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STATEMENT OF PURPOSE  
SC403789  
AVENUE HOUSE

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**Registered Residential Children's Placement**

Avenue House  
27 Birmingham Road  
Kidderminster  
Worcestershire  
DY10 2BX

Updated 17/03/2021



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## 1. Introduction and Context

This Statement of Purpose is written by Cove Care Ltd, specifically relating to our residential care Placement at Avenue House.

Avenue House (Cove Care) provides specialist care services for young people with complex mental health, emotional and behavioral difficulties. We provide a unique service for this group of young people, increasing year-by-year in number and in their experienced difficulties. We have been able to provide specialist interventions that support young people's emotional and mental health needs; to help identify previously unmet mental health needs through skilled assessment, and obtain the right type and level of support for them; and also to offer quality alternative provisions to hospital admissions or lengthy hospital stays. We have developed many excellent relationships with local authorities in Worcestershire, the West Midlands and nationally who regularly use our service, and also with several in-patient CAMHS services who we work with in transitioning a young person into the community.

Our mission is to provide quality, specialist mental health placements for young people with these complex needs. By nature of their difficulties, many young people will have been referred and placed directly from a Tier 4 CAMHS hospital following in-patient assessment or treatment, and these periods in hospital can often be over a prolonged period (over years in some cases). A significant proportion of them will have transitioned to us having previously been detained under the Mental Health Act 1983, which means that several independent mental health trained and approved professionals (psychiatrists, other medics, mental health social workers and / or mental health nurses), following assessment have agreed that at the point of this section being made the young person was suffering from a diagnosed mental illness, of a nature and / or degree, that legally warranted their involuntary admission to keep them or others safe and to receive the right treatment. These hospital stays can be difficult in themselves, with often 12 or more young people living together in the confines of a single ward, all with different needs. Their education is almost completely interrupted during their lengthy hospital admissions, and their liberty greatly reduced (it would not be unusual for some young people at their most acute phases of their illness) to be nursed on 1:1, 2:1 and above observations, sometimes with no bedroom or bathroom privacy, and with little or no community access.

After responding well to treatment over time, with much reduced risks and needs, the young people can often find themselves 'stuck' in the hospital as there are very few community or residential provisions that can work with them. Stalled in this way the young people can frequently deteriorate again in their mental health or their behaviours, typically due to the 'contamination effect' they experience from their peer group. It is at this stage - ideally, prior to this stage - where a specialist mental health provision is critical to prevent further crisis, and provide skilled support of their recoveries. This was precisely the purpose for setting up Cove Care, and also to provide a service for those many other young people who find themselves in Tier 4 hospitals but don't need to be there or aren't responding well to treatment or the entire experience, and can be safely managed and supported in the community.

The service delivered in a Cove Care provision, therefore, needs to be seen in this wider context. Outcomes and progress of young people should be measured by considering these 'start points': their high levels of previous needs and required institutional interventions, interrupted education, typically high levels of risk to self or others in terms of the frequency and severity of these risks, and significant psychiatric and emotional disorder. Our purpose is to offer these vulnerable young people a caring and safe home, with dedicated, skilled staff supported by specialist CAMHS professionals, to be able to reengage overcome their previous difficulties and achieve and thrive in society despite their diagnoses.

The Statement of Purpose is written in accordance with the Children's Homes Regulations (amended April 2015) (especially Regulation 16 Schedule 1); the Guide to the Children's Homes Regulations including the quality standards (April 2015) Standard 6(2)(a) and (b)(i)). It is reviewed on an annual basis and updated as necessary by the Registered Manager and the 'Responsible Individual' (see the

Organisational Chart, Appendix II). The Responsible Individual will ensure that the Statement of Purpose is in accordance with this legislation and our own local policies, and that it is reviewed and amended appropriately.

A copy of this Statement is available to the following agencies:

- Ofsted
- All parents (or those with parental responsibility) of all young people at the Placement
- All members of staff working at the Placement
- The referring and/or placing agency of all young people at the Placement
- The local authority within which the placement lies
- All young people receive a Young Person's Guide, which contains a useful description of the Statement of Purpose and its contents.

## 2. Operational Definitions

**Child/Young Person:** all service users at Cove Care, both male and female, up to the age of 18. 'Child' and 'young person' are used interchangeably throughout the document.

**The Company:** Cove Care Residential Ltd

**The Placement:** Avenue House, a residential children's Placement owned by Cove Care

**The Document/Statement of Purpose:** a comprehensive description of Cove's key intentions, plans, and overview of central policies and practices for use centrally and at the Placement, required by the Children's Homes Regulations 2015 (Schedule 1) and described by the Guide to the Children's Homes Regulations including the quality standards (April 2015) Standard 6(2)(a) and (b)(i).

**CAMHS (Child and Adolescent Mental Health Services):** a generic term, usually used to describe the 4-tier provision in the NHS (ranging from community teams to specialist in-patient units) of services that work with young people with mental health difficulties.

## 3. Organisational Aims and Purpose

Cove Care strives to meet the needs of vulnerable children and young people with a combination of mental health, emotional and behavioral needs. We provide safe, nurturing residential placements which promote personal development, independence and autonomy for the young person.

Cove Care offers particular expertise in looking after young people with suspected and enduring mental health needs.

## 4. Aims of the Placement

The fundamental aim of Cove Care, in accordance with the organisational aims, is to provide a safe, nurturing, caring and warm environment for each young person placed here. Avenue House is a particularly well designed setting being a large, spacious detached residence located in a quiet, residential area, and any referral assessment of young people will necessarily reflect the needs of this living environment, the physical design of the placement in line with the needs of the child.

### Table I: Aims of placement

- Provide a residence where the child's immediate needs are met by professional, caring and specially-trained staff team;
- Provide a living environment where the young person will feel secure, safe and protected from harm;
- Introduce and maintain appropriate professional caring boundaries into each young person's life, which aim to provide consistency of care for the young person both immediately at the Placement, and through their developmental pathway;
- Build and maintain positive relationships with significant others;
- Re-build and maintain, where appropriate, healthy relationships with family and carers;
- Promote a proactive, educational approach to mental and general health promotion, where the young person is empowered to understand their own needs and take personal mastery over their mental health, emotional and behavioural choices;
- Develop the young person's functional and independent living and self-care skills, including money management, shopping, cooking and community-living skills;
- Provide skilled, individual and group therapeutic work to help address past and current negative experiences;
- Prevent mental health, emotional and behavioural deterioration and relapse;
- Offer an environment of inclusion, collaboration and understanding for the young person, who will often be experiencing exclusion, alienation and isolation pre-admission, from their peer group, family and wider social community by way of their mental health difficulties;
- Enhance the self-esteem of each child by provision and maintenance of a living environment which promotes learning, self-discovery and autonomy, and identifies the individuals strengths and abilities where previously they may have experienced a de-skilling and negative process preadmission;
- Promote a values-base which strives towards mental health promotion and normalisation of the young person, interrupting any harmful stigmatising processes experienced pre-admission;
- Create a sound platform for the immediate stability and safety of the young person and for their future development, growth and permanence, whether reintegrated into the Placement and family, or towards alternative care placements.

#### Young Person Outcomes:

- The Placement is committed to achieving optimum outcomes for young people who, by their nature, have highly complex needs. We do this by implementing a range of measures in the following areas:
  1. **Young Person's Success: Outcome: All young people will succeed to the optimum of their abilities socially, vocationally and educationally. To support this outcome, Cove will:**
- Provide structured accredited work towards each young person's vocational and independent living skills through partnership working with Next Steps AQA awards
- Allocate a skilled key work team who are committed to assessing the young person's needs ongoing and on a daily basis. The key workers will also routinely identify and broker all the young people's individual and social needs including the sourcing of any cultural or religious needs, or the researching of local area resources such as clubs or activities.

