

# Statement of Purpose

## Dale View

08/04/2024



# Contents

|  |    |
|--|----|
| INTRODUCTION   | 5  |
| Surety Care Aims and Objectives  | 6  |
| SECTION 1 - QUALITY AND PURPOSE OF CARE  | 8  |
| Our Children and Young People at Dale View   | 9  |
| Ethos, Approach and Outcomes   | 9  |
| Our Values in Action   | 11 |
| Approach   | 13 |
| Outcomes   | 16 |
| Our Specialist Residential Accommodation   | 17 |
| Location of the Home   | 17 |
| Arrangements for Supporting Cultural, Linguistic and Religious                     | 18 |
| Arrangements for Dealing with Complaints   | 18 |
| Access to Dale View's child protection and behaviour management policy             | 20 |
| SECTION 2 - VIEWS, WISHES AND FEELINGS   | 21 |
| Consultation with the young people and their contribution to Dale View             | 22 |
| Children's and Young People's Rights, and Anti-Discriminatory Practice             | 23 |
| SECTION 3 - EDUCATION  | 25 |
| Provision to support young people's educational needs                              | 26 |
| Not applicable as the home is NOT registered as a school                           | 27 |
| Arrangements for young people to attend local educational provision                | 27 |
| SECTION 4 - ENJOYMENT AND ACHIEVEMENT  | 28 |
| Arrangements for enabling the young people to take part in a variety of activities | 29 |
| SECTION 5 - HEALTH   | 31 |

|  |           |
|--|-----------|
| Details of Health Care and Therapeutic Support provided                            | 32        |
| <b>SECTION 6 - POSITIVE RELATIONSHIPS</b>  | <b>37</b> |
| Promoting Contact with Families and Friends  | 38        |
| <b>SECTION 7 - PROTECTION OF CHILDREN</b>  | <b>39</b> |
| Monitoring and Surveillance  | 41        |
| Safeguarding and Child Protection  | 42        |
| Preventing Bullying  | 42        |
| Missing Child Policy   | 43        |
| Fire Precautions   | 43        |
| Behaviour Support  | 44        |
| <b>SECTION 8 - LEADERSHIP AND MANAGEMENT</b>                                       | <b>46</b> |
| Details of the Registered Provider, Responsible Individual, and Registered Manager | 47        |
| Mark Higginson   | 47        |
| Dean Cooper-Sewel  | 48        |
| Details of the Dale View Staff Team  | 49        |
| Supervision  | 52        |
| Details of staff gender  | 52        |
| <b>SECTION 9 - CARE PLANNING</b>   | <b>53</b> |
| Criteria for Admissions, Emergency Admissions and Reviews                          | 54        |
| Criteria for admissions, emergency admissions and reviews                          | 57        |
| Admissions Procedure   | 58        |
| Arrangements for Quality of Care Reviews   | 59        |





# 1. Introduction

This Statement of Purpose is written in line with the Children's Homes (England) Regulations 2015<sup>1</sup>. It has been set out based on the structure given in Regulation 16 (Schedule 1: Matters to be included in the Statement of Purpose) in regard to sections and numbering:

- Quality and Purpose of Care [7 - 19]
- Views, Wishes and Feelings [20- 23]
- Education [24 - 26]
- Enjoyment and Achievement [27 - 29]
- Health [30 - 35]
- Positive Relationships [36 - 37]
- Protection of Children [38 - 44]
- Leadership and Management [45 - 52]
- Care Planning [53 - 59]

These sections relate to the Quality Standards outlined in PART 2 (Chapter 1) of the Regulations.

Regulation 16 (1) requires that we have in place a written Statement of Purpose for our Children's Home while, Regulation 16 (2) requires that we provide a copy of this document to Ofsted and that we also make a copy available to: -

- Any person working in the home.
- Any child accommodated in the home.
- The parent of any child accommodated in the home.
- The Placing Authority of any child accommodated in the home.
- The Placing Authority who is considering placing a child in the home.

Surety Care acknowledges its obligations under Regulations 3 -6, to review, revise and notify any changes to this Statement of Purpose and, in particular, to ***“ensure that the home is at all times conducted in a manner that is consistent with its Statement of Purpose”***.

This Statement of Purpose outlines how care and support are provided in Dale View and the benefits for children and young people when placed with us. It describes how we are organized to provide care and support through our Chrysalis<sup>2</sup> framework and gives an overview of the facilities, services and our practice. It shows how we aim to achieve planned outcomes through a collaborative approach within a safe, consistent and Psychologically Informed Environment.

## 2. Surety Care Aims and Objectives

Surety Care offer specialist accommodation for children and young people aged 12-17 who require personalized care and support in a home environment.

As a provider of children's services, we aim to:

- provide a high-quality environment that is psychologically and physically safe, a **secure base**, for young people to grow, acknowledging that first, and foremost, this is their home. [Context]
- deliver our care and support through a comprehensive **Psychologically Informed** framework that melds the best of research, good practice, legislative standards, and, most importantly, what children, young people, and families tell us they want. [Care]
- provide outstanding care and support by working in close collaboration with the children, families/carers, and wider support network from the perspective that **Co-production** is vital to achieving personalized and planned outcomes. [Collaboration and Coordination]

Our service at **Dale View** is designed to achieve these four broad aims of Context, Care, Coproduction and Collaboration for the four children and young people who live there.

Further, our understanding of the evidence base, feedback from service users and developments in good practice suggest that there are key elements critical to the success of placements in terms of the young person's experience and in achieving their desired life goals/outcomes and these form key objectives for the service. These include:-

- I. *Consistency* in the delivery of care, support and relationships across the care delivery team and over time.
- II. *Sustaining* the quality and delivery of care and support over the medium to long term, to achieve the planned outcome, that is, 'Stickability'.

- III. *Active Crisis Management* to maintain the placement in difficult times.
- IV. Working to ensure that the young person can continue to live and succeed in the *least restrictive environment* with the fewest possible disruptive transitions.

In essence, our aim is to provide an environment in which the child or young person can feel safe, maintains their privacy, allows them to thrive, develop and move on from when they are ready to do so.

## SECTION 1

# Quality and Purpose of Care



## 3. Our Children and Young People at Dale View

At Dale View we offer specialist accommodation for children and young people who require care and support in a home environment. The accommodation is registered for 4 young people, both male and female, with an age range of 12 – 17 years.

It is likely that some of the children and young people who are with us will present with mental health, social, emotional and behavioural problems. They may also present as neurodiverse.

Children and young people in the service will often have experienced significant or prolonged adverse childhood events and be coping with debilitating traumatic impacts, evident in difficulties in emotional self-regulation, attachment, social relationships and self-management. We understand that, at times, these impacts will overwhelm their coping abilities and may be communicated to us in challenging or self-destructive behaviour.

Dale View offers an experience of *home*, safe, supportive and consistent whilst the young person continues their journey to adulthood and independence. Within this context we will support educational development and health needs as well as building skills, resilience and positive relationships. Central to our approach is the unconditional positive regard that children and young people will experience from staff at Dale View.

## 4. Ethos, Approach and Outcomes

In this section the critical elements of Dale View as a specialist care home for children and young people are described.

Ethos – the principles and values that underpin the culture, practice and governance of the service.

Approach – the framework that we use to guide develop, sustain and review the service provision.

Outcomes – working alongside our young people, what we seek to achieve, for each individual.

### Ethos

Within Surety Care/Dale View we regard statements of principle and values as statements of **intent** that can be articulated, observed and monitored within the 'culture' of the home and its practices and processes. Our values are, therefore, embedded within our training, organizational structures, tasks, governance system and, in particular, the relationships we have with the children and young people.

At the outset we acknowledge and affirm the “Principles of residential care” given by the Department for Education<sup>3</sup> and these principles were taken into consideration in the design of the service provided by Dale View and form the basis of our Compliance and Quality Assurance framework.

#### Residential child care – key principles

Children in residential child care should be loved, happy, healthy, safe from harm and able to develop, thrive and fulfil their potential.

Residential child care should value and nurture each child as an individual with talents, strengths and capabilities that can develop over time.

Residential child care should foster positive relationships, encouraging strong bonds between children and staff in the home on the basis of jointly undertaken activities, shared daily life, domestic and non-domestic routines and established boundaries of acceptable behaviour.

Residential child care should be ambitious, nurturing children's school learning and out-of-school learning and their ambitions for their future.

Residential child care should be attentive to children's need, supporting emotional, mental and physical health needs, including repairing earlier damage to self-esteem and encouraging friendships.

Residential child care should be outward facing, working with the wider system of professionals for each child, and with children's families and communities of origin to sustain links and understand past problems.

The design and delivery of children and young people's services in Surety Care has also been significantly influenced by the findings reported in the CQC's, “Are We Listening: Review of Children and Young People's Mental Health Services” (2018)<sup>4</sup>. Especially important are findings related to the child or young person's *experience of care and working together* to deliver high-quality care.

This, plus our consideration of the evidence-base led us to emphasise four key values that guide the service in Dale View, foregrounding childhood, understanding stage of development, co-production and using a strengths-based approach.

# 5. Our Values in Action

## Foregrounding Childhood

It is critical that the child or young person's experience of their time with us should be of 'home', a place that is safe, secure, supportive and stimulating. A place where adults provide the helping hands to encourage fun, learning, overcoming challenges and, adventures too. A place where there is comfort through the tough times and celebrations where there is success.

At Surety Care we recognise that the environment that we provide for the individual child is not a home as we typically understand it. However, we strive to *preserve the individual's childhood*, creating a space for opportunities, positive risk taking and the inherent messiness of family life, whilst maintaining the necessary 'service' elements (structures, systems, processes) in the background and minimising the impact of relevant restrictions and intrusions.

