, any wrong-doing. However in time relationships with CATE practitioners improved, intelligence in the activities grew and this became Operation Chalice, the West Mercia Constabulary operation that led to the successful prosecution of 9 men in December 2012.

In their Overview Report into the project, Telford & Wrekin Safeguarding Board list the following factors as key ‘learnings’ from the process (Knight, 2014):

* The development of a CSE Pathway Group which provides local prevention strategy, identify individual children and young people at CSE risk, take safeguarding action to prevent CSE activity, and to take action regarding individuals intent on engaging in CSE activity.
* The understanding, education and prevention of the ‘boyfriend’ model used by the perpetrators, which involves the preliminary use of younger males to befriend and engage the children and young females and to later introduce them to older males.
* CATE has been mainstreamed and now includes Youth Work practitioners working alongside safeguarding professionals, as this seems to have improved access to the victims.
* New Start operationalized: this project identifies joined-up working as essential in the work around CSE. It also aims to provide more targeted preventative education in the education of families of victims around issues such as grooming; for young men in specific areas in education around attitudes towards women and sexuality; and for young girls and women in the formation of Women’s Groups in Youth Clubs and working with other organisations. Furthermore, New Start are examining the therapeutic needs of the CSE victim group, and have started providing a comprehensive training program for professionals in the area.

**Risk Factors**

**a. Young People General Health**

Rregarding ensuring that the young people’s complex medical needs are met, we have qualified nurses at a senior level who oversee each young person’s health plan and needs. We also have in place a service-level agreement with Lloyds Pharmacy locally, who provide all our dispensing needs with a well-organized and structured approach. All administration records are clearly recorded by Lloyds, minimizing the likelihood of error. The equipment we have for storage and administering is supplied through Lloyds and is of good quality; and Lloyds also supply all staff’s medication competency training, and the audit of the placements medication system.

**b. Staff Health & Employment**

While there are some areas of concern in the local trends, the rates for staff at the placement show there has consistently been low rates of sickness, losing only 1 day in the past 6 months through absence. The staffing team has remained consistent throughout, with only 2 members of staff leaving employment in the past 6 months, and both for personal reasons rather than due to any significant performance or disciplinary issue. The placement has Return to Work interviews in place for members of staff who may have had extensive periods of time off work, and Exit Interviews to collate the views of members of staff leaving the company. Finally, the company uses Citation, a specialist provider of Health & Safety and Employment Law policies and training which, in effect, is our Health & Safety and HR ‘department’. This provision ensures best practice and legally sound measures and policies and procedures for all staff.

The placement has a comprehensive induction and in-house training program which includes the mandatory attainment of the Level 3 Diploma, in line with statutory requirements and exceeding the local adult levels of achievement.

**c. Young People Mental Health**

The placement is a registered provider of residential care for young people with emotional, behavioural and mental health difficulties. It is rated ‘Good’ by Ofsted (June 2014). The senior management team have a range of specialist qualifications and extensive experience in mental health, including Registered Mental Health Nurses, MSc Psychotherapy, provision of specialist therapeutic interventions e.g. Cognitive Behavior Therapy (CBT) or Eye Movement Desensitization and Reprocessing (EMDR), the best-evidence approach for working with young people with trauma-related difficulties (Spector & Read, 1999). Furthermore, all staff have Mental Health First Aid training, delivered annually by Young Minds, which provides excellent front-line skills in working in face-to-face contexts with young people experiencing distressing symptoms. Also, Young Minds has awarded Coniston a ‘Mental Health Champion’ award for its services within the sector.

Our specialist mental health provision and expertise ensure that the shortfalls and delays in accessing CAMHS locally are not a significant problem at the placement. Much of the assessment, monitoring and intervention work can be completed with the specialist professionals in-house, and our knowledge and experience ensures quality communication between agencies. We have had extensive experience of working with young people having been subject to detention under the Mental Health Act 1983 and subsequently subject to section 117 (After Care), and are comfortable and confident in operating within this multi-agency network.