- Through the key worker system, establish a meaningful and effective Positive Behaviour Strategy (PBS - see section 22) for the young person, which will ensure young people have access to a range of pro-social, proactive support measures as a preferential method of behavioral management than coercive and reactive measures (e.g. sanctions).
  - When sanctions are used, a PBS will always be established for that young person's behaviour. The young person will always be asked to have their views taken into account, and the sanction will always be evaluated in terms of its effectiveness.
- **2. Young Person's Wellness: Outcome: All young people will be supported to achieve and maintain high levels of general, mental and emotional well-being. To support this outcome, Cove will:**
    - Conduct high-quality assessment and observation of all young people's mental health needs throughout their admission, liaising with all relevant agencies regarding progress and support necessary
    - Where indicated, conduct a comprehensive Global Mental Health Assessment to identify any unmet or clarify any unclear mental health needs through skilled professional liaison with the young person's multi-agency team
    - Deliver skilled and tailored psychotherapeutic interventions for the young people on either individual or group levels or via systemic staff support. These are delivered by in-house, full time senior management staff. Additional interventions are delivered where indicated as part of the placements standard service, including modalities such as cognitive behavioral therapy, dialectical behavioral therapy, mindfulness approaches, mentalization, EMDR and trauma-focused work (this is not exhaustive, interventions are tailored depending on the needs of the young person).
    - For young people with identified mental health difficulties, have a Wellness Recovery Action Plan (WRAP) developed through their admission, available to them and their stakeholders on discharge.
    - Ensure all young people have daily access to their health providers, including GP, dentist, optician, and all additional health services involved i.e. CAMHS, psychology, other involved out-patient or health services (substance misuse workers, sexual health etc).
    - Deliver in-house general medical interventions through a high-quality system which includes a service contractual pharmacy agreement with Lloyds Pharmacy (currently in preparation, expected in situ March 2014; quarterly independent audits of the pharmacy and medications systems; accredited staff medication competency training by external agencies; expert and ongoing input into the staff team's care planning.
  - **3. Young Person's Safety Outcome: All young people will live in a safe environment and be continuously supported to make safe decisions. To support this outcome, Cove will:**
    - Deliver high quality staff training in the management of aggressive behaviours in young people, which emphasises prevention, verbal de-escalation and positive behavioral management as front-line approaches.
    - This specialist training is delivered by in-house senior instructors with extensive experience in managing aggressive behaviour within children's settings. This will ensure that young people will continuously have access to trained staff who are routinely updated with an exceptional skill-set, tailored to their needs on an ongoing basis.
    - Deliver high quality training in safeguarding children at induction level, enhanced level and refreshed annually.
    - Follow clear policies and procedures regarding safeguarding children and young people, both internally and have access to all local policies for each young person.
    - Provide local authorities and the West Mercia Consortium Joint Protocol for Reporting Missing Children and Young People ([http://westmerciaconsortium.proceduresonline.com/chapters/pr\\_jnt\\_miss\\_child.html](http://westmerciaconsortium.proceduresonline.com/chapters/pr_jnt_miss_child.html)).
    - Provide clear policies for all staff in incident reporting, ensuring that any incident which has compromised the safety of a young person, another person or the environment is recorded promptly,

clearly, and is subject to a clear in-house managerial review process which aims to prevent recurrence.

- Communicate all incidents of a young person's compromised safety at the point of the incident and within 24 hours to relevant authorities.
- Communicate all general progress and events through a minimum of weekly written reports to all relevant stakeholders (i.e. local authority, CAMHS etc).

## 5. Facilities and Services

The Placement is a large, detached residence with provision for 4 young people and the staff team. The Placement provides easy access to Kidderminster centre by foot (0.92 miles). The Placement is decorated and maintained to a high standard and the residence includes a dining room; four good-sized separate downstairs living and reception areas; study area with PC; and a large, fully-equipped kitchen and laundry utility area. There is a large private garden to the rear of the property. The staff have their own office, sleeping and bathroom areas.

Each young person has a good-sized private bedroom, each furnished with a single bed, bedding, wardrobe and storage. There are two separate bathrooms upstairs. Any valuables belonging to the young person can be stored securely by the staff. The allocation of bedrooms, and the supervision arrangements of the rooms and of the young person will be dependent on the young person's needs for protection and safeguarding, and be informed by a clear risk assessment and care plan.

The placement contains a useful separate annex area. This is physically separate from the main residence and consists of a bedroom, kitchen/living area, and bathroom and toilet. The annex has multi-purpose use, either as an area to facilitate young people's independence, or alternatively to offer more individualized 1 or 2:1 care and support. The nature of this provision is discussed with the young person's Social Worker and carefully risk assessed and care planned in every case.

## 6. Registered Provider

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Email: [info@cove-care.co.uk](mailto:info@cove-care.co.uk)

Website: [www.cove-care.co.uk](http://www.cove-care.co.uk)

### Registered Manager: Sarah-Jayne Garbett

Following previous registered manager going on maternity leave Sarah-Jayne was given the opportunity to be the acting manager of the home but has now become the registered manager of the home. Sarah-Jayne has worked within Avenue house for 5 years and prior to that worked as part of a charity project which helped young people with emotional well being issues, and also studied a degree at university in working with children young people and families. Sarah-Jayne is a child centred practitioner that thrives to achieve the best outcomes for each young person and hold aspirations high for every young person that is with in the company.



## 7. Senior Management Team

### **Lee Smith: Director for Practice Development**

Lee Smith is a trained mental health nurse (RN) with over 25 years of post-registration experience within child and adolescent mental health, both in the NHS and independent sector. He had early clinical posts within forensic, psychiatric intensive care and acute services, experiences which developed a strong professional foundation and core skills which include client-centeredness, care planning expertise, key working strategies with young people, leading facilitative and therapeutic group work, and brokering care from across interagency and multi-disciplinary teams. Lee moved on to more senior posts including lecturer-practitioner, Clinical Nurse Specialist (adolescent secure services) and at nurse consultant level. His professional activities have included setting up and chairing a national multidisciplinary group on the management of aggressive young people, a membership which included professionals from mental health, social services, Youth Justice, and education.

Lee's professional qualifications include RN; Diploma of Higher Education; Post-Graduate Certificate in Education and Post-Graduate Diploma in Child Forensic Studies: Psychology and Law. He has the NVQ Level 4 in Management. Furthermore he has undertaken a range of ongoing Continuous Professional Development specialist courses including teaching and assessing in clinical practice, counseling in healthcare, specialist clinical risk assessment training and Restorative Justice. In addition, he is a registered tutor in management of aggression interventions, including physical interventions and teaching non-physical skills when dealing with challenging behaviour.

### **Bev Cyrus, Director, Psychotherapist**

Bev Cyrus is a Registered Mental Nurse (RMN), with over 25 years NHS and independent sector experience. Her wide range of experience has included adult, child and adolescent mental health, eating disorder and general acute. She has had 10 years experience setting up and managing specific mental health services for children and adolescents, having successfully led the opening and development of the UK's first child and adolescent psychiatric intensive care service. Since then she has further developed services for secure CAMHS, open adolescent and eating disorder provisions for young people. She has developed a range of clinical and management skills in the process, including leading and managing the range of clinical services within a busy mental health provision including therapy, social work, education, occupational therapy and nursing. She has also retained a strong clinical involvement throughout her career, maintaining a caseload of service-users and being involved in front-line care issues on an ad hoc basis from a management position.

Bev's professional qualifications include RMN; Post-Graduate Certificate (Psychotherapeutic Interventions); Post-Graduate Diploma in Psychotherapy; Post-Graduate Certificate in Health Service Management; MSc (Psychotherapy); and the NVQ 4 in Management. She is also just completing an Executive MBA in Health Service Management with Greenwich University.

Bev has served as an Independent Hospital Manager sitting on Mental Health Managers review panels. Throughout her career Bev has maintained good training links working freelance with a number of agencies delivering mental health training as well as providing group support to staff teams. Bev has also held the post of Clinical Services Manager for a reputable health care organisation for the past 11 years.

### **Rachel Oliver: Responsible Individual/ operations manager**

Rachel has over 25 years in the social care setting, working predominately in residential, fostering and therapeutic work. Rachel has over 17 years of management experience leading a variety of teams. Rachel joined Cove Care in 2013, and she has progressed excellently through the organization in senior

management roles, developing her role and took the RI / Operations Manager senior post in 2018. In this time she has cultivated a leadership and operational position which oversees and supports the Registered Managers, with whom she has developed close and supportive relationships. She provides supervision, guidance, formal training and practical, hands-on work at the homes as a strong role model. Her role as RI has already seen significant improvements across a range of measures, including staff recruitment and retention, Ofsted performance at the homes and other quality measures.

Rachel’s professional qualifications include; FdA Therapeutic Childcare, DipSW, BA (Hons) and Level 5 Leadership and Management. Further more Rachel has attended ongoing Continuous professional development training in Mental Health first Aid, Therapeutic practice and most recently RI training.