*The extent to which we achieve this, as understood through the lens of the child or young person, is a key metric for quality assurance and success in our service provision.*

## Understanding the child/young person's Development

The child or young person placed with us is living in an atypical situation, in the care of strangers, separated from family, friends and community in a potentially more restrictive environment. They may also bring a range of particular difficulties and experiences with them. Simultaneously, they face the *ordinary* physical, psychological, social and educational challenges relevant to their developmental trajectory and how these intersect with changing *demands and expectations* of the world around them. These include navigating the pressures of education, personhood and various transitions from childhood through adolescence to adulthood.

Cognisant of this, we hold that all aspects of the service provided (physical, psychological, social) must be nuanced and flexible to meet the *developmental* profile of the child or young person, as well as, *person-centred* to meet individual needs, lest they become restrictive and rejecting by default.

*Appreciation of the child or young person's developmental presentation is a critical element in delivering and adjusting the experience of 'home', delivering care and support and achieving personalised outcomes. This is articulated in assessments, formulations, care-planning and reviews.*

# Co-Production

As well as being an ethical imperative, decades of research in clinical care and surveys of service-users have shown that *centrally involving* the individual in the design and implementation of their treatment, care, or support is much preferred and more likely to produce the desired outcomes. This premise is foundational to the principle of *Co-Production*, the process where the child or young person is involved in all aspects of decision-making relevant to their personal care and support. It is about *doing with* (and not for, or to) the child or young person all of the time (not just some of the time)<sup>5</sup>. It is about giving the child or young person a fair measure of choice and control of their experience of the service.

Surety Care regards collaborative care and support, Co-Production, to be central to all aspects of the child or young person's experience in their home, including, the physical, psychological and social environments. Co-production is critical to the *empowerment* of the individual.

*Co-producing person-led care ("What matters to me") threads through the child or young person's pathway and is reflected in every stage: Co-assess, Co-formulate, Co-decide, Co-design and Co-delivery.*

## Strengths - Based

In *strengths-based* systems the emphasis is upon the *abilities and resources* of the child or young person and their *support system* for effective coping, rather than solely on deficits and problems. Strengths-based approaches also privilege *relationships* as a major platform for support and change and encourage ongoing *feedback* from the child or young person to ensure the greatest benefits of the service.

Surety Care services adhere to the philosophy and practice of a *strengths-based* approach and builds five key principles, outlined by Bertolino (2015)<sup>6</sup> into our service design and delivery.

- The child or young person is the most significant contributor to success.
- Therapeutic alliances make substantial and consistent contributions to outcome.
- Culture influences and shapes all aspects of the child or young person's life.
- Effective services promote growth, development, and well-being.
- Expectancy and hope are catalysts of change.

*These key principles are actualised in the design and delivery of Surety Care's Chrysalis Framework, in the Key Tasks identified as critical for service delivery and reflected in the technical and interpersonal processes and skills utilised by staff.*

Our core ethos may be summed up as follows -

**We want the child or young person living with us to experience their *childhood* and to do that, we need to give them a *home*, a safe and secure home.**

**We want them to achieve their *potential* and to do that, we need to work hard in the *background* to provide the support and consistency to help them reach their goals and desired *outcomes*.**

## 6. Approach

We also understand that providing care and support in a children's home is a complex balancing act: fundamentally supportive and common-sense 'substitute parenting' on the one hand and an informed and vigilant awareness of the effects of the young person's experiences on the other.

At Surety Care we believe that the best way to achieve this balance is through a **Psychologically Informed Environment** with a focus on sustaining positive relationships, inside and outside the home. To achieve this we have developed *Chrysalis*, a framework that links our values, practice and outcomes and allows us to:

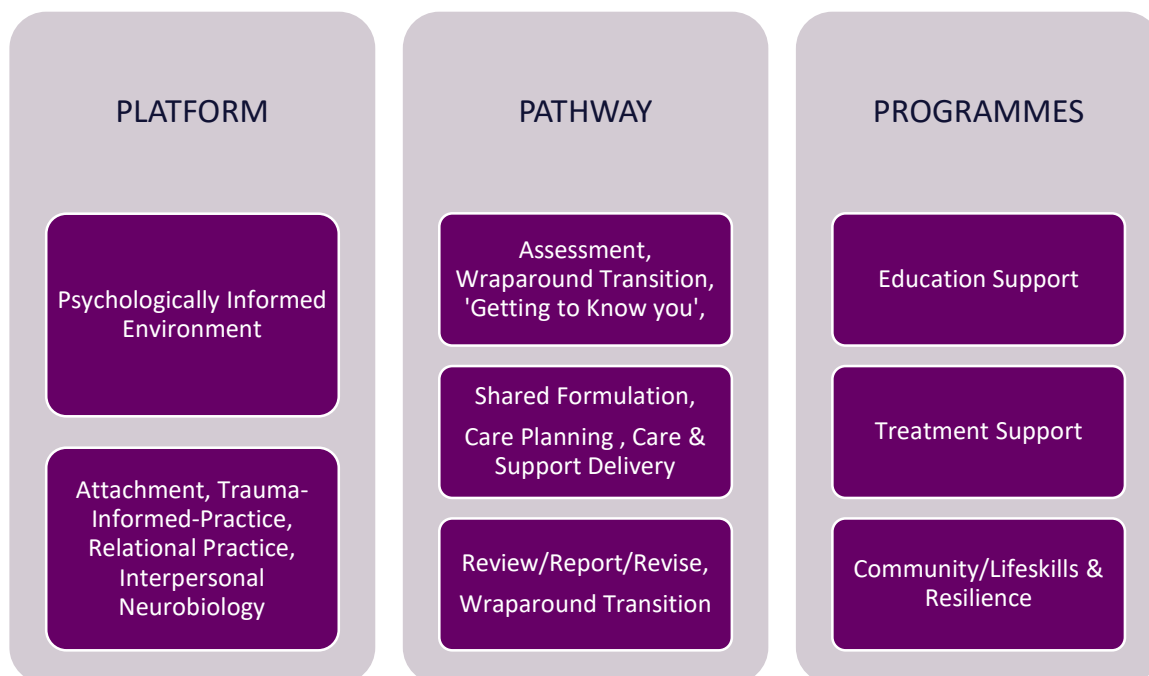
- Provide an experience of home.
- Be trauma-aware, psychologically informed and relationship focused.
- Meet complex psychological vulnerabilities.
- Provide a platform for *educational* attainment, *skills* development, positive *health* and *resilience*.

Youngsters living with us, now in the care of strangers, will have, at the least, the experience of having been dislocated from their own home and much else besides. All families know how much hard work goes into providing a nurturing environment, particularly in times of great stress and how much of this is managed by the constant attention to the relationships at home. In Dale View we know that this is unlikely to be achieved by simply providing first class accommodation and staff with the appropriate attitudes and experience. *These are necessary, but not sufficient.*

At Surety Care we believe that it is necessary to have a very clear framework to guide the work we do, our actions, our relationships with the child or young person, the training and supervision that our staff and colleagues need and how we move forward and adapt to changing needs and priorities. We also believe that framework needs to be clear and specific enough to be subject to proper scrutiny and quality assurance if we are to provide our residents with the safe and secure base they require.

The *Chrysalis*<sup>7</sup> Framework is the scaffolding within which the 'home' functions and delivers its purpose, whilst foregrounding childhood. *Structurally*, it consists of -

- a core **Platform**,
- a phased **Pathway**,
- specialised **Programmes**.





Our Platform represents the essential ideas that are used to develop the content and organisation of our service delivery, drawn from relevant research evidence, good practice guidance, legislation and the 'voices' of service users.

Our Pathway (internal) reflects the organisation and sequence of the child or young person's 'journey' whilst living with Surety Care/Dale View. This is conceptualised in 7 phases, from first referral to ultimate transition out of the home.

Our Programmes are specialised interventions that may be required to support and keep the focus on, the young person's progress in key areas, including, Education Support, Health & Wellbeing Support and Community/Life-skills & Resilience.

Our children's services are delivered within a Psychologically Informed Framework (Chrysalis) wherein all staff are trained to understand the child or young person's psychological development and the impact of any adverse experiences, particularly how this affects their current coping and relationships with carers, peers and the staff team. We understand each young person through an individualised, multifaceted psychological formulation rather than through diagnostic labels or categories. This formulation, co-produced with the young person, guides our interactions with them, being more attuned to their state and needs. All interactions are regarded as important, whether it is explaining an aspect of homework, giving reassurance, reaffirming boundaries, sharing a joke or merely agreeing, and some are significant and will be the focus of reflection by the young person, staff member and the whole team. Regular evaluation of these relationships, or Therapeutic Alliance, is a feature of the work at Surety Care.

Within Surety Care, all staff receive training in how to work within this Psychologically Informed Environment. This includes knowledge, and skills, technical and interpersonal. Reflective practice, regular supervision, practice reviews, team meetings, mentoring and Continuing Professional Development are all used to ensure that staff can work effectively within the framework through their own skilled practice and with the ongoing support of management to ensure their own wellbeing and sense of psychological safety.

# 7. Outcomes

Whilst our aim is to 'foreground the childhood' of any child or young person living with us we also have an obligation to support their progress through educational systems, to facilitate the development of various functional and social skills, to help them develop a healthy lifestyle, to promote resilience and self-management, to encourage community connectedness and generally support and promote their wellbeing.

Within the *Chrysalis* framework there is a clear commitment to **Outcome focus**, that is, *measurably* and *recognisably* achieving the goals, changes, transitions or other endpoints that the individual child or young person, and/or authorities have agreed.