No young people at Coniston currently have significant substance misuse or alcohol-related difficulties. One young person several years ago had some problems with abusing substances and accessed dealers within the Wellington area. If these issues now become apparent, each young person has a key worker at placement who can provide in-house monitoring and support of these issues and to help them identify potential resources to obtain relevant help. Furthermore, all young people at the placement receive a Young Person’s Guide on admission with a comprehensive list of local contacts (many of these are listed below) for specialist health services, i.e. substance misuse, sexual health etc. This ensures that the young people can access external agencies for their health in confidence without having to raise these sensitive issues with the staff.

**d. Young Person Learning & Development**

The placement uses the National Teaching and Advisory Service (NT&AS) as a co-provider of educational services for it’s young people who are currently not able to access mainstream education, i.e. after a lengthy absence or exclusion due to highly complex needs. NT&AS work with these young people often with an inclusion plan, i.e. the provision of 1:1 in-house education in the short term working towards reintegration into mainstream education. Many young people at the placement have worked highly successfully with this provision.

Finally, the placement has a contract with Next Steps, who provide several of our in-house staff with ‘train-the-trainer’ level training for the delivery of AQA certified skills training for the young people. This innovation has been introduced from the start of this calendar year and has proven highly successful with the young people, who can work on skills depending on their needs. The AQA structure can ensure that young people attend to various aspects of the practical and vocational independent living skills, and essential part of their development as they progress through adolescence. Maintaining safety can be covered in a range of modules, e.g. making use of public transport; healthy eating and lifestyle choices, etc.

**e. Crime & Disorder**

The local police station is at Victoria Road, Wellington, Telford TF11LQ, telephone 0300 333 3000. The liaison officers to the placement are Chief Inspector R Langton; Sergeant R Yeomans; Sp Sergeant D Williams; Con R Hughes; Con M Morgan; Sp Con K Davies; Sp Con K Garrett; PCSO I Collumbell; PCSO P Haigh; PCSO R Sanders. These officers are occasional visitors to the placement either if a young person requires some level of contact due to their behaviour, or on an informal ‘friendly’ level. The senior management team at Cove (and the current registered manager of the placement) has a post graduate qualification and extensive experience in Child Forensic Practice (Psychology & Law), and contributes to case work in this area on a staff development and supervisory level, or directly with young people if these needs are prevalent. The placement has a clear policy on managing actual or potential criminality from the young people whilst in placement, and will avoid ‘criminalising’ young people if there is a more restorative solution or Positive Behavioural Strategy (PBS: see below) approach. For most young people, this is an excellent strategy for avoiding unnecessary disposals into the criminal justice system. However, we are also aware that, for some young people, their behaviours are at such a level that this strategy can be unhelpful, and a management plan that includes appropriate reporting through proper channels of specific behaviours is put in place. To date, at Coniston only 1 young person has been transferred out of placement and subsequently into secure services due to these behaviours, and police involvement due to serious incidents is minimal.

**f. Child Sexual Exploitation (CSE)**

As discussed above, the senior management training profile includes PG Diploma Child Forensic Practice (Psychology & Law) which significantly supports this area of practice and, while the placement does not identify as a specialist CSE service, it has done much work recently under the supervision of this practitioner in establishing a comprehensive CSE policy and risk assessment proforma. This gives us the confidence that in certain circumstances we would consider, in full consultation with the local authority and in consideration of the impact risk assessment, working with young people with these needs if these conditions are met. Indeed, the young person referred to above, transferred out of service due to anti-social behaviour and leading to the serving of the noise abatement notice, did have CSE highlighted and that aspect of our work was successful.