**Liza Gallon (Clinical Mental Health Nurse Specialist):**

Liza is our Clinical Mental Health Nurse Specialist. She qualified as a mental health nurse (RMN) in 1998, and has worked in CAMHS acute units initially within the NHS, and later within independent sector settings, and developed her speciality in children and adolescent mental health. Liza has had posts within both tier 4 and primary care CAMHS, in in-patient settings and within the community. She has achieved increasing levels of seniority from staff nurse, to senior staff, then Deputy Ward Management & Charge Nurse. Liza has completed a wide range of Continuing Professional Development (CPD) which have informed her specialisation, including the national CAMHS ENB 603 award modular training, Cognitive Behavioural Therapy and Family Therapeutic interventions to an introductory level. Liza’s central focus with Cove Care is to provide specialist mental health nursing liaison within the in-house Clinical Team; training, support and guidance to the Registered Managers and Support Work teams; and to work directly with young people dependent on their needs and her workload. From a governance and organisational perspective Liza also contributes to the senior management level meetings, staff training and development and referral management.

**Dr Inam Ul-haq (Consultant Psychiatrist):**

Dr Ul-haq is the consulting psychiatrist for the organisation. He has extensive experience in the NHS and independent sectors with children and adolescents and people with learning disability. He provides specialist liason to the homes and staff around young people’s arising needs, and is part of the Clinical Review and Clinical Care planning process.

**8. Organisational Structure**

Cove Care Head Office provides administrative and senior management support. Chart I (overleaf) is the staff allocation for four young people.

**CHART 1: ORGANISATIONAL STRUCTURE: AVENUE HOUSE**

**Registered Manager**

**Deputy Manager**

<b>Team Leader</b>	<b>Team Leader</b>	<b>Team Leader</b>
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RSW	RSW	RSW	RSW	RSW
RSW	RSW	RSW	RSW	Maintenance

**Please refer to Appendix III for an up-to-date Organisational Structure with current staffing information.**

The Registered Manager is part of an on-call system of the senior management team who are available for out of hours support, advice and guidance between 5:00 pm and 9:00 am, Monday to Thursday; and 5:00 pm and 9:00 am Friday until Monday.

## **9. Staffing**

We have carefully selected a team of staff with a range of personal attributes, skills, qualifications and experience in working with young people who are vulnerable and who sometimes present very difficult and challenging behaviours. We have also ensured that all staff members are committed and dynamic and have the qualities that will make them professional carers and positive role models for the young people, who are by nature often frightened, vulnerable, anxious, angry and distrustful of adults and professionals. All staff must demonstrate traits such as honesty, sensitivity, openness, compassion, reliability, a sense of professionalism and fairness, flexibility, effective communication skills and resilience throughout the recruitment process as essential criteria, regardless of recognised qualifications. Staff must also have the ability to be confident, assertive and consistent in their approaches, and be able to set fair and professional boundaries and limits. They must be able to evidence self-reflection and calmness under pressure.

All staff members are trained in all statutory training requirements, and we deliver specialist in-service training in the Conflict Management with Young People (including physical interventions), for which we are in the process of seeking accreditation from Wolverhampton University, and Safeguarding. All employees' backgrounds are subject to enhanced Disclosure and Barring checks to ensure they are safe to work with children.

## **10. Continuous Professional Development**

Cove Care is committed to providing quality Professional Development Review (PDR) for its staff and facilitating rewarding working environments that promote the principles of Lifelong Learning. Consequently, all staff at the Placement receive an extensive programme of induction, on the job training, external training opportunities, and Diploma level 3 as their standard PDR. In addition, quarterly training needs assessments are conducted and the results of these assessments inform any specialist training or education which should be commissioned, i.e. Interrupted Child Development, Working with Abused Children, Working with Children with Mental Health Needs, Positive Parenting.

Mental Health First Aid (Young People) training is delivered annually by Rachel Oliver (one of our senior management team) who has recently been independently trained and accredited to deliver this course at Train the Trainer level. This training focuses on understanding the legal implications regarding Youth Mental Health First Aid. It explores depression, anxiety, suicide, psychosis, self-harm, alcohol, substance misuse and eating disorders providing a framework to help professionals and carers' support interventions directly with young people experiencing mental health difficulties. Including dissociative or intrusive replaying thoughts or imagery associated with PTSD. Our in-house mental health training is extensive.

## **11. Supervision and Support of Employees**

New staff working within their 6-month probationary period receive 1:1 supervision from senior, suitably qualified member of staff, at a twice-monthly frequency. Following successful probation, all established staff receive supervision monthly. This consists of a combination of management and case supervision,

essential for the effective and safe working practices of staff with vulnerable children.

In addition, all staff have the opportunity to attend monthly Reflective Practice Groups, which take the form of a structured group supervision exercise which often critically evaluates an area of practice. This aims to identify positives and negatives from a particular critical incident, address staff feelings, and positively identify alternative practices in future incidences. This is crucial in continuously examining and learning from practice, and also in reducing levels of stress in the workplace. There is also a monthly staff Team Meeting, which has fixed agenda items addressing team working, practice development and training, and also has scope for individuals to contribute their own agenda items.

The Senior Management team and the Registered Managers have an on-call rota to provide 24 hour, continuous support and oversight to the homes.

## 12. Staffing Levels

The current staffing compliment within the Placement is:

- 1 Registered Manager
- 1 Deputy Manager
- 2/3 Team Leaders
- Up to 11 RSWs
- Maintenance Worker

With 4 young people at the Placement, on a day shift there will be an average of 3 staff on duty. The Manager will be available either at the Placement or on-call from the office. At night staffing will depend on the young people's needs and risk assessments, and where necessary will include night wake staff and /or sleep in staff. These levels may be reviewed in line with the changing activity and risk profiles of the young people. When sleeping-in, staff are based in staff-only specific areas for this purpose. The placement has a stable team, which only when necessary uses agency staff. When agency staff are used, these are always consistent individuals, from a trusted provider, and they embark on full induction and in house training with the rest of the team.

13.

### Table II: Admission Criteria

- Young people up to 17 years at time of referral
- Male/female
- Mental health needs suspected/previously diagnosed
- Looked After Children
- Young Person requires residential placement due to unsuitability of current placement
- All referrals made by a qualified Social Worker to the Registered Provider's central referral system, or through established regional referral databases which the placement has undergone successful quality assurance
- All admissions to the Placement will normally be a planned procedure, involving a referral for assessment made by a Social Worker, an assessment conducted by the assessment team from Cove Care, which would collate all required information and meeting the young person. The decision made to admit the young person would include several factors, such as the young person's individual needs, the suitability of the Placement, and the likely effects on the young people already resident. The full referral assessment, and the decision on admission, will be described in a comprehensive

written report in each case. A planned admission would normally include coordinating introductory visits to both the young person's current placement and to the Placement

- Other criteria not specified above will be subject to a pre-admission risk assessment. It is acknowledged that occasionally emergency admissions may have to be considered due to the nature of the young people within the referral network. Again, emergency provisions may be made in extreme circumstances dependent on a risk assessment and care plan made by the senior management team.

#### **14. Admission and Statutory Review Procedure**

Every effort is made to welcome the young person to the Placement, and we acknowledge that moving to a new residential placement can be a very stressful experience for a young person.

The Guidance contained in the Guide to the Children's Homes Regulations including the quality standards promotes engaging with the wider system to ensure each child's needs are met. It is important that young people are introduced to the Placement staff and young people at the Placement in a welcoming manner.

##### **Pre-Admission:**

This Guidance (Guide to the Children's Homes Regulations including the quality standards) states that the young people should know what to expect from the Placement prior to admission or immediately on admission, ensuring that the young person understands their expectations.

First of all the young person is provided with a Placement Young Person's Guide detailing the key information that they need to know about the Placement that they are moving into.

On admission the young person is provided with the following:

- A Young Person's Guide detailing the facts that they need to know about the Placement that they are moving into
- A copy of the complaints procedure
- Information on the independent advocate service
- The policy on bullying
- Any other key policy or piece of information that they or their Social Worker and/or referrer feels necessary due to their specific needs (i.e. the Placement smoking policy, pocket money details, Missing Young People procedures, Safeguarding Policy etc).