We recognise outcomes will vary for individual children and young people, but that there also recognised domains, *implicitly* targeted for enhancement or support, that are held as vital to the successful experience of childhood and development and eventual transition to a preferred and satisfying adult life, for example, resilience and wellbeing.

Within our Pathway the 'Shared Formulation' guides agreement on what are the preferred/needed outcomes within a particular timeframe. Some will be influenced by the valued domains, such as, healthy lifestyle, wellbeing, resilience, self-management, skills development or preparation for moving on. Others may be determined solely by the preference of the child or young person, for example, a new hobby/interest, more social experiences, repairing a relationship, going to an enjoyable event, overcoming anxiety about attending treatment, or managing emotions better.

As far as possible **Outcomes** will be.

- explicitly determined and described.
- developed into measurable goals through the process of *Goal Attainment Scaling*.
- where required or valuable, normative measures may be utilized.
- feedback driven and co-evaluated.
- utilised to improve the quality-of-service provision – at the individual, service and policy levels.

## 8. Our Specialist Residential Accommodation

Dale View is a children's home which is provided by Surety Care Ltd. It is part of a large, detached Victorian building on the edge of the Peak District, based in Matlock, Derbyshire. The home has undergone a major restructuring, refurbishment and modernization to provide a spacious and homely environment.

There are 4 large, single-occupancy bedrooms which all have ensembles. There are shared communal areas including a large open plan living area consisting of two separate lounges, a spacious kitchen and dining area. There is space to be together and to be apart. The home is situated in its own grounds with a substantial garden with scenic views of the Peak District.

Young people are encouraged to personalize their bedrooms and contribute to the look of shared spaces. The home is well equipped with the technology that the young people might expect.

Staff facilities are provided separately to those of the children and young people.

## 9. Location of the Home

Dale View is located in the village of Darley Dale, in an attractive part of the Derwent Valley, on the edge of the Peak District between Matlock and Bakewell. Darley Dale is a community and tourist-based village, and the location is best described as semi-rural but close to a larger town, Matlock, which is a growing town with a proud history and has excellent transport links with Sheffield, Chesterfield and Derby.

The area has a good economy, low crime rates and is well represented in relation to access to opportunities for (a) Activities (See Section 4(13)), Education (See Section 3(12)), and Healthcare support (See Section 5(14)).

## 10. Arrangements for Supporting Cultural, Linguistic and Religious

Dale View has a strong commitment to understanding difference, diversity, and inclusion and providing effective policies and practice to support these, for example, on Equality and Diversity. We encourage and respect the cultural, linguistic, and religious diversity of young people, and recognise how important this may be to promoting a sense of identity and belonging.

Information obtained at referral and then our experience of getting to know the individual over time will allow us to understand the child or young person's specific needs and preferences. This will include their preferred method of communication, accent, and colloquial language.

At Dale View cultural, linguistic and religious needs are acknowledged, respected, supported and facilitated, whether that be in observance, dress, attendance at events or commitments, diet or provision of materials.

## 11. Arrangements for Dealing with Complaints

Surety Care Limited Complaints Policy fully acknowledges the principles of the Children Act, the Representations Procedure (Children) Regulations 1991, and the requirements of the Children's Homes Regulations 2015. This is made known to children, their parents, placing authorities and staff. In all cases any Child Protection Procedures will always take precedence.

On admission to the home the children and young people are provided with information on how to complain, verbally and in writing. Information on how to access an advocate is also provided and young people are supported to action this if that is their wish.

Families, significant others, independent visitors and, placing authorities are also provided with the Complaints Policy on request, and it is available on the company website.

Young people can approach any member of staff to make a complaint or can complain anonymously on a complaints form which they have access to at all times.

Surety Care Limited recognises the vulnerability of children and young people living away from home, and how difficult it can be for them to make complaints, especially against the adults caring for them.

We aim to promote an atmosphere that is conducive to children and young people expressing their concerns and ensure that staff are committed to solving problems as they arise. In most cases the concerns of the individual can be resolved informally without invoking the formal Complaints Procedure. Additionally, children and young people are actively encouraged to seek outside support through services such as Childline, the Independent Advocate or their Independent Reviewing Officer if they have concerns that they wish to discuss.

It is also recognised that there will be times when the child or young person (or someone else who has a complaint) would prefer to use the formal Complaints Procedure to express their views and concerns.

Whether a complaint is made informally or formally, all parties involved should make every effort to respect confidentiality and be assured that making a complaint would not adversely affect the young person. The young person needs to feel that they will be listened to regardless of the level of seriousness and without any fear of reprisal against them.

All complaints are taken seriously. The Registered Manager will ensure that all complaints and representations will be recorded in writing along with any action taken and the outcome of the investigation. We aim to provide a response within 48 hours (up to a maximum of 14 days) in this, **Stage 1**. If the complainant is not satisfied the complaint is taken to **Stage 2**, where it is investigated and reviewed by the RI of Surety Care who will aim to respond within 14 days (up to a maximum of 28 days) dependent upon the seriousness and nature of the complaint.

If the complainant is still not satisfied with the outcome, then this can be followed through with the appeals process, whereby this will be investigated by Senior Management, the Placing Authority or Ofsted.

All children are issued with information on placement within the Young Persons Guide and this will be explained in further detail via their key work team to ensure they are confident and comfortable with the procedure.

All complaints are logged within our Compliment and Complaint logbook with the outcome recorded. Complaints may also be discussed within Children's Meetings.

## 12. Access to Dale View's child protection and behaviour management policy

All policies and procedures are available to the staff through the company intranet and via the hard copy that is kept updated in the office. Staff are always made aware when policies have been reviewed or updated.

Any Person, Body or Organisation involved in the care or protection of a child can access Dale View's child protection Safeguarding policy, Behaviour Management policy, Anti-bullying, and Missing from Home policy via the homes website. Alternatively, the person, body or organisation can request copies by contacting the Registered Manager.



## SECTION 2

# Views, Wishes and Feelings

# 13. Consultation with the young people and their contribution to Dale View

At Dale View our commitment to placing the young person and their “views, wishes and feelings” at the centre of their experience with us is absolute and affirmed in our emphasis on co-production and in our strengths-based approach. We recognize that for the young person, having choices and the ability to exercise some measure of control over their lives are basic rights and crucial to their quality of life. They are also significant features of positive psychological adjustment and wellbeing. Particularly for young people who may have had difficult attachment issues or traumatic experiences the opportunities to exercise choice and control will be central to their ability to develop trust, healthy relationships, engage with their care and support and their ‘recovery’ in general.

The ethos at Dale View is, therefore, one of encouraging the child or young person to express their views, have their wishes acknowledged and respected and their feelings validated. This applies across all aspects of their experience (e.g., physical, environmental, social, psychological). We foster and maintain this approach in a number of ways, namely:

- Co-production is a central plank of the Chrysalis framework.
- Staff are given the knowledge to understand the importance of this focus and skills to support it in practice.
- Structures are put in place to ensure that a significant level of consultation occurs; (a) 1:1 session between the young person and a designated keyworker, (b) home (group) meetings, (c) co-producing a shared formulation, goal setting and care & support plans, (d) regular feedback and appraisal of ‘therapeutic alliances’, (e) review meetings, (f) satisfaction survey.
- The level of consultation is noted, recorded and reviewed within the home’s Quality Assurance and Governance measures and processes.
- Regular review and revision of the Children’s Guide in consultation with our young people.
- Consultation over operational and domestic issues, for example, menus, decoration, activities, etc.
- Support to access external agencies, such as advocate, Ofsted, Regulation 44 visitor, complaints procedure.

- 'Psychological Safety'<sup>8</sup> for residents and staff is a prerequisite condition within the operation of the home and is the responsibility of service leaders/management to develop and maintain.

We recognize that not every young person finds it easy to engage this way or there may be times when it is more difficult. Within Dale View anything that inhibits the process of ascertaining and responding to the child or young person's "views, wishes or feelings" is actively reviewed, understood, and addressed within the broader 'psychological' framework (for example, personal distress, communication problems, group/relationship dynamics, fear or anxiety, lack of trust, the 'atmosphere' or culture within the home, etc). There are times where adults may have to make decisions and limit choices in the best interests of the child or young person, and these will also be subject to discussion and review.

In Dale View, consultation with our young people (and colleagues) is not a passive process but an active pursuit of co-production and collaboration that requires knowledge, skills and energy to develop and maintain through the best and worst of times.

## 14. Children's and Young People's Rights, and Anti-Discriminatory Practice

Surety Care is committed to provide inclusive and equal services to a diverse range of children and young people. In Dale View we have a policy on anti-discriminatory practice that everyone working in the home must adhere to. This emphasizes that no child, group of children or their families will be discriminated against, directly or indirectly, on the basis of a protected characteristic under the Equality Act 2010.

This policy is supported by our procedures, training and governance to ensure that all practice is underpinned by awareness, challenge and reporting systems. The importance of anti-discriminatory practice is highlighted in the induction of staff, who are encouraged to challenge instances of discriminatory practice, and these may also be discussed within supervision, team meetings and children's/young person's meetings.

Surety Care/Dale View recognizes that children living with us have a range of rights<sup>9</sup>, including:

- to be treated in a non-judgmental way, that is respectful, dignified and shows empathy and unconditional positive regards.
- to have their say about decisions made about them.

- to be involved in the planning and preparation of their care and future life.
- to have information shared in a way they can understand.
- to have a say in the way the home is run, such as being involved in deciding the menu, discussing rules, and have children's meetings.
- to be informed about local and national advocacy services and how to contact an advocate to support them have their say.
- to be supported to have relationships with family and friends (as agreed in their care plan).
- to receive education or training and be supported to attend school or training.
- to have opportunities to socialise and pursue interests such as music lessons, sports activities, art or drama groups.
- to have regular health checks including dental, eye care and access to a GP, Looked After Children's Nurse or specialist health support.
- to be supported to develop age-appropriate life skills including self-care, cooking, washing their own clothes, shopping, managing money.
- to have a plan for leaving care with the right support.