**g. Knowledge and Use of Local Resources and Positive Behavioural Strategies (PBS’s)**

There is a range of local resources which the young people can access as a means of engaging safely with the community and in promoting their health, emotional and physical development. These include:

Social & Leisure:

Young people at the placement can access a range of social and leisure activities in the area, including:

* Oakengates Leisure Centre, for a range of sporting and exercise activities
* Oakengates Theatre, The Place, Oakengates
* The Stagecoach group, held at Wrockwardine Wood Arts College
* Telford Town Park
* Telford Ice Rink
* Telford Superbowl, St Quentins Gate, Telford, Shropshire TF3 4EJ
* Odeon Cinema, Forge Gate, Telford Town Centre, Telford, Shropshire TF3 4NE
* Donnington Junior Youth Club
* Telford & Wrekin Air Training Corps
* Duke Of Edinburgh award scheme in Wellington
* Army Cadets in Oakengates

Clubs & Activities:

* Access 2 Activities (A2A)

A club that organises and supports young people with disabilities to access activities within the local area. See: ican2.org.uk.

* Telford & Wrekin Young People’s Forum

A consultation action group where young people can really make a difference to the lives of other children and young people in Telford.

The contact is Sarah Sternbridge, tel 01952 385114, email ypf@telford.gov.uk

* Telford & Wrekin Support For Young People

Enables young people access sports, leisure and youth clubs in Telford. Contact 01952 385119.

Sexual Health:

* Respect Yourself: a sexual health advisory service for young people.

For advice on contraception young people can use the drop-in at Lloyds Pharmacy, Wellington, tel 01952 255833 / 253190; or Lloyds, Oakengates, 01952 613930.

For well woman advice for young women at the placement can contact Wellington Health Centre, 01743 283382 (clinics Tuesdays 1pm – 3pm).

For advice / confidential discussions on sexual health / sexually transmitted diseases, contact Genito-Urinary Medical (GUM) clinic at Terence Higgins Trust, tel 01952 231410.

Substance / Alcohol Misuse

* NACRO: a local service that helps young people from becoming entrenched in substance misuse by raising awareness of the harms caused by substances and alcohol and diverting them into positive activities. Young people can drop in or contact NACRO: 62 Bagley Drive, Wellington, Telford TF1 3NP, tel 01952 248221.

**Positive Behaviour Strategies (PBS)**

The placement uses PBS’s preferentially, or alongside, the application of sanctions as a consequence to negative, harmful or disruptive behaviour by a young person. This might take the form of a young person working towards a positive outcome (i.e. a beauty / pampering session) following an agreed absence of a specific harmful behaviour (i.e. going missing or self harming).

Examples of PBS’s used at the placement are:

* Hoo Farm, Preston on the Weald Moors, Telford, Shropshire TF6 6DJ, 01952 677917
* Dog walking
* Horse riding at Telford Equestrian Centre Granville Road, Donnington Wood Telford, Shropshire TF2 7QG
* Drayton Manor Park
* Alton Towers.

**Conclusion**

This concludes our initial local area risk assessment for Coniston House, Hadley, Telford. We have conducted this assessment by gathering a body of information available locally through local agencies and national databases; have consulted with external key stakeholder groups, staff and young people. We have also used published guidance to inform the methodology and format of the assessment in this newly introduced requirement.

An issue that has been raised (see in Stothart’s article, 2014) is that, as a newly implemented requirement, children’s residential providers have ‘all the responsibility and no authority to get the information they need to meet the requirements made of them’. While this has been a useful exercise for us to compile, and is undoubtedly a crucial project in scrutinising all aspects of the local area, it’s limitations should be acknowledged in the absence of in-depth contributions from other agencies.

The main findings for Coniston House are that the immediate physical location has many advantages for placing young people, i.e. the therapeutic nature of the setting, the balance between it’s ‘set back’ positioning and it’s proximity to town centres both locally and further afield, and it’s emphasis on physical space, therapeutic containment and mental health specialisation.

The main areas for attention and provision of risk management strategies include the potential for young people running away, especially using the proximity of the network of paths around the placement, the proximities of train stations to effect these incidents, and the vulnerabilities young people may experience within local town centre areas. A comprehensive Young Person Missing Policy, based on the West Mercia Constabulary Protocol (2011), is the central measure to prevent this factor, along with comprehensive internal risk assessments and management planning strategies and good levels of staff care and support at all times.