Preferably on admission, but within 72 hours of admission, the placing Social Worker must provide:

- Looked After Children documentation
- Individual education plan
- A detailed chronology for the young person
- Written details of the contact arrangements between the young person, their family and their local authority
- Signed medical consent forms
- The local authority complaints procedure
- The local authority safeguarding policy

A Cove Senior Manager will discuss the young people's initial risk assessments with the Social Worker. Any restrictive risk measures (eg: see 22-25) will be documented on a Cove Admission Risk Assessment

and signed by the Social Worker and entered onto the young person's placement plan issued by the Local Authority.

An inventory of the young person's belongings including clothing is made with a copy being sent to the Social Worker highlighting any deficiencies.

Cove's placements are all signed up to the West Mercia database for the Reporting of Missing and Vulnerable Children. Consequently, on admission, we will notify the local area local authority of the young person's admission, along with any known risks or significant pieces of information, and also the West Mercia database. In addition, the Social Worker should provide a written agreement regarding the child going missing and vulnerabilities, especially of experiencing harm or potential exploitation, including the agreed time before the police are notified and to record the risk elements as part of an initial assessment.

The young person's food preferences, dietary needs, leisure activities and educational activities should be discussed, recorded and placed in their action plan. Their Social Worker may also be present during these discussions.

### **Post Admission:**

An initial risk assessment must be completed and then signed by the Social Worker within 7 days. A written health plan will be agreed for each young person within 28 days. This will include:

- Date of last statutory medical (access local authority statutory medical form if due)
- Hearing
- Optical
- Dental
- Mental health state
- Allergies
- Medication

Arrangements are made to register the young person immediately on admission.

### **Statutory Reviews:**

A Placement meeting is held within 72 hours with the local authority Social Worker and Cove Keyworker. Other professionals will be included as available.

The first statutory review meeting takes place after 28 days of placement, the second at 3 months with subsequent reviews every six months thereafter.

An action plan is developed within 28 days of placement and agreed at the 28 day review.

## **15. Care Planning and In-House Reviews**

Cove Care uses Clearcare, an electronic system for record keeping, assessment, planning, implementation and evaluation of care for the young people. We have designed this completely confidential, purpose-specific intranet system into which all care planning information is entered and is tracked and evaluated continuously during the young person's admission. Feedback to local authorities, Social Workers and other involved professionals makes descriptive use of this technology and clearly sets out the young person's needs and their achievement of outcomes against each. This feedback is provided routinely electronically by the Cove Key worker, usually monthly, but can be more frequently if

requested. All notifications of untoward incidents are notified to involved stakeholders immediately.

A young person's Care Plans are written by their key working team under the close supervision of a qualified mental health nurse. The outcomes for each Care Plan are taken directly from Ofsted's Inspection of Children's Homes: Framework for Inspection (Ofsted 2015). Using these Descriptors to evaluate our Care Plans ensures that we are focused on achieving the highest possible standards for our young people; that the needs of our young people are in line with the registration conditions of the Placement; that we are using the most up-to-date sector standards to inform our care planning approaches; and that we hold ourselves and our care delivery accountable.

## **16. Ethos and Philosophy of the Placement**

The removal of a child from their own Placement, or from their current residential environment, is considered a hugely significant and deeply unsettling life experiences. The decision to admit a young person to the Placement, therefore, is can be considered in some circumstances to be a safeguarding and risk management measure.

Due to these significant life events, and/or due to past abusive experiences, many young people may arrive at the Placement with a pervasive mistrust of adults. The initial aim of the staff at the Placement is to provide a supportive, warm and caring atmosphere for the young person from admission and throughout their stay, crucial in enabling them to develop understanding into the reasons for their admission, their past experiences and their current needs.

## **17. The Young Person's Care Team**

Each young person at the Placement is allocated a Care Team on admission, which consists of a keyworker (a senior residential support worker or above), a member of education staff and an RSW who will be responsible for implementing the young person's Care Plans and communicating with the young person's community-based professionals and family/significant others on a regular basis. The Care Team might also include a Placement Social Worker, psychologist or specialist psychotherapist, dependent on that Young Person's needs. The Care Team will meet each month with the young person to review their care plans and progress.

Each young person receives:

- Weekly key/co-working input
- Other multidisciplinary input, including psychology and/or specialist psychotherapy, where identified
- Individual and group therapeutic work (see below)
- Individual and group sport and activity sessions
- Education (see below)

## **18. Therapeutic Work**

Cove Care employs a range of mental health practitioners and therapists either on a permanent or contracted-in basis, depending on individual need. The therapeutic approach at the Placement is based on a holistic model; the aim of our assessment is to match the needs of the young person to the type of therapy which may best suit their individual needs. Further to this, all young people receive a combination of group and individual therapeutic sessions through their care team, including their keyworker, Social Worker and education staff.

The focus of therapeutic work available at Cove, delivered by our own staff, can include:

- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Existential Psychotherapy
- Play therapy

### **Clinical Review**

Every two weeks all young people are reviewed within a Clinical Review Meeting (CRM) forum. These are attended by representatives from the team, senior management and therapeutic staff; young people's key stakeholders (eg Social Worker, CAMHS etc) are often invited, and where ever possible the young person will take a lead or even chair their own CRM. The CRM provides a robust regular review of the global progress of the young person, including their mental health and therapeutic needs. A secondary benefit of the CRM is that it provides psychodynamic supervision and reflective practice across the team.

### **High Intensity Specialist Child and Adolescent Mental Health Psychotherapist: Louise Westley**

Louise is a psychologist with extensive experience of providing a range of therapeutic modalities to children and young people. She is able to tailor her approaches to meet the complex needs of the most difficult to engage young people, including those with complex mental health and trauma experiences. Louise is able to utilise her clinical work with young people to provide excellent, practical strategies for the staff in the homes to support the young people, inputting into Clinical Review Meetings and Care Planning. Louise has several post-graduate trainings in NICE guideline-approved psychotherapies such as CBT and EMDR.

### **Cognitive Behavioural Therapist: Kamaldeep Kaur Heer**

Kamaldeep has been an accredited CBT therapist for over 14 years. She is also clinically trained in EMDR and has treated clients successfully for trauma related difficulties, depression and anxiety. Kamaldeep has worked with adults and young people across diverse clinical settings such as Psychoses and Complex Mental Health, Neuropsychology, Learning disabilities, Specialist Psychotherapy Services and in recent years within the Improving Access to Psychological Therapies (IAPT) initiative in the UK. She takes an empathetic and idiosyncratic approach in my clinical practice; she is mindful that each client's relational experience and journey to wellbeing is unique thus treatment should reflect this. Kamaldeep works hard to ensure she consistently provides the highest quality evidence-based treatment with a wholly person centered approach. She specialises in working with Depression and Anxiety related difficulties (Generalised Anxiety, Panic Disorder, OCD, Social Anxiety, Health Anxiety, Worry and Specific Phobias and PTSD, Complex PTSD)

## **19. Education**

Cove Care will as far as possible maintain mainstream education for young people. We acknowledge some young people will require support to do this or have been absent from education for some time.

Prior to admission the details of the LACE Team will be shared with the placing Local Authority, this will enable direct conversation between the education departments to begin facilitation of a transition to an identified provision that will meet the young person's needs.

Cove Care will work with the placing authority and Worcestershire to support the identified education plans, making sure that all young people in our care receive the education they require.



Cove Care has recently started to work in partnership with Next Steps Life Skills and Training, an organization that offers a comprehensive and unique education program for care professionals working with children and young people in the residential setting. Next Steps Life Skills and Training provides a range of units on every subject relevant to children and young people's development from learning to tell the time to puberty. The units offered are accredited by AQA, the largest exam board accreditation centre in England; which means that the qualifications gained by children and young people at Cove Care will be recognised by education institutions and employers. The qualifications offered by Next Steps Life Skills and Training are unique in offering a bespoke framework for development that is service focused to meet the specific needs of every child or young person.

## **20. Health Promotion**

All young people at the Placement will be registered with a local GP, optician and dentist. All other health matters will be identified at the point of assessment and referred to specialist local provisions where necessary.