In Dale View children are encouraged to understand their individual rights within the home and the community respectively. Staff support young people to access information regarding their rights and children are informed of how to access external agencies if they wish. Young people are also made aware of how to make a complaint should they feel their rights are not being met and have access to external advocacy to help with this process if required.

# SECTION 3

## Education

# 15. Provision to support young people's educational needs

As with any family environment, the educational development of the children and young people living with us is hugely significant. Ensuring that we understand, support and facilitate each young person's educational needs is a major element of the home's purpose.

Dale View is not an education provider so our task is to ensure that the young people can access the school or education provider agreed within their Education Plan and that we provide the 'at home' support to help the individual make the best of their education and achieve the agreed goals and outcomes. We recognise that this is a significant aspect of the role of our Support Workers and Keyworkers and that we must ensure that the demands of the Education Plan are afforded due priority.

The staff at Dale View will receive an introduction to Special Educational Needs in their training programme, looking particularly at the tasks, skills and techniques that they may need to deploy in order to facilitate the work of the education provider. This will include the value of informal and community – based opportunities to enhance learning and the importance of role models in encouraging a positive attitude to learning.

To meet our obligations in this area we will develop an individualized **Education Support Programme** for each young person which allows us to maintain the appropriate focus, react flexibly to needs and demands as they change, work towards agreed goals and maintain good communication with education providers and specialists. This programme will include:

- Liaison between the individual's keyworker at Dale View, the Surety Care Multi Disciplinary Team, the education provider and the young person, to understand their specific needs and how we can support the Education Plan.
- The keyworker, Multi Disciplinary Team and young person will develop an internal programme of tasks, schedules, priorities, goals, resources and approaches to support this work, carried out by staff in Dale View.
- The Education Plan (from the provider) and the internal programme will be linked to the individual's Shared Formulation to ensure an integrated and holistic approach. For example, how any emotional or behavioural issues are to be handled so that these are consistent across the young person's experience of the home.



- The keyworker and Consultant Clinical Psychologist will provide training to the staff team, around any identified knowledge or skills (in relation to the particular young person) that they may require to facilitate this support, within the agreed boundaries and objectives of the core Education Plan.
- Progress, barriers, changes, successes, will be regularly reviewed within the home and communicated to the Education Provider along with regular liaison to ensure effective coordination and good practice. The keyworker will provide update reports on the Education Support Programme at the reviews of the Education Plan.
- Practical considerations and responsibilities, such as, helping the young person get organized for school, supporting them at school if required and helping with homework as appropriate.
- Advocating for the young person where necessary.

## 16. Not applicable as the home is NOT registered as a school

## 17. Arrangements for young people to attend local educational provision

There are two senior schools in the local community, both with Good ratings at the last Ofsted inspections, these are Highfields School (2.9 miles), and Anthony Gell School (6.9 miles). Dale View has good communication links with these.

Depending upon their level of independence, vulnerability and needs, young people will be encouraged to use public or community transport where possible, otherwise the home will facilitate their transport to school.

Staff at Dale View will support young people in gaining placements and liaise with providers on a regular basis to ensure that information on progress, vulnerabilities and additional support is shared in a timely and appropriate manner. Where it is decided that a young person is to stay at their current educational establishment, where appropriate., we will support them to do this.

When circumstances require, Dale View will provide an in-house Education base, to support the young person who is struggling with the school environment to follow and maintain their education. This will be organised with the guidance and support of the Education provider and offered in the short-term, with the aim of supporting the young person back into school as soon as possible.

## SECTION 4

# Enjoyment and Achievement

# 18. Arrangements for enabling the young people to take part in a variety of activities

Opportunities for fun, play, pleasure, recreation, leisure, stimulation and downtime are important elements of the child or young person's experience in their own right and constitute a substantial part of any childhood. We recognise that they may also facilitate the development of knowledge and skills across a wide spectrum, foster and maintain relationships, help build self-efficacy and self-esteem and impact mood management.

In Dale View we encourage the young person to achieve a balance between planned and spontaneous activity, between arranging activities for themselves and having them provided, and between home and the local community. Clearly, the needs, preferences and wishes of the young person will be highly individual and may change over time, either in the short or long term.

Supporting young people in their activities is a major component of support within Dale View and staff will achieve this through:

- Encouraging the exploration of new opportunities alongside the engagement in established preferences, hobbies and interests. Ensuring choice is respected whilst promoting engagement in a variety of activities.
- Supporting access, for example, by accompanying the young person, organising or providing transport, booking arrangements, encouraging independence, and generally, reducing barriers where possible.
- Helping the young person to balance their engagement in activities with other demands upon them such as education.
- Carrying out risk assessments on activities where required and promoting an ethos of positive risk taking, where appropriate, in regard to the individual young person and/or the activity.
- Ensuring that activities are appropriate to the individual's level of development and competencies, whilst encouraging growth and development.
- Providing and/or supporting feedback on engagement (including achievement, obstacles and celebrating success) in activities, to reviews and care planning to develop a holistic perspective on the young person's situation.

Throughout, staff in Dale View are cognisant of the requirements laid out in the "Enjoyment and Achievement Standard" that activities should reflect a range of interests and skills (creative, cultural, intellectual, physical and social), that they should meet and expand the young person's interests and preferences, that they should make a positive

contribution to the home and the wider community. We also recognise our responsibility to facilitate access to an appropriate and personalised range of activities.

In terms of opportunities the local vicinity of Darley Dale and Matlock town have a lot to offer. There are a lot of local parks and also access to swimming and leisure facilities at The Arc Leisure Centre. Within 30 minutes there are numerous activities including cinemas, restaurants, bowling, gyms and wonderful country walks.

In the immediate vicinity to Dale View is a riding stables, petting zoo and access to waters that can be fished. There are numerous walks in and around Dale View.

Dale View also has access to many 'outward bound' activities for young people to participate in, for example, Carsington Water for canoeing, Black Rocks, Indoor and Outdoor climbing centre, mountain bike hire sites, aerial aerobic activities, The Heights of Abraham, and Army/Air cadets.

Dale View is only a 30-minute drive away from the Peak District which also has numerous opportunities for activities.

# SECTION 5

## Health

# 19. Details of Health Care and Therapeutic Support provided

Our Healthcare support is organized and delivered around 4 main themes, general/physical Healthcare, Treatment Support Programme, Therapeutic Milieu and Wellbeing & Life skills development.

## Healthcare

Dale View is situated close to Darley Dale Medical Centre (GP), Vision Express Opticians, and Genesis Family Dental practice. We are also located closely to the Urgent Treatment Centre at Whitworth Hospital.

The home also has an allocated LAC Nurse with whom we have a very good professional relationship, along with a local CAMHS team that we also have had extensive working relationships with. Children and young people in Dale View will be registered with a local GP.

The young person's keyworker will collaborate with them to ensure that the Health Plan elements of their Care Plan and Placement Plan are addressed. This will include organizing and supporting the young person with any appointments, medication management and liaison with relevant healthcare professionals. The individual's health needs, and progress are discussed in regular keyworker sessions, and this may include support with healthy lifestyle, exercise and diet considerations.

## Treatment Support Programme

Dale View is not a treatment environment per se. That is, any direct psychological, psychiatric or general medical interventions are provided by the young person's relevant clinicians, for example, CAMHS or GP. If the young person is receiving input from CAMHS professionals or any therapy, then the keyworker and Surety Care's Clinical Advisor (Consultant Clinical Psychologist) will work alongside the young person and their keyworker to liaise with the CAMHS team/therapists to understand how best the team in Dale View can support this work. This could include education and supervision to the Dale View staff team around the treatment, supporting the individual with therapeutic homework, helping the young person provide requested information, (e.g., thought diary), practicing relevant skills, skills generalization opportunities, as agreed with the external team/professional.

Given the level of clinical experience that exists within the Dale View Senior Leadership Team (Registered Mental Health Nurse/Psychotherapist, Learning Disability Nurse/Social Worker and access to support from a Consultant Clinical & Forensic Psychologist) opportunities exist to provide a **Treatment Support Programme** working in close liaison with external professionals. This is not to provide treatment, but to offer an 'in home' element that ensures that the staff team are able to understand and support the treatment input

that the young person is receiving and to liaise more effectively with external professionals to develop its impact through 'therapy supporting' behaviours and actions.

We understand that it may be that the young person's therapist or team may want to keep the separation between home and therapy very clear and no particular treatment support is required other than encouraging and facilitating the young person to attend appointments and listening to the child or young person, at their behest, as any 'parent' would.