In terms of the wider social and demographic factors in the area, we have discussed these factors with local stakeholders and examined the local area statistics within health, education and crime and disorder and (with the exception of CSE), there are no alarming trends that require particular attention. Our in-house resources of qualified nurses and specialist staff training; and joined up working with Lloyds Pharmacy, NT&AS, and Next Steps AQA, provide for a satisfactory management of external local trends not impacting adversely on our provision of the health and education of the young people in our service. Regarding CSE, it is clear that locally there had been a problem with this issue and this was dealt with in quite a well-publicized way nationally. The outcome of this case, and the available literature from the local authority and other agencies, indicate that much good work has been done to address the problem locally and there seems to be some excellent local initiatives in place. For the placement, while we do not identify as a specialist CSE service, due to the increased recognition of the problem and the increase and prevalence, we have utilised the senior management speciality post-graduate qualification of Child Forensic Studies (Psychology & Law) to develop our policies and assessment in this area and we are confident that we could provide a good service for a young person with these needs as long as other needs, i.e. impact and disruption levels and manageability of the CSE risks, were clearly met.

The legislation requires this assessment to be reviewed annually, although we will actively obtain early feedback and review when necessary, or in the event of a significant change either within the local area or within the placement. This is a new industry requirement and we will monitor this feedback and any further guidance issued to ensure we are establishing best practice.

**Lee Smith**

**Responsible Individual, Cove Care**

**5 / 10 /14; Reviewed 17/4/15; Reviewed 23/5/16;**

**Gary Tinsley, RM**

**Reviewed October 2017; Reviewed July 2018**



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| **Placement**  | Coniston House  | **Lead Local Authority** | Telford & Wrekin |
| **Risk Assessor** | Lee Smith  | **Date of Assessment** | October 2014; Reviewed April 2015; Reviewed May 2016; Reviewed October 2017Reviewed July 2018 |

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| **Section 1: Immediate Physical Area** |

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| **Hazard & Source** | **Risk to Young Person / Others / Property**  | **Risk Severity**  | **Risk Probability**  | **Risk Score (see Table 1 for scoring)** |
| a. Immediate neighbours | i. Risk of direct conflict by neighbours towards staff / young people ii. Risk of attitudes impacting on young people’s self esteem, mood or mental state iii. Risk of retaliatory behaviour by young people towards neighbours iv. Risk of any antisocial behaviour by young people being officially reported, leading to local agency involvement, penalties on company, negative stigma / outcomes for young people | 33333 | 1111 | 3333 |
| b. Young people running away via footpaths / cycle paths  | i. Risk of young people losing staff in network of secluded paths | 4 | 2 | 8 |
| c. Local areas, especially Wellington, Leegomery, Oakengates  | i. Risk of young person attempting to obtain alcohol / source drugs from high street bars / local youths  | 3 | 2 | 6 |
| d. Proximity of railway stations  | i. Risk of young person losing staff and boarding train as a means of unauthorised exit | 3 | 3 | 9 |
| d. Busy main road network | i. Risk of young person / staff coming to harm either by misadventure or otherwise on busy roads | 3 | 2 | 6 |

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| **Risk Management Plan: Section 1: Immediate Physical Area** |

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| **Risk Measures Already In Place** | **Remaining Risk**  | **Additional Risk Measures Needed** | **Actions Taken**  |
| a. * Good relations with neighbours and convivial within community; good privacy levels
 | Neighbours negative attitudes potentially if individuals or circumstances change | Ongoing monitoring of risk; ongoing impact assessment of admissions to consider impact on / to local people | Annual review of risk assessment or whenever circumstances change |
| b. * All young people have 1:1 care and support which offers good levels of containment
* Staff have good awareness of local area
 | Unpredictable escape via footpaths | To ensure all staff have familiarisation of pathways and train stations | Induction in place. |
| c. * As both above points
 | Unpredictable escape to centre. | All staff to have familiarisation of Hadley, Wellington, Leegomery areas | Induction in place.  |
| d. * As both above points
 | Unpredictable escape via train stations. | All staff to have familiarisation of station location and platforms. | Induction in place. NB useful links for Wellington and Oakengates stations in event of running away: <http://www.thetrainline.com/stations/oakengates> |