The Placement does not promote the use of cigarette smoking but acknowledges that some young people might be admitted to the Placement with an established cigarette habit. As policy, the Placement will not purchase cigarettes for the young person, nor use cigarettes as a source of reward or sanction. Smoking is not allowed within the Placement itself but is allowed during certain times outside. The Placement will provide a range of health education activities, such as individual and group work, on various public health issues and will endeavor to engage in a smoking cessation programme if the young person wishes to undertake this. Young people will also be given information about the consequences of substance misuse and are supported in accessing all necessary resources on an ad-hoc basis. Cove has a pharmacy service from Lloyds which ensures safe and continuous dispensing, tailored staff training and frequent audits of our medication processes. Where indicated, we will also conduct a Wellness Recovery Action Plan (WRAP) with young people which we will aim to identify his/her early warning signs, triggers and strategies for management which will include signs of disengagement from services or non-compliance, with a clear crisis management plan outlined in the event of any relapse. The identified triggers are clearly important to note and care plan around in terms of implementing strategies and support, and we will aim to identify a range of stressors and precipitating factors for young person to work in a preventative and health promotional way with his/her over time.

## **21. Young People's Involvement**

Cove Care is committed to promoting user-involvement by the young people in our care. We attend to a range of measures for young people to be continuously involved in their care and in the operation, policies and activities at the Placement.

On admission and early in the assessment process, the young person's keyworker will explain the running of the Placement and the expectations of the young person. The young person will also be given all their statutory rights in relation to any Children Act or Mental Health Act issues, their rights to access of information and personal files and their right to make a complaint and the procedure for doing this. All care plans will be written with the young person, who will sign for them once they are agreed and own a copy of them. Wherever possible, the care plan will contain clear directives from the young person for the staff to support them in times of crisis. If the young person is unable to understand the care planning process, agree with the content or to provide any directives, the reason for this must be clearly recorded on the care plan by the keyworker, with a strategy for helping the young person overcome the particular difficulty.

The young people, either as a group or by representation, will have recognised formal input into the policy-making process. Arrangements are made to invite the young person's representatives into staff policy meetings in order to collaborate in policy-making. All new policies devised have this user-involvement as routine procedure in each case.

Furthermore, each day at the Placement commences with a Breakfast Group, essentially a Therapeutic Community Group which facilitates discussions about the running of the Placement, the environment, atmosphere, and perceived difficulties and how to overcome them. Any issues that cannot be resolved in this forum will be referred onto the relevant mechanism on a daily basis, i.e. to raise the concern with the registered manager or through the complaint's procedure.

Several of the therapeutic groups are delivered with the young person's involvement as central. In the Self-Help group, for instance, the young people will research a particular mental health aspect, usually closely related to themselves, and with staff support present this to the Group along with strategies for self-help. The Placement recognises the therapeutic potential of this type of group when delivered with sensitivity, close support and respecting the confidentiality of all participants, and carries the approach over in developing a Positive Peer Culture within the Placement.

## 22. Promoting the Positive Behaviour of Children

The Placement is committed to focusing on promoting the positive behaviours of the young people rather than purely dealing with any potential negative or disruptive behaviour. All care plans that aim to facilitate behavioral change contain comprehensive guidelines for the identification and promotion of a young person's skills, abilities, successes and other creative strategies that they have used in the past or might deploy in the future. The focus is on helping the young people take responsibility for their own actions and behaviour, with the staff's role primarily as benevolent guides.

These Positive Behavior Strategies (PBS) are implemented in a formal way, documented on a Cove PBS form, and a running log of them are kept in the placement in the same way that other important information is kept and logged (i.e. sanctions and incidents). This is to ensure that we at Cove are focused on the positive aspects of a young person's behavior management.

PBS's are by nature highly individual and are tailored to each young person. Specific examples for some young people have included (see Table III):

**Table III: Positive Behaviours Strategies**

- The use of Positive Peer Contact when feeling stressed – i.e. a friend within the Placement to help calm them down alongside staff (depending on careful risk assessment)
- The use of our intranet system of identifying a young person's specific triggers, and the focus on early-intervention to prevent escalation (functional analysis)
- The use of coloured cards (e.g. red, amber, green) for them to denote to staff when they are feeling angry and what they would like the staff to do to help
- A hierarchical approach by staff, clearly outlined in the care plan, depending on the levels of a young person's anger and their ability to self-manage. These might include allowing the young person to pace in a safe area, monitoring from a distance, accessing the garden or a walk, encouraging them to chill out in their room on their own, offering to spend time with them
- The use of a diary or journal (written or electronic) for a young person to document difficult feelings, reviewed with their keyworker on a regular basis
- The use of de-stimulating activities such as relaxation tapes/relaxation strategies by staff; the use of

distracting techniques (NLP reframing/anchoring); the use of other physical activities as a prosocial alternative (i.e. running).

We acknowledge, however, that due to the backgrounds of some of our young people, that they might have some difficulties in managing their behaviours, keeping themselves or others safe, or taking responsibility. We understand and empathise that their life experiences might have consistently reinforced the world as a frightening place, and where their dealing with this has often led to angry or other challenging behaviours. This view is promoted across our staff teams who are helped to process young people's more difficult behaviours through staff supervision and reflective practice group sessions.

## **Behavior Management**

The aim and philosophy of the Placement is that all incidences of potential or actual aggression or other challenging behaviours by young people are managed by a range of non-physical measures. These include forming close, supportive, therapeutic relationships with young people where strategies for managing difficult behavior can be devised with the young person in advance of any crisis. This will ensure that all management strategies are proactive, planned interventions made with the agreement of the young person, rather than reactive, emergency interventions made at the exclusion of the young person. Other non-physical strategies to be deployed include the specialist training of staff in a range of conflict resolution and conflict management skills including the identification of aggression at early stages for particular individuals, the communication skills necessary with young people who are becoming distressed or angry, the ability to de-escalate potentially aggressive situations and young people, the provision of alternative, safe activities for young people who are becoming distressed, the use of behavioral sanctions in certain circumstances (see below) and the use of environment in particular cases, i.e. the provision of a quiet area of the Placement for a young person for purposes of safety and/or de-stimulation.

However, it is recognised that in isolated circumstances these strategies may not be effective or safe to deploy if a young person is highly aggressive, and others or the young person themselves are at immediate risk. In these situations, staff are also trained in utilising child-specific physical interventions which aim to effectively manage the crisis, and to restore non-physical strategies as soon as possible. These physical interventions include the hierarchical deployment of a series of least-restrictive holds, guides and de-escalatory procedures aimed at the earliest possible resolution. All physical interventions are taught within a holistic training programme, which includes a full range of theoretical and non-physical skills components, by experienced, in-service tutors, so that all staff fully understand physical interventions as a last resort option in a large range of management strategies. All physical interventions are recorded on a Cove Incident Report and a log of it placed in a chronological Restraint Log, for ongoing monitoring, audit and independent regulation.

The model of physical intervention training we utilise at Cove is General Services Association (GSA). GSA is the largest provider of behavior management and physical intervention training in the UK, and it enables us to tailor our approach to the specific needs of the young person. All training is delivered by our in-house instructors, which enables all staff to receive the statutory initial training on commencement of employment, annual refreshers, and also any ad-hoc specialist training or consultancy identified for specific young people or particular members of staff. The technique manual is accessible online for all staff. GSA also provides an excellent consultancy and expert witnessing to its registered trainers, enabling our in-house instructors to access 24/7 advice if required. Our training also incorporates extensive non-physical strategies and theoretical components as set out in the nationally-recognised NHS Project (previously Security Management Service) of the NHS's training curriculum, also accessed by our in-house instructors.

Following any incident of physical intervention, the young person will be immediately offered support by

way of a supported (de-brief) by a trained member of staff in Conflict Management and De-escalation Techniques. In this session, the reasons for the intervention will be explored, the young person's own thoughts acknowledged and their feelings discussed. They will be encouraged to identify alternative strategies for the future management of similar incidences, and this will be inputted into the care plan. Wherever possible, this de-brief, or further mediation if possible, will be conducted as early as possible between the young person and any member of staff involved in the intervention. This is particularly important if the young person has been aggressive to a member of staff.

### **23. Safeguarding Children**

It is the expectation of Cove Care that all the children and young people in their care are entitled to the same level and standard of protection from harm as is provided for those who live in their own homes.

It is essential that all staff have awareness and basic understanding of Safeguarding procedures. In-service Safeguarding training includes Cove Care Child Protection procedures, the Department of Health's guidance on Working Together, and the Protection of Children Act (1999).