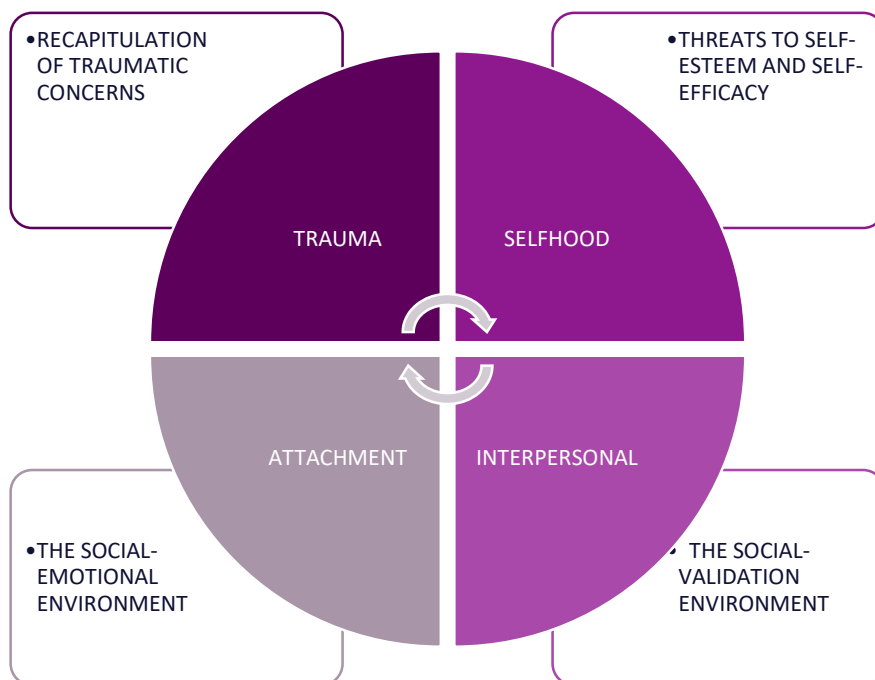
## 'Therapeutic Support' / Milieu

As noted, Dale View is not a treatment environment with responsibilities for providing professional interventions, although we are in a position to support such interventions where requested.

However, the Psychologically Informed Environment (P.I.E.)<sup>10</sup> model does draw heavily from clinical and therapeutic models within psychology and mental health and, thus, shapes the context of the home to provide a general **'therapeutic milieu'**. The care and support that is offered within Dale View is guided by relevant psychological constructs and practices that helps staff better understand the history of each young person and how their experiences may be shaping their current situation. This is particularly true in relation to Adverse Childhood Events, Trauma, Attachment difficulties, Psychological Adjustment, Neurodiversity, Emotion Regulation and Challenging Behaviour.

We acknowledge that the environment, *the home*, that the child or young person lives in is *psychologically complex*, that is, more than the sum of the physical and social space. The *psychological environment* that the child or young person is experiencing includes the elements outlined in the following diagram.

## Psychological environment



There is evidence that services that are designed and delivered with *explicit reference* to the best psychological practice are better placed to meet the complex social, emotional and behavioural issues – the psychological needs – of children and young people in care. There is no evidence that any one theory or approach works best, but it is now common for providers of services to ensure that staff are at least aware of key areas, namely, *Attachment Theory*, *Trauma-Informed-Practice*, and *Relationship-based care*. These ideas are typically translated into 'Awareness Training' and are often reflected in policies and practice.

The familiar triad of Attachment Theory, Trauma-Informed-Practice and Relationship-based care are undoubtedly central to an effective 'P.I.E.'. However, these are sometimes viewed as distinct elements and the focus is on raising awareness through training. At Surety Care we hold that these topic areas:

- are best presented as an **integrated** model of the child or young person's psychology,
- should include the latest developments in **Interpersonal Neurobiology**, linking the key areas of attachment, trauma and relationships – essentially, the focus on **Attachment and the Developing Social Brain**,



- training derived from this background needs to help staff and colleagues develop particular **skills** as well as provide a sound knowledge base. For example, **Interpersonal Skills** – use of specific social-emotional skills in interactions, for example, obtaining feedback on the state of the therapeutic relationship, repairing 'ruptures' in relationships, communicating with associated professionals,
- should inform, in a **measurable** way, the policies, protocols and systems that span the whole organisation and delivery of the service/home.

Our psychologically informed approach works in a number of ways to provide therapeutic support to the children and young people in Dale View. Firstly, the staff team share a common knowledge base and framework, which is used to develop a 'shared formulation' and guide a consistent approach to the young person. It encourages staff to consider how the young person's history may be impacting their current interactions and how they may respond most effectively. The model also guides the development of particular 'micro skills' or 'soft skills', such as active listening or giving validating responses. It is also used in individual and team supervision to sustain compassion and staff resilience.

It also guides how we manage relationships, which is the primary focus of the *Chrysalis* platform and builds upon the knowledge and skills base developed through training and maintained in the staff management systems. In addition to bespoke elements, such as, managing intersubjectivity, maintaining compassion, the impact of 'your own' attachment and repairing 'ruptures' in relationships, the platform draws on some well-established skills-based approaches pertinent to work with children and young people, in particular,

**PACE**<sup>11</sup> – a trauma-informed approach to supporting children and young people. PACE stands for, *PLAYFULNESS, ACCEPTANCE, CURIOSITY, AND EMPATHY.*

**SET**<sup>12</sup>– standing for *SUPPORT, EMPATHISE, AND TRUTH.*

These two approaches outline specific guidance, skills and ways of approaching children and young people in a supportive, non-threatening, validating way.

## Resilience & Life Skills Development

In Dale View we appreciate that part of our responsibility is to help the young people develop resilience and appropriate life-skills, or functional skills. A lot of this is done, as in any family home, by sharing tasks, teaching and encouraging, modelling and creating opportunities for the children to practise within the day-to-day routines of home. However, to ensure that that they receive the focus they deserve, both of these will be part of a **Community/Life Skills & Resilience Programme.**

While definitions of resilience vary there is broad agreement on the critical domains or dimensions<sup>13</sup> and, to some extent, the key skill areas for emotional resilience building<sup>14</sup>.

| Possible Domains for Resilience Building   | Possible Skills for Resilience Building   |
|--|---|
| Secure Base<br>Education<br>Friendships<br>Talents & Interests<br>Positive Values<br>Social Competencies | Promoting self-awareness<br>Managing Feelings<br>Developing a positive attitude<br>Facilitating empathy<br>Building social skills |

We anticipate that a lot of the work behind 'resilience building' with our children and young people will occur in the general experiences they have across the various aspects of their daily life and routines, for example, in school, at home, with friends and in structured care and support from various carers. However, to support and encourage this, the young person's resilience 'needs' will be evaluated as part of the assessment and formulation phase and then built into the appropriate care and support plan. Interventions may include structured social skills building or providing opportunities for practice and reinforcement in natural environments or, giving feedback on progress, for example. Progress will be monitored, supported and reviewed as part of the care planning cycle.

Similarly with the development of more functional skills, or 'activities of daily living'. These could include skills areas such as, cooking, budgeting, accessing information, etc. This will inevitably occur across the natural spectrum of the young person's activities and experiences. However, it may be useful to consider the individual young person's particular needs and preferences, in an age-appropriate way. As with resilience, a broad assessment of functional skills and needs will be undertaken, and appropriate care and support plans implemented and reviewed.

## SECTION 6

# Positive Relationships

## 20. Promoting Contact with Families and Friends

In Dale View we acknowledge that young people should be able to maintain constructive contact with their families, friends and others who play a significant role in their lives and every effort is made to achieve this, within the terms of the agreed Placement Plan.

Where possible we encourage parents and siblings to be fully involved in the child or young person's life and support their involvement in care and support planning, and in activities within the home itself and the community. We will also offer support to families who are experiencing difficulties visiting their child in the home. When permissible staff at Dale View ensure that social workers, parents, and significant others are kept up to date regarding a child's progress and placement.

A telephone will be available for all children and young people to make and receive calls in private. Arrangements for telephone use and contact, and any restrictions for the protection of the young person will be made clear in their Placement Plan. This will be agreed with the placing authority at the point of admission.

In addition to encouraging families and significant others to maintain contact and engagement with our young people we will seek, where possible, to involve them in all aspects of the home's care and support delivery through our commitment to **Co-Production**. This might include involvement in assessment, 'Shared Formulation' sessions, care planning, training or activities, for example.

Within Dale View we understand that our responsibilities to help our children and young people maintain contact with families and significant others goes beyond simply encouraging and facilitating. We recognise that we seek to make these contacts and relationships as constructive and meaningful for the young person, as possible and that this implies elements of (a) safeguarding, (b) supportive conversations with our young people around their relationships to help maintain them where appropriate, (c) advocacy and (d) helping the individual develop the requisite social and emotional skills to initiate, develop and maintain their preferred and needed relationships. The latter is progressed through our Chrysalis framework.

## SECTION 7

# Protection of Children

Children and young people resident in Dale View may present with significant social or emotional vulnerabilities that are communicated to others in the home through risky or challenging behaviour that may be harmful to themselves or others. Therefore, the young people who live in Dale View are supported and supervised by staff on a 24-hour basis.

Within Surety Care and Dale View we understand that effective Risk Management is vital to providing the safe and secure base that all the young people require and that this has many, overlapping elements. Our approach to Risk Management emphasises that it involves the physical aspects of the home, the social context of the group of young people and our staff and visitors, the 'internal world' (thoughts and feelings) of each individual young person at any given time and, also, the engagement and relationships that the young person has with individuals, groups and environments in the wider community at any given time.

We are also committed to balancing the management of risk with minimal restrictive practices and pursuing a philosophy of positive risk taking, based on a vigilant approach to the ongoing and dynamic assessment, mitigation and communication of risk. (See Surety Care 'Risk Management' Policy).

### Dale View Risk Management



# 21. Monitoring and Surveillance

In Dale View the approach to surveillance and monitoring is in accordance with the guidance issued by Ofsted (2019) for "Surveillance and monitoring in residential childcare setting"<sup>15</sup>

Surety Care maintain a CCTV system consisting of **nine** fixed cameras positioned at strategic locations. Cameras are located at Dale View, Old Road, Matlock DE4 2ER. Eight cameras are located externally, and one internally (hallway). The systems operate from the staff office on Darley View in the main building. Staff only have permitted access via a master key system and DVR is password protected. This system is in place to protect the residents of Dale View and does not cover the interior of the home, apart from the entrance hallway.