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| **Section 2: Social & Demographic Factors** |

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| **Hazard & Source** | **Risk to Young Person / Others / Property**  | **Risk Severity**  | **Risk Probability**  | **Risk Score (see Table 1 for scoring)** |
| a. Young people’s health | Lifestyle and local factors impacting adversely on young people in placement | 3 | 3 | 9 |
| b. Staff health & employment | Lifestyle and local factors impacting adversely on staff group | 3 | 3 | 9 |
| c. Young people’s mental health | Combination of local factors and speciality of placement may lead to high risk of mental health problems for young people in placement | 4 | 3 | 12 |
| d. Young person’s learning and development | Combination of local factors and nature of admitted young people may heighten risk of learning and development deficits | 3 | 3 | 9 |
| e. Crime and disorder  | Combination of local factors and speciality of placement may lead to higher risk of young people in placement engaging in crime | 3 | 3 | 9 |
| f. Child Sexual Exploitation (CSE) | Combination of local factors and speciality of placement may lead to higher risk of CSE | 4 | 3 | 12 |
| g. Local resources | Young people may become isolated within residential setting and detached from local area resources, adversely impacting on development | 3 | 3 | 9 |

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| **Risk Management Plan: Section 2: Social & Demographic Factors** |

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| **Risk Measures Already In Place** | **Remaining Risk**  | **Additional Risk Measures Needed** | **Actions Taken / Date** |
| a. * GP registration
* Qualified nurses in SMT in placement
* Lloyds pharmacy service-level agreement
 | New Lloyds system recently implemented  | Lloyds training programs to be completed by all staff and compliment in house training | Training commenced; refreshed annually |
| b. * RM monitors sickness / absence levels
* Return to work interviews in place
* Exit interviews in place
* Citations service-level agreement
* In-house induction and training program
 | Staff training to be continuously assessed that meeting service needs | Training Needs Assessment to be completed  | Commenced; refreshed; updated 2017 to ensure staff competency more rigorously assessed  |
| c. * Ofsted registered specialist placement
* Young Minds award ‘Mental Health Champion’
* Mental health qualifications of senior and management staff
* Mental health 1st Aid qualifications all front-line staff
* YP Guide contains important mental health contact information
 | Higher level of front-line training may indicate ‘Outstanding’ practice  | Senior Management to consider additional higher level training | Commenced; TNA courses to be identified / considered  |
| d. * NT&AS service-level agreement in place
* Next Steps AQA service-level agreement in place
* Good knowledge and use of local area resources in place
 | RM to monitor efficacy of NT&AS and Next Steps provision | SMT to regularly consider efficacy and suitability of provisions | RM to monitor: Ongoing |
| e. * Police liaison officers in pace and familiar with placement and young people
* RM / SMT specialist experience and Child Forensic Practitioner qualification
* Comprehensive PBS system in place
* Clear policy in place for YP admission criteria not including high risk of offending
 | Young people may require higher levels of supportLack of YP information on referral / admission  | Review relationship with police liaison officers regularly through meetingsEmergency internal transfer policy in place if particular YP has unmet offending needs  | Meetings to be arranged with police: ongoing Impact assessment to consider offending risks prior to all admissions: ongoing  |
| f. * RM / SMT specialist experience and Child Forensic Practitioner qualification
* Good guidance and policy in place for CSE
* Clear policy in place for YP admission criteria not including high risk of CSE
 | Young people may require higher levels of supportLack of YP information on referral / admission | Emergency internal transfer policy in place if particular YP has unmet CSE needs | Impact assessment to consider CSE risks prior to all admissions: ongoing  |
| g. * Good awareness of local resources including social, activity, local authority, health and substances agencies
* YP guide contains list for YPs to use discretely
* Good use of PBS in tandem with local resources
 | Particular YPs may become isolated due to their mental health / developmental needs and not access local area resources | RM to explore any agencies that provide in-reach in event of this occurrence  | RM to monitor: ongoing |

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