Whenever residential staff have suspicions, knowledge or evidence that a young person is suffering, or has suffered abuse, then information must be brought to the attention of the appropriate line manager without delay. Equally, in any situation where a staff member has any doubts, or are unsure of the situation or circumstances, then advice from the unit manager is always sought. It is also important that staff can recognise the potential for incidents arising both internally and externally to the service which fall within the Safeguarding procedures. Indicators may arise from what a young person says, how she/he behaves or his/her appearance. Staff may have suspicions or make observations about incidents or practices within the Placement.

Where a child indicates to a member of staff that they have been or are being abused, the member of staff must:

- Listen to the child rather than question him/her directly
  - Do not stop the child from freely recalling significant events
  - If any questioning is required, do not use leading questions
  - Make an accurate record of the disclosure, including the time, setting and people present
- Whenever residential staff are suspicious, or have knowledge or evidence that a young person is suffering or has suffered abuse, then information must be brought to the attention of the appropriate line manager without delay.

#### **Examples of Potential Safeguarding situations are:**

- Bullying, physical assault or abusive practices by other residents within the same unit
- A young person returning from family contact with unexplained bruising or marks, and showing sudden reluctance to continue with contact arrangements
- Allegations made or suspicions held about any adult involved in the caring process with Looked After Children and young people

#### **The Local Safeguarding Children Board**

The Placement completely adheres to the inter-agency child protection procedures, and has a link to the Safeguarding Board's policies set into the office desk top computer (URL link at <http://www.worcestershiresafeguarding.org.uk/>). This document takes into account the requirements of the Protection of Children's Act 1999 and is concerned with statutory responsibility to collectively protect children from abuse.

It is intended to clearly and concisely outline the policy and procedure for the protection of children to professionals who suspect child abuse. In such instances, each agency, including the Placement, work within the guidelines set out in the Working Together document 2005 in conjunction with the Local Safeguarding Children Board. It is important therefore that all staff members are familiar with the handbook and guidelines.

The following action must be taken if a child has reported abuse:

Where a member of staff becomes aware of information indicating abuse, this should normally be referred to the Registered Manager or Deputy Manager on duty (unless it is believed that that person themselves has been involved in the abuse). On being advised of a Safeguarding concern, they will take any short-term measures required to ensure the child's safety.

Having established that significant harm may have occurred, the Registered Manager / Deputy Manager must take the following initial actions:

- a) Take any short term measures required to ensure the child's safety
- b) Immediately advise a member of the senior management using the Cove on-call system
- c) As soon as possible a member of the senior management will hold a meeting of all involved members of staff to share information, consider any action that needs to be taken and plan for the appropriate care of the child. This will not prevent or delay a referral to the Young Person's local Social Services Safeguarding Department.
- d) The Placement Social Worker, Registered Manager/Manager will also advise:
  - i) The Placement's Local Safeguarding Team (out of hours service where applicable)
  - ii) The child's allocated Social Worker
  - iii) The Registered Manager where s/he has not been involved in the above stages.

The purpose of this contact is not only to inform but also plan the most appropriate course of action. This initial contact may be telephonic, but will be followed up in writing within 24 hours.

- e) There should be an agreement between the Registered Manager/Manager and the Social Worker as to who will inform the parents. Parents should normally be informed as soon as possible and no later than 24 hours after an investigation commences unless to do so places the child/children at risk.
- f) Similarly, any staff member subject to investigation should be informed as soon as possible, and no later than 24 hours after such an investigation commences. There will be a need to consider the impact of disciplinary procedures where an employee is suspected of abuse, whether during the course of duties or in a non-professional situation.

Where the original staff member referrer believes that the Registered Manager/Manager has failed to take appropriate action or is thought to be involved in abusive practice themselves, the matter should be referred to the young person's Social Worker Team Manager. He/she may consult with the Safeguarding Board directly. The Safeguarding Children Board gives the lead responsibility for the protection of children to both the Social Services Department and the Police.

#### **Important Contacts:**

**Worcestershire Safeguarding Children Board Telephone: 01905 752803**  
**The Pines Emergency Out of Hours Contact**

## 24. Bullying

Cove Care defines bullying as:

**'The systematic intimidation of, or aggression towards, a person by another individual and/or group of individuals, especially where a power imbalance is perceived by the victim, and which results in physical and/or psychological harm'.**

Cove does not expect bullying to occur within their residential settings either between young people, from staff towards young people or from young people towards the staff, nor between staff members (this particular issue is covered in more detail in the Company's Bullying and Harassment policy). It is acknowledged that bullying can be experienced by people at different levels and in a number of different ways: physical aggression, verbal aggression and/or threats, hostility, intimidation, or by a range of indirect behaviours such as discrimination, isolation and/or rumour spreading, any disproportionate response to challenging behaviour, or the imposition of unreasonable sanctions or rules. For those young people living in a residential setting, their experience of bullying can often mirror their experiences prior to their accommodation.

Training on the awareness, identification and management of bullying is included at Induction, in the Conflict Management programme and on an in-house basis depending on need. All staff at the Placement are vigilant in applying these measures within the workplace. Furthermore, all young people are given similar training, advice and support in issues relating to bullying.

Cove understands that the nature and causes of bullying can often be complex processes related to an individual's past history, where abuse and other victimisation experienced by an individual can often lead them to counter-aggressive or bullying behaviours. Therefore, Cove's approach to bullying aims to be one of sensitivity and proactivity, where inclusion rather than exclusion is the intended outcome. We understand that the major deterrent of bullying is the development of an atmosphere and culture of kindness, warmth, mutual respect and support. Alongside this, each individual will have a Priority Need care plan where issues of bullying are identified, either as a potential victim or perpetrator, along with practical interventions that can be made to address this. Also, the Placement will have a daily Community Group each morning where participants can raise pertinent issues, and the Placement atmosphere and harmony is a standing item at these meetings. In some cases where bullying is identified as an issue or potential problem, mediation can be facilitated between individuals, or the principles of Restorative Justice applied where applicable. The Complaints Procedure can also be utilised by the young people who are concerned that their needs are not being met by the staff, and in more extreme cases, bullying behaviour which is of suitable severity will be considered criminal behaviour and a matter for the police and may involve Child Protection procedures.

Cove also recognises the increasing concerns relating to 'cyber-bullying'. This is:

**' ... when a child ... is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child ... , using the Internet, interactive and digital technologies or mobile phones. It has to have a minor on both sides, or at least have been instigated by a minor against another minor. Once adults become involved, it is plain and simple cyber-harassment or cyberstalking. Adult cyber-harassment or cyberstalking is NEVER called cyberbullying.'**

Further information is available to staff on the concept of cyber-bullying, understanding it and prevention strategies via link on the Placement PC desktop at: [www.stopcyberbullying.org](http://www.stopcyberbullying.org).

## 25 Procedures for Incidents where Children go Missing from Placement

The recent (June 2012) report, the APPG Inquiry Into Children Missing from Care, identifies the high numbers and serious risk of children going missing from care, and the need for providers to pay more careful attention to this aspect.

Cove has always had clear procedures for young people who are at risk of going missing and has reviewed these policies in the light of the recent report and the increasing public scrutiny of providers in their safeguarding of vulnerable young people.

We have always considered the issue of young people running away as a serious issue, and that the behaviour of going missing or running away is often related to a highly complex set of interactions between the young person, their own emotional and psychological responses to their environment, the Placement and staff, families and society. We also fully acknowledge that young people in care are often particularly vulnerable from external sources, irrespective of their 'known risk factors' or apparent abilities to keep themselves safe or appear 'street-wise'.

Although the issue is complex, and often no 2 incidences of a young person going missing are the same, we have attempted to work in line with relevant reports and guidance and have incorporated the following key definitions:

Missing young people: young people that have left the Placement without authority, and their whereabouts is unknown

Absent young people: young people that have left the Placement or the care of the staff temporarily, their whereabouts is known, and they will/are highly likely to return.