The purposes of the system and the procedures to be followed when managing the system are set out in Surety Care's policy on "Monitoring and Surveillance" and acknowledges that the monitoring, recording, holding and processing of images of distinguishable individuals constitutes personal data as defined by the Data Protection Act (1998) and subsequently the General Data Protection Regulations (GDPR) (2018). This policy intends to ensure that in its use of Closed-Circuit Television (CCTV) Care is fully compliant with the requirements of the GDPR (2018), the Surveillance Camera Code of Practice published by the Home Office 2013 and the 12 guiding principles within that document. This policy will be reviewed annually.

Our main approach to monitoring is through the observations and relationships with the children and young people, on a 24-hour basis, rather than reliance on electronic systems.

We take the young peoples' right to privacy seriously and it is supported in the philosophy of the home. The children and young people who live in Dale View have their own bedroom (with ensuite bathroom), which is respected by all staff as their private space and staff do not enter unless invited in. Under exceptional circumstances staff may enter uninvited in the event that the young person may be trying to harm themselves, cause considerable damage to property or staff have a safeguarding concern. In the event that staff have to enter a young person's bedroom under these circumstances, staff remain sensitive to the fact that this is the young person's private space and try to resolve the concern as quickly as possible.

Young people have access to all appropriate areas within the home, including the kitchen and lounge areas. The young people are encouraged to make good and proper use of the spaces, and this creates a homely environment. The home does not lock kitchen, lounge and bathroom areas restricting access and would only do so in the event of a significant safeguarding concern which would then be reviewed and revised.

We understand and support the view that our young people have the right to access as much freedom as is suitable for their age and abilities, and our staff encourage this, whilst maintaining the obligation to safeguard the young person at all times. Within the work carried out as part of our therapeutic support staff and keyworkers strive to ensure that they have a good understanding of how to keep themselves safe and make positive choices.

## 22. Safeguarding and Child Protection

Safeguarding children and young people is part of statutory induction training for all new staff to become familiar with and gain an understanding on child protection issues and protocol.

All staff will attend appropriate inter-agency training in Safeguarding and also complete the Surety Care e-learning training course.

Surety Care has regular unannounced inspections, undertaken by Mark Higginson(RI).

These focus on staff's knowledge around safeguarding as well as inspecting key documentation, such as accident/injury logs, and incident recording logs, to ensure that safeguarding is maintained within the service. An action plan is provided following each inspection of areas where progress is required, and this is followed up within 2 weeks of the actions made where necessary.

## 23. Preventing Bullying

Bullying is a persistent and personal abuse of power towards an individual. Bullying is defined as the unjustified, unprovoked and repeated display of aggressive, verbal or physical behaviour on the part of one individual or group to torment, inflict pain or humiliate, to the extent that the victims lose the power of will to defend.

Bullying is recognised as a serious problem that can affect a person's mental and physical health and well-being. Bullying and any other form of intimidation is not acceptable. Internet bullying will be monitored by all staff ensuring that children and young people access appropriate safe sites. Each child/young person will have a Risk Assessment on the use of computers. Staff use many forms of alternative and augmented communication to help children and young people to divulge their feelings including things such as feeling bullied. Staff are also observant and alert to any patterns of behaviour that may indicate a child/young person is bullying or being bullied. The child/young person's Care Plan/Risk Assessment will address aspects of behaviour that may be causing harm or distress to another child/young person.



## 24. Missing Child Policy

At Surety Care we ensure that all children and young people are supervised both during the day and at night according to their assessment needs. If a child/young person has been known to be missing from care, a Missing Person's Risk Assessment is created along with a recent photograph to assess the risk of them being absent without authority and provide a history of outcomes of past experiences of them going missing.

The Registered Manager will put into place all reasonable measures to prevent a child/young person from absconding.

In the event a child/young person does go missing the police are notified immediately (or in line with the agreed grace period outlined in care plan) whilst staff conduct a localised search based on all known information and knowledge of the child/young person. The safety of the children and young people is paramount.

At Surety Care we have a comprehensive Missing from Care policy which is linked to the Derbyshire Safeguarding 'Runaway and Missing from Home or Care (RMFHC) Protocol' May 20

## 25. Fire Precautions

The home operates robust fire and emergency procedures. The home has a fire policy which is rigorously applied. An appropriately qualified external agent services equipment on a regular basis.

Fire equipment and alarms are tested at regular intervals and tests are recorded in the fire logbook, testing takes place in line with the fire safety policy and legislation and staff and service users take place in regular evacuations as required and we actively support children and young people in understanding fire safety. We do this through talking about fire safety and through fire drill simulations. Records are kept and include children's and young people's comments.

All exits are clearly marked and with emergency windows and fire equipment in place that is checked regularly.

The team receives regular fire training from a qualified consultant and in-house instruction takes place as part of the induction process for new staff and regular thereafter.

We also participate in nighttime simulation drills to raise staff awareness on fire safety. We day or night time fire and accommodation required for the children and young people in the event that the building is unsafe.

The staff team will carry out weekly checks on all fire equipment, record and report any actions required to their line manager. All of our staff have been trained in first aid so that there is a first aider on duty at any one time.

Health and medical emergencies are also planned for within the general running of the home. An ambulance will be called by the home in the event of any accident or injury requiring attention. A staff member will accompany the child/young person to hospital and remain with them as required. Night cover will be provided if it is felt that this would be in the best interests of the child/young person or at the request of the placing authority.

Other emergencies such as gas or water leaks or electrical failures, will receive immediate attention from appropriate external agencies, the home has a Business Continuity Plan which can be found in the office.

Fire precautions and emergency procedures are inspected during monthly statutory Regulation 44 visits and during the Registered Managers Regulation 45 reporting. The Registered Manager also ensures that portable appliance testing (PAT) is carried out on a yearly basis. The boilers are serviced annually to ensure that they are safe for use.

## 26. Behaviour Support

Within Dale View we acknowledge that the children or young people may communicate their distress, needs or emotions to us through challenging or self-destructive behaviour. For each young person we seek to understand these events through our Shared Formulation and to manage them through the Relational Care approach embedded within our Chrysalis framework building on staff training, consistency, risk management and reflective practice and supervision. Our aim is to minimise the likelihood and impact of these occurrences.

On a practical level, all staff will be trained in PBS (Positive Behaviour Support) which is registered with both BILD (British Institute of Learning Difficulties) and RRN (Restraint Reduction Network). This approach offers a skill set and supportive model that helps staff to identify the underlying reasons (proximal and distal) for the behaviours of concern, and develop strategies to prevent and manage this, rather than simply responding to the behaviour as displayed. The approach also encourages a process of learning, for both the individual young person and the support staff so that the focus moves to prevention rather than reaction and that coping skills may be encouraged and reinforced. The use of 'debriefs' and supervision are valuable in building staff skills and resilience, creating Psychological Safety and ensuring the appropriateness of any interventions.

All physical interventions are least restrictive and used for the minimum to whilst ensuring the safety of all involved.

The use of physical force is **not** permitted. Physical force may **never** be used as punishment or general means of control. However, a person may take the necessary physical action where another course of action may be likely to fail, to avert any immediate danger or personal injury to the child or another person, or to avoid immediate danger to property.

All incidents of distressing or challenging behaviours including physical intervention, are recorded comprehensively, cross referenced and then sent to the retrospective parties, this is then placed on that child/young person's file.

All recordings are monitored by the manager, RI, Regulation 44 inspector and recorded in the regulation 45 report. Incidents are also collated and reviewed within the Surety Care Governance system to promote quality assurance, facilitate a learning environment, regulatory compliance and psychological safety.

Should any therapeutic input be required this will be sourced via external agencies i.e. GP, Community Pediatricians, School Nurses, Physiotherapists, Dieticians, Speech and language Therapists or Placing Authorities.

All parents and the Local Authority have access to our policy and procedure. This is in the general office of the home and can be requested at any time.

## SECTION 8

# Leadership and Management

# 27. Details of the Registered Provider, Responsible Individual, and Registered Manager

Mark Higginson



**Position:** Director, Surety Care Ltd

**Responsible Individual, Dale View**

**Qualifications:** BSc Nursing & Social Work

**Email:** mark@suretycare.co.uk

**Address:** 1 Surety House, Old Road, Darley Dale, Matlock DE4 2ER

## Experience

Mark has over 25 years' experience of working in health and social care as a Learning Disability Nurse he also has a Diploma in Social Work. Mark has come up through the ranks nursing in various areas across Mental Health and Learning Disability Services. He has held senior managerial positions across both sectors, developing a broad skills set that has enabled him to work successfully in a number of highly complex care environments.

For the last 7 years Mark has run his own business predominantly undertaking Turnaround and Consultancy work, building a strong track record working hand in hand with a number of UK Banks, operators, regulators, commissioning authorities and financial institutions. Mark has provided consultancy and advice to a number of large operators in the healthcare field (5000 + beds).

More recently, Mark has been advising a large charity that operates in the social care field. He has taken the lead in developing the strategy for complex care services for the charity.

## Dean Cooper-Sewel



**Position:** Registered Home Manager, Dale View

**Qualifications:** QCF Level 5 Diploma in Leadership and Management, NVQ 3 Caring for Children and Young People.

**Email:** Dean@suretycare.co.uk

**Address:** 1 Surety House, Old Road, Darley Dale, Matlock DE4 2ER

### Experience

Dean has 16 years of experience of working in the residential industry working within EBD, and has worked his way up from an RSW, SRSW, deputy manager, to a registered manager. Dean has 8 years' experience of being a registered manager currently.

In his tenure Dean has worked with complex young people with emotional behavioural disorders. Dean has worked in various provisions during his tenure, in which invaluable experiences have been gained which have shaped his professional practice and ethos.

# 28. Details of the Dale View Staff Team

At Dale View, we will eventually have a staff team of 19 core staff which will allow for 1 staff per child supervisory levels in the day and during the night there will be 1 sleep in staff and 1 waking night staff ensuring experienced and consistent care to meet the complex needs of the client group.

We employ staff who are skilled and experienced and then train them to deliver our high level of care. We only employ staff who are flexible, responsive and innovative in meeting the needs of children who can be challenging and need a systemic and multi-agency approach to their care.

We recognise that our children and young people have individual and diverse needs, and the staffing establishment and skill mix has been developed to accommodate those needs and preferences.

All appointments are conditional on receipt of the **following satisfactory mandatory checks:**

Disclosure and Barring Service at the appropriate level, which includes checks of the Protection of Children Act List (POCA) and Protection of Vulnerable Adults List (POVA)

Occupational Health Check (where necessary)

At least two references, preferably one from a current employer and, where possible a statement from each referee as to their opinion of the person's suitability to work with children. All references are verbally verified with referees.

Checks on any breaks in employment history.

Identity Checks.

Checks of any required and relevant qualifications.

Checks to confirm the right to work in the UK; and

Where the person has lived outside of the UK, further checks are considered appropriate.

The whole process is carried out in line with Surety Care Equal Opportunities and Recruitment and Selection Policies and Safer Recruitment Legislation.

The staffing establishment for Dale View is:

**Registered Manager:** Dean Cooper- Sewell

**Deputy Manager:** TBC x1

**Senior Residential Support Workers:** TBC x 3

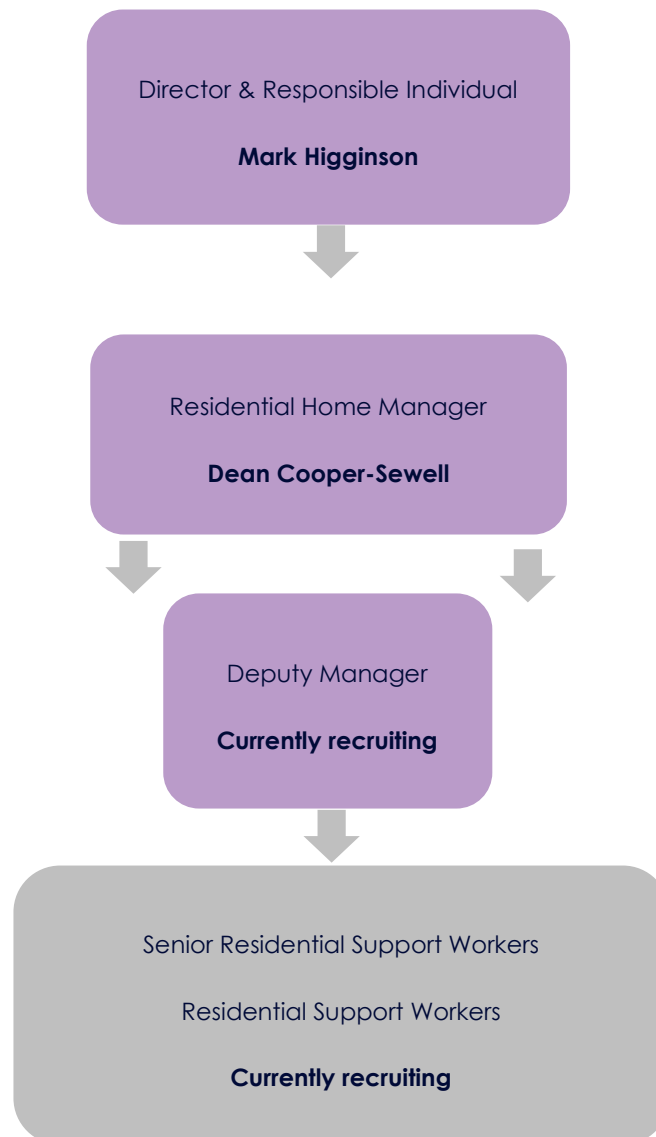
**Residential Support workers:** TBC x 12

**Waking Night staff:** TBC x 2

**Bank workers:** As service requirements dictate but use of Bank Staff will be minimal, ensuring core staff are always available for continuity of



## Details of the Organisational Structure, including arrangements for supervision



## 29. Supervision

Surety Care is fully committed to meeting supervision standards as set out in

Regulation 33 (4b) of the Children's Homes Regulations 2015. We recognise the importance of professional supervision as an integral component of colleague support and professional development to help colleagues deliver safe, effective care, to the highest standard.

The most important fundamental principle underpinning this framework is that all employees, no matter what role they undertake, should participate in structured quality conversations that enables reflection on their role, practice or activities and make relevant changes in order to improve the care and support delivered to the children and young people that we support.

The company has a robust policy on staff supervision and records held by the Registered Manager.

Performance frameworks are also embedded into each staff member's supervision, to ensure a high standard of service is provided. We also ensure that there are daily handovers, and regular staff meetings in order to keep the staff up to date with the young people's development or to share information regarding the reviews of young people, company developments etc.

The Registered Manager also receives formal monthly supervision with their line manager where a discussion will take place about young people's welfare, planning, review, monitoring and evaluation of placement plans and practices.

## 30. Details of staff gender

Where any future admissions are made to the home that involves either gender, management will ensure the gender mix is appropriately balanced.

# SECTION 9

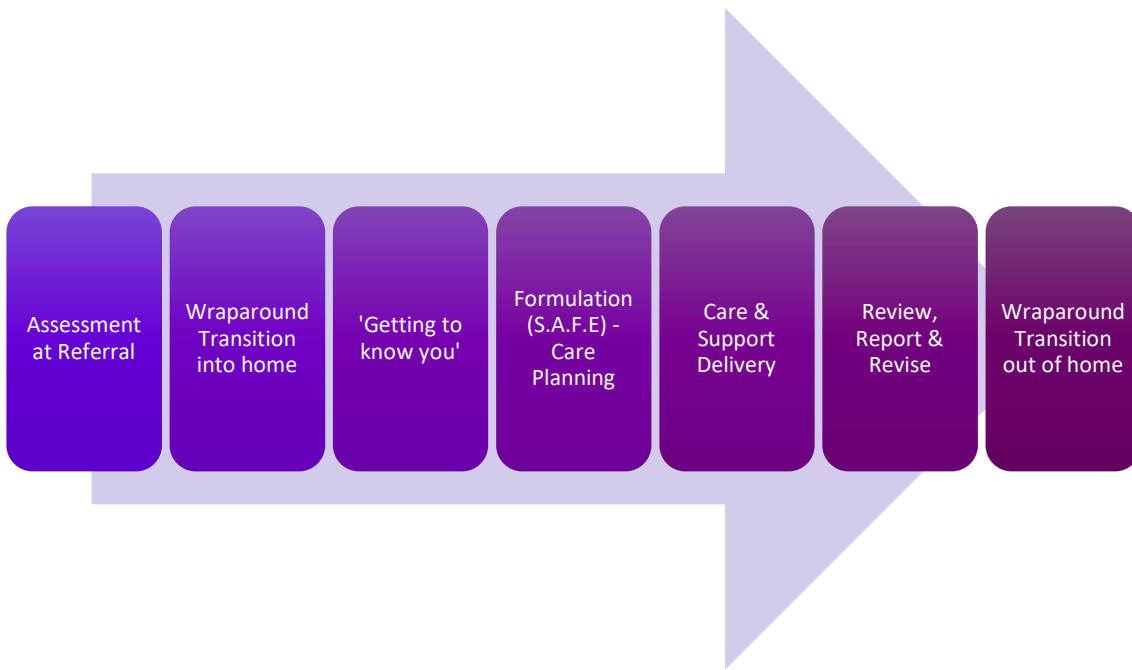
## Care Planning

# 31. Criteria for Admissions, Emergency Admissions and Reviews

The quality and integrity of our Care Planning, Delivery and Review are critical to how we provide a 'secure base' for our young people in a consistent and sustainable way that also demonstrates our commitment to Co-Production and to achieving planned Outcomes. As such the whole Care Planning cycle is subject to regular monitoring, quality assurance and compliance reviews and continuous improvement within our Governance framework. We focus on the key elements identified in Regulation 14, the Care Planning Standard.

- The quality of Care Planning and Delivery is maintained throughout the child or young person's stay within Dale View.
- Transitions into and out of Dale View are the focus of special attention and support plans and actions. This includes the required focus for any young person moving on to Adult care.
- Children and young people will only be admitted to Dale View if the home is deemed appropriate to provide effective care and accommodation for that individual.
- Young people coming into Dale View will receive a proper and supportive induction to minimize the stress of the transition and facilitate adjustment and engagement.
- Care Plans are subject to a cycle of Review, Revision and Reporting on a 6 monthly basis. Effectiveness, quality, satisfaction (young person, carers, placing authority) and improvement are all considered in these reviews.
- Issues around Contact and Communication are facilitated and encouraged within the scope of the young person's relevant plans.
- Dale View will contact the placing authority if there is any concern over risk of harm or if the placement is felt to be not meeting the young person's needs. Similarly, if the child or young person is persistently absent without permission or they ask for a review.
- In line with our emphasis on Co-Production, staff in Dale View will encourage the young person to contribute to their plans and records, and encourage and facilitate access as much as wished.

Care Planning and delivery within Dale View are organized through our Chrysalis Pathway with seven identified phases as shown in the diagram below.



Each phase of the Chrysalis Pathway has its own, relevant protocol reflecting purpose, process, content and responsibilities. These are briefly summarized in the following table.