Our procedure is as follows:

- i. On admission, a Cove 'New Young Person in our Care' form will be completed and forwarded to the Placement geographical local authority, outlining their key information, identification, known risks and health issues. This is particularly important where the young person's referring authority is out-of-area and where the local area will otherwise have no knowledge of their relocation.
- ii. Also on admission, the West Mercia Constabulary database for Vulnerable Young People is notified of their admission to the area, with the same information.
- iii. All young people will have a Cove Generic Risk Assessment, commenced with their Social Worker and using all available sources of information, pre-admission if possible and evaluated throughout their stay with us. The assessment includes a comprehensive assessment of their risks of going missing or absent and their associated risks if away from care i.e. of harm, substance misuse, aggression from/to others, self-injury, neglect, risks to their mental or physical health, and risks of potential exploitation i.e. from sexualised behaviours, strangers/known contacts, bullying and gang culture.
- iv. From this risk assessment risk scores will be generated for the risks of Going Missing and Absent. If these risks score as 'Moderate' or High' specific Risk Management Plans will be drawn up and

incorporated into the young person's care plan. Interventions will be clearly set out for the steps for staff to take in the event of a young person either missing or absent from our care and agreed with their Social Worker.

- v. In the event of the young person going missing or absent, staff will refer to the care plan and implement this. In the first instance this would normally involve a brief search of the Placement and the immediate surrounding areas, along with any likely enquiries that can be made (i.e. non-residential peers known to them) in order to attempt to locate and/or confirm the whereabouts and safety of the young person.
- vi. This search should be sanctioned by the Registered Manager or on-call senior manager, in order to facilitate effective communication in these incidences and to ensure that the act of conducting the search does not compromise any safety issues.
- vii. Where the initial search and/or enquiries are inconclusive, the senior member of staff should notify:
  - a. The Registered Manager/On-call senior manager at Cove Care
  - b. The police (a 'MISPER' report)
  - c. The placing authority Emergency Duty Team out of hours
  - d. The young person's Social Worker in office hours
  - e. The young person's parents/nearest relative/parental responsibility/significant others
- viii. There will be clear timescales for all these above actions in the event of a Missing or Absent incident detailed on the care plan, based on variables such as the young person's age, competence, personal circumstances, history, vulnerability and other risk factors.
- ix. All cases of a young person going missing or absent will be recorded on an incident form and in the young person's notes, along with actions taken and outcomes. In addition, a note is made in the 'Missing and Absence Log' for recording and audit purposes. Any reference numbers given by the police should be clearly recorded.
- x. On the safe return of the young person, the staff will make them feel welcome and aim to establish the reasons for the absence. The policy for Missing and Absences should be explained to the young person, and methods for prevention of a future recurrence discussed with them, with the care plan updated where necessary.
- xi. A 'Safe and Well' check of the young person will also be arranged as soon as possible following their return. This is conducted by a professional external to the Company or the Placement and is often in practice a police officer or Community Support Officer.
- xii. Other measures to undertake on their return should be discussed with the on-call senior manager and should be clearly recorded in the Care Plan. These might include:
  - a. An assessment of the young person's mental state
  - b. Any amended care and support/supervision status
  - c. The young person's emotional/physical health and well-being
  - d. Connected or associated risk factors
  - e. Potential for future vulnerability and/or risk-taking associated with absence, i.e. criminal activity, substance misuse, sexualised behaviours etc
  - f. The need for specialist assessment and emergency management plans, i.e. psychiatry, psychology, risk assessment, physical checks, urinalysis
- xiii. All agencies notified of the absence in iv. above will be contacted on their return, along with any outcomes or changes to care plan.



## **26. Additional Security Measures:**

The placement has window restrictors in situ at all windows in young person areas. These are discrete, flexible devices which enable the window to open around 6 inches, wide enough to ensure fresh air to circulate but not wide enough to enable a young person to egress. These devices are in place as a 'baseline' risk measure to reduce the general risk of any young people going missing from placement, and also as a general measure to restrict unwanted entrants. Where going missing risk is not a factor for a specific young person, their own autonomy will not be compromised and entry and egress is clearly available through the external doors.

These additional security measures are explicitly included in a pre-admission Risk Assessment for each young person, discussed with the local authority usually at the point of referral, that also includes any further potentially restrictive risk measures that may be necessary for the young person (i.e. physical interventions). This risk assessment document is forwarded to the local authority and the social worker signs their agreement to the measures; the measures are also entered into the local authority Placement Plan for the young person.

## **27. Fire Precautions**

The Placement is equipped with an integrated fire and smoke alarm system, a fire blanket and fire extinguishers. The Placement has a fire procedure, clearly displayed throughout the Placement and given to each member of staff on induction and young person with their Young Person's Guide on admission. The Placement's Maintenance Officer is responsible for ensuring the safety and maintenance of these systems under the supervision of the Registered Manager. Weekly checks are made routinely of the fire and smoke alarm system by the allocated security officer on duty. Other equipment is regularly inspected by third party specialists and replenished where necessary. Finally, fire drills are conducted every two months to ensure staff and young people are familiar with the procedure.

## **28. Arrangements for Religious Observance**

Each young person will have, as far as is reasonably practicable, the opportunity to attend religious services and engage in religious practices appropriate to his/her beliefs. This will often be highlighted during the assessment process and interventions documented as part of the care plan relating to the appropriate expression of their emotions. In isolated cases, there may be extraneous individual factors (i.e. relating to risk or a young person's mental state) which impacts on that person's ability to engage in religious practices. Where this is an issue this will be clearly documented in the Care Plan by the keyworker, with a plan drawn up to re-integrate the young person according to his/her wishes as soon as practicable.

## **29. Contact Arrangements**

A young person can expect to have all appropriate contact with their parents, families and friends encouraged and supported within the Placement. As part of the child's reintegration Care Plan, the arrangements for these will be documented and risks assessed and management plans devised where appropriate. The young person can expect to have other contacts facilitated and supported by the Placement such as telephone contact (through a daily 15-minute quota of outgoing calls made available), email and letter writing, in addition to the scheduled visits. Visitors are welcomed as an important part of maintaining successful reintegration of the young person into society.

Wherever possible the young person's privacy during visits and other contacts will be respected. In some

circumstances, additional safeguards might be required where there are elements of risk towards the young person or others. In these circumstances the risk management strategies necessary, i.e. supervised visits, would be discussed with the young person's Social Worker and clearly documented in the relevant Care Plan.

### 30. Complaints and Representations

Each young person has the right to make complaints or other representations including comments or compliments, regarding any aspect of their care and accommodation at the Placement. General comments and compliments are logged together in a Comments log, while complaints are recorded separately in the Placement's Complaints Book.

#### Complaints

Cove Care complaints policy consists of a four-stage procedure. This is explained to all young people by the keyworker on admission, and a paper copy of the procedure given to them for reference. The Policy is also available electronically.

**Table IV: Cove Complaints Procedure**

**Stage 1:** Informal: Young person or other complainant raises a complaint to a trusted member of staff. This in turn is handed over to the person in charge of the Placement at the time and is recorded in the young person's notes and the Complaints Book. The complaint is discussed and recorded as resolved, signed by the young person, countersigned by the member of staff. Timescale: 72 hours.

**Stage 2:** Formal: Unable to resolve at Stage 1 and/or young person or complainant dissatisfied with the outcome of the Stage 1 discussions. An Investigating Officer will be appointed from the senior management team who will conduct a formal internal investigation, and report in writing to the young person. A summary of this report will be entered into the Complaints Book, again with the outcome and satisfied/dissatisfied entry of the young person. Timescale: 7 days.

**Stage 3:** Review: Unable to resolve at Stages 1 or 2, or the young person or complainant wishes to appeal the decision made by the Investigating Officer. This will be taken up by the senior management team at Cove who will examine the evidence and give a formal response. Again, summaries will be entered into the Complaints Book, along with decisions and views of the young person. The full collation of statements and reports that are made at this stage are kept in Cove's office for confidentiality purposes and can be made available to all statutory and regulatory agencies.

**Stage 4:** External: unsuccessful complaint either passed on by Cove Care, or made directly by the young person, direct to Ofsted, at:

Complaints Dept  
Ofsted  
Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

Furthermore, Ofsted recommend that a Young Person contacts them in the first instance by Helpline telephone, as these are often most rapidly responded to, on 0300 123 4666; or email to [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk).

Full guidance for members of staff on the facilitation of a Young Person's complaint is available from Ofsted at the following URL link: <http://www.ofsted.gov.uk/Ofsted-home/Forms-and-guidance/Browse-all-by/Other/General/Factsheet-childcare-Concerns-and-complaints-about-childcare-providers>. This link is also inserted into the Placement's PC desktop settings for easy access for staff.