**Dale View -Chrysalis Pathway: Table 1**

| Phase                     | Purpose  | Method  | Timeline            | Responsibilities   |
|---------------------------|--|---|---------------------|--|
| 1: Assessment at Referral | <p>To decide if Dale View is an appropriate placement for the child or young person.</p> <ul style="list-style-type: none"> <li>- Do they fit within the admission criteria in our Statement of Purpose and Registration.</li> <li>- Does Dale View have the right environment (staffing, ethos, accommodation, etc).</li> <li>- Impact and compatibility considerations.</li> <li>- Understand the views of the child or young person.</li> </ul> | <p>Review of information and data provided by Placing Authority (Placement Plan, Education &amp; Health Plan, Risk Assessment).</p> <p>Review of information from child/young person, family, education &amp; health providers – interviews and reports.</p> <p>Information/data from current placement.</p> <p>Dale View Assessment protocol (Risk, Trauma, Attachment, Relational, Goal Congruence, Developmental, etc).</p> <p>Dale View Compatibility</p> | Following referral. | <p>Service Manager.</p> <p>Consultation with Clinical Advisor, Senior Leadership and Support Team.</p> |

|  |  |  |  |   |
|--|--|--|--|---|
|  |  | Assessment.  |  |   |
| 2: Wraparound Transition into Dale View  | <p>To facilitate the young person's transition into Dale View in the safest, most supportive and effective manner.</p> <ul style="list-style-type: none"> <li>- Understand and mitigate the child or young person's anxieties, concerns or attachment issues. Also, how they prefer to handle this transition.</li> <li>- Develop supportive relationships.</li> <li>- Provide information and a positive Induction.</li> <li>- Appreciate any separation anxiety and support coping responses.</li> </ul>   | <p>Interviews and discussions with child/young person, family/carers, current placement providers and Placing Authority staff.</p> <p>Adjust transition arrangements (e.g., time, contact, introduction to home and Dale View staff).</p> <p>Develop a Transition Risk and Stress management plan – Co-produced.</p>   | To be agreed                               | <p>Service Manager.</p> <p>Provisional Key Worker.</p> <p>Significant others from network (family, providers, etc).</p> |
| 3: 'Getting to Know You'                 | <p>To gather information, views, perspectives and data that will facilitate the best understanding of the child or young person.</p> <ul style="list-style-type: none"> <li>- The child or young person's perspective.</li> <li>- Views of others, including Placing Authority, Education Provider, Health Professionals.</li> <li>- Perspective from the current placement provider (if any).</li> </ul>  | <p>Interviews, observations, interactions, conversations.</p> <p>Standardised Assessments and Psychometrics.</p> <p>Structured Clinical Judgement Risk Assessment.</p> <p>Review of Reports and data</p>   | Within 6-8 weeks of admission to Dale View | <p>Key Worker</p> <p>Clinical Advisor</p> <p>Support Staff Team</p>   |
| 4: Formulation (S.A.F.E) & Care Planning | <p>To develop a Co-produced Formulation that helps Dale View staff understand the child or young person's current situation, coping and preferences in relation to developmental profile, previous history (including adverse experiences), and their relational perspective on Dale View. (<b>Shared Assessment Formulation and Education</b>).</p> <ul style="list-style-type: none"> <li>- To guide the development of a personalised Care &amp; Support Plan.</li> <li>- To guide the development of any Education Support or Treatment Support Plans.</li> <li>- To establish Activities, Functional Skills, Resilience and Community Integration needs and priorities.</li> <li>- To facilitate a comprehensive Risk Management plan (including Crisis Intervention).</li> <li>- To establish SMART goals, preferences and planned Outcomes.</li> <li>- To identify the bespoke Education (training) required by staff to benefit the unique identity and needs of the child or young person.</li> </ul> | <p>The '5-P' Formulation:</p> <ul style="list-style-type: none"> <li>- Problems</li> <li>- Predisposing Factors</li> <li>- Precipitating Factors</li> <li>- Perpetuating Factors</li> <li>- Protective Factors.</li> </ul> <p>Standardised Psychological Measures.</p> <p>Goal Attainment Scaling</p> <p>Establishing 'Personal Criteria.</p> <p>Relational Security.</p> <p>Team and young person (+ relevant others) 'Team Formulation Meeting'.</p> |  | <p>Key Worker</p> <p>Support Team</p> <p>Clinical Advisor</p>   |
| 5: Care & Support Delivery               | To deliver Care & Support that is required in a way that is consistent   | Deliver the required Care & Support within the ethos of  | For 6 months                               | Keyworker   |

|   |  |   |  |  |
|---|--|---|--|--|
|   | across people and time and is experienced as safe and supportive by the child or young person, whilst progressing towards agreed goals and outcomes.   | the home and training derived from Chrysalis.<br><br>1:1 sessions with keyworker.<br><br>Utilise Relational Care models.<br><br>Utilise supervision and reflective practice (Team-based and individual).<br><br>Monitor the Care Plan delivery through Surety Care Governance & Compliance processes.<br><br>Regular evaluations and feedback on Therapeutic Alliances. | following initial Formulation meeting. | Support Team   |
| 6: Review, Revise, Report                 | To review the existing Care & Support Plan (and Formulation) and revise it in light of experience, changes, revised preferences and goal/outcome attainment.<br><br>Following this, to provide comprehensive reports to appropriate individuals and agencies, including the child or young person. | Care & Support review reports.<br><br>Care & Support Plan Review.<br><br>Revised Plan Produced.<br><br>Reports Produced.  | 6 monthly intervals                    | Key Worker   |
| 7: Wraparound Transition out of Dale View | To ensure that the child or young person is appropriately and effectively supported to leave Dale View, either to another placement or into adult care or independent living.  | Dale View team seek to help the child or young person understand the 'demands' of the next transition.<br><br>Develop skills, coping responses to facilitate coping and safe transition.<br><br>Suggest modifications to the receiving 'environment'.   | At relevant transition.                | Key Worker<br><br>Service Manager<br><br>Placing Authority |

## 32. Criteria for admissions, emergency admissions and reviews

An Admission Assessment (including Compatibility Review) will be carried out on every individual before admission. This is in accordance with Children's Home Regulations and Quality Standards 2015. 11.4 The registered person will only accept placements for children where they are satisfied that the home can respond effectively to the child's needs as recorded in the child's relevant plans and where they have fully considered the impact the placement will have on the existing group of children. All referrals for admission will be assessed, and plans put in place to ensure the home remains as stable as possible

for all young people accommodated. This will be achieved using robust placement planning and matching protocols.

Assessment will capture whether:

1. The young person being referred meets the admission Criteria outlined in the home's Statement of Purpose and Function.
2. The Home's staff team is sufficient in number and experience to meet the requirements of the child's needs and care plan and continue to satisfactorily meet the needs of the existing resident group.
3. The young person being referred presents any risks to the existing residents accommodated or residents already placed in Dale View present a risk to the incoming resident.

## Admissions Procedure

All referrals of children and young people are considered and planned moves are carried out in line with availability of rooms. Children and young people will be deemed suitable to reside together following completion of a comprehensive compatibility risk assessment.

As much information as possible is always requested to enable the manager and staff to evaluate and match the placement to the needs of the child/young person and those already in placement. To ensure effective matching is in place, all relevant documentation will be requested at time of the referral under pre-placement information pack protocols. Needs, risks, targets and support required is identified and agreed with the placing authority prior to admission and confirmed in more detail within the placement planning meeting.

The manager will also consider the skill set of the staff team, to ensure they are best equipped to support the young person. Specific training will be sought to equip the team where a need is identified at referral. Further training, bespoke to the needs of the individual, will be identified and provided following the Shared Formulation Assessment and Education meeting.

From the initial referral to the placement planning meeting, regular liaison will take place between the manager, the staff and the referring authority to ensure that all needs are identified, and staff are able to manage the risks during the transition, admission and early days in the home.

The final decision for the child to come into the home always rests with the home's manager. Once the first stage of the referral has been discussed, the new referral is introduced to staff and the matching Criteria and Impact Risk Assessment is completed using the pre-placement information pack. The final decision is made as a full team once an initial action plan is clear.



Transition and Admission Risk assessments, behavioural support/management plan, health plan and placement plan will be devised in conjunction with the Local authority's statutory Care plan and placing social worker.

## Summary: Our minimum requirements of accepting a placement are as follows:

- Pre-placement information/referral form to contain essential information.
- Impact Risk assessment
- The placing authority referral form completed in full.
- Up to date placing authority's risk assessment.
- Consideration given to the needs of the children/young people already in the placement.
- A matching management meeting would take place prior to offering a placement.

## 33. Arrangements for Quality of Care Reviews

Within Darley Dale Care & Support plans have a 6-month cycle of reviews as per the Chrysalis Pathway. The reviews are, as far as possible, Co-produced and multi-agency and inclusive. As well as progress and efficacy, the quality of the service is reviewed from the child or young person's perspective within this schedule. For example, satisfaction with the service, analysis of Therapeutic Alliances, issues around the accommodation.

In addition to monitoring and inspection from statutory bodies, Surety Care has a Regulation 44 External Visitor that monitors the running of the home in line with relevant legislation and good practice. Reports are regularly forwarded to the COO and the Registered Manager. The home is supported to develop their own personal development and action plan from the report outcome and findings.

Surety Care has a Governance & Compliance framework that Dale View operates within. This involves regular monitoring and review against current regulations, integrity checks on the quality of the Chrysalis framework input and Incident Analysis. Feedback is provided to the Service Manager and continuous improvement actions are identified and implemented. Data is provided on a monthly, 6-monthly and annual basis as appropriate and reports are published.