The young person will be supported throughout each of these stages by the services independent advocate, who can act as their representative in meetings and assist in any reporting where necessary.

### **31. Anti-Discriminatory Practice**

Cove Care ensures that there is equal access to all services and therapeutic resources to all young people, irrespective of race, gender, disability, culture, age and sexuality. Any staff at the Placement who fail to ensure that this principle is upheld are considered in breach of the Company's policy and will be managed through the disciplinary procedure.

### **32. Staff Conduct and Practice**

All members of staff at the Placement work in a pro-active manner, characterised by professionalism, care and positive regard towards the young people. These core competencies are monitored closely through the supervision and continuous professional development mechanisms of the Company.

All employees practice in accordance with the Code of Professional Practice particular to their profession.

These include:

Qualified Nurses:	Nursing and Midwifery Council (NMC)
Psychologists:	British Psychological Society (BPS)
Medical:	British Medical Association (BMA)
Social Work:	General Social Care Council (GSCC)

Copies of these Codes are also available to the young people at the Placement.

**APPENDIX I - STAFF LIST: AVENUE HOUSE**

<b>NAME</b>	<b>DESIGNATION</b>	<b>QUALIFICATIONS</b>	<b>CURRENTLY STUDYING</b>
Lee Smith	SMT	RN, PG Cert, NVQ 4, MVA Tutor	
Bev Cyrus	SMT	RMN; NMC; MSc Psychotherapy	
Rachel Oliver	Operations Manager/ RI	DipSW, BSc, FdA (Therapeutic Childcare), L5 Dip Leadership & Management	
Liza Gallon	Clinical Nurse Specialist	BSc (Hons) Nursing Studies; RMN; NMC	Psychiatric nursing assessment, care plan implementation; liaison with external community team
Sarah Jayne Garbett	Registered Manager	BA Hon working with children, young people & families. Foundation level Makaton. Btech Diploma Sports Development, fitness & Coaching. Diploma Level 5 leadership and management	
Nicole Clayton	Deputy Manager	Diploma L3 Access to Higher education Diploma	BA hons Social Work University of Wolverhampton
Clifton Forbes	Deputy Manager	BSC Hons Sports and exercise science Level 3 diploma children and young people	BSC Hons adult Nursing University of Wolverhampton Diploma Level 5 sign up completed for leadership and management
Kaziah Smith	Deputy Manager	Level 1 sports Level 2 Equality and Diversity Level 3 Supporting Children Diploma level 3 Children & Young People	Diploma Level 5 sign up completed for leadership and management
Izehiese Amadia	RSW	Vocational Course in Health & Social Care Diploma level 3 Children & Young People	BA Hons working with families and community University college Birmingham
Kyle Campbell	Team Leader	NVQ level 3 in health and social care - adults, NVQ level 2 in prevention and infection control Diploma Level 3 children and young people	
Adam Chamberlain	RSW	Diploma Level 3 children and young people	
Rigobert Tantoh	RSW	BSc political science and sociology Single subject Diploma in management	Bsc Hons adult mental health nursing University of

		Combat, infantry and security	Wolverhampton
Belinda Nkongho	RSW	Diploma Level 3 Children and young people	
Derek Tebo	RSW		Diploma Level 3 Children and young people
Charity Omoragbon	RSW		Diploma Level 3 Children and young people
Shannon Lynch	RSW	BTEC Level 3 Health & Social Care Aug 2012 BTEC Level 3 extended Diploma June 2013	
Joe Briar	Maintenance		
David Bowdley	Maintenance		
David Hipkiss	Maintenance		
Philip Brown	Maintenance		
Ryan Brown	Maintenance		

**APPENDIX II - STAFF LIST THERAPEUTIC INPUT: AVENUE HOUSE**

<b>NAME</b>	<b>DESIGNATION</b>	<b>CLINICAL / THERAPEUTIC QUALIFICATIONS</b>	<b>CLINICAL / THERAPEUTIC PROVISION</b>
Bev Cyrus	Director / Nominated Individual	RMN; NMC; MSc Psychotherapy	Existential Psychotherapy; Psychiatric nursing assessment, care plan implementation; liaison with external community team
Lee Smith	Director	RMN; NMC; PG Dip Child Forensic	Forensic/offending counselling/risk assessment; Psychiatric nursing assessment, care plan implementation; liaison with external community team
Liza Gallon	Clinical Nurse Specialist	BSc (Hons) Nursing Studies; RMN; NMC	Psychiatric nursing assessment, care plan implementation; liaison with external community team
Dr Inam Ul-haq	Consultant CAMHS Psychiatrist	MRCP; GMC certified	Psychiatric assessment / treatment / monitoring / medical liaison with external community team
Louise Westley	High Intensity Psychotherapist	BSc (Hons) Psychology	Cognitive Behavioural Therapy; (CBT); Eye Movement Desensitisation Reprogramming (EMDR)
Kamaldeep Kaur Heer	Cognitive Behavioural Therapist	Accredited CBT Therapist EMDR	CBT; EMDR; Psychoses; Complex Mental Health; Neuropsychology; Learning disabilities; Specialist Psychotherapy Services; Improving Access to Psychological Therapies (IAPT)

APPENDIX III – ORGANISATIONAL STRUCTURE: AVENUE HOUSE

**Management, Therapy & Administration**

**Registered Manager**

Sarah-Jayne Garbett

**Senior Manager Team**

Bev Cyrus

**Senior Manager Team**

Lee Smith

**Operations Manager/ RI**

Rachel Oliver

**Clinical Nurse Specialist**

Liza Gallon

**Consultant CAMHS Psychiatrist**

Dr Inam Ul-haq

**Psychotherapist**

Louise Westley

**Cognitive Behavioural Therapist**

Kamaldeep Kaur Heer

**Quality Assurance Manager**

Cindy Smith

## Office Administrator

Gurjinder Gill

### APPENDIX V – STAFF EXPERIENCE: AVENUE HOUSE

Staff Member	Information
Sarah Jayne Garbett	Following her Degree in Working with Children, young people and families Sarah Jayne used this knowledge in her work supporting children in direct work around emotional wellbeing and development. Sarah Jayne is a thoughtful, calm and child focussed practitioner who has insight into the emotional wellbeing of the young people placed at Avenue. She enjoys being creative with the young people and encourages them to learn through baking and craft activities.
Nicole Clayton	Nicole is an experience member of the team she has also worked since 2015 currently studying Social Work BA honours degree. Nicole was a Kinship Foster Carer which she found very rewarding.
Izehiese Amadia	Ize has been employed with Cove Care for over 2 years. Prior to joining Cove Care Ize has worked as a support worker providing support and care. Ize is committed to her study and personal development and combines her working hours with studying English and ICT.
Clifton Forbes	Following completing education Clifton has committed to a career in childcare. Clifton has worked across all placements and is currently placed at Avenue. Clifton likes to get out and about and enjoys sports and activities. Clifton also likes to support young people to achieve in education and socially on varied activities.
Kyle Campbell	Kyle Campbell has a level 3 NVQ in health & social care for adults, i have 5 years experience in mental health working with adults in a supported house setting. I enjoy doing activities such as attending the gym and outdoor activities i.e. camping, biking, and travelling.
Rigobert Tantoh	Rigobert recently join Cove Care after 5-year service in the British Army and a 6 months period working in the adult care industry. Rigobert is enthusiastic individual. Rigobert is a keen sportsman and enjoy lots of other indoor and outdoor activities.
Kaziah Smith	Kaziah prefers to be called Kay, Kay is a child centred individual who enjoys being outdoors gardening, riding her bike and walking. Kay will often do yoga and sports and likes being active.
Belinda Nkongho	Belinda has worked across the company and is currently placed at Avenue, Belinda does night wakes but does enjoy doing some day shifts so she is able to get to know the young people and build relationships with them



Derek Tebo	Derek moved from Germany to England to get into the care industry following caring for family members he found a passion to want to turn it into a carer. Derek Enjoys getting out and being active with the young people and helping to make positive experiences.
Adam Chamberlain	Adam has worked with in Cove for many years across the houses. Adam enjoys being out and active and getting the young people to go and visit new sights and experiences.
Charity Omoragbon	Charity started working with Cove through the agency and quickly transferred over as a member of staff as she enjoyed working as a member of the team, Charity works well with the your people and has a real passion for care

