



# STATEMENT OF PURPOSE

Muswell Hill Children's Home

## ABSTRACT

*This Statement of Purpose (SoP) is written in line with the Children's Homes Regulations 2015 which covers the matters listed in Regulation 16, Schedule 1. We ensure that the home is at all times conducted in a way and manner which is consistent with our SoP. It outlines the care we provide and how our staff team is organised to provide that care. It includes an overview of the policies, procedures, and practices which we adopt to make sure that we continuously deliver effective child centred services for the positive development of the children and young people in our care.*

**Regulation 16**

**Schedule 1**

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## 1. INTRODUCTION

Muswell Hill Children's Home is situated in the London Borough of Haringey and is registered with the Office for Standards in Education (OFSTED). The home comprises of three stories and is situated amongst other private and publicly owned residential properties.

The home provides planned and some emergency admission placements for up to six male or female children in single accommodation. The age range of the children/young people accommodated is 11 to 18 years. Post 18 years is needs based by special arrangement on no adverse matching risk assessment.

## 2. THE PHILOSOPHY, PURPOSE AND OBJECTIVES OF THE HOME.

In line with the Care Standards Act 2000 and the Children Act 1989/2004, Muswell Hill Children's Home will endeavour to provide a high-quality caring, safe and structured environment for all children and young people whilst they remain in our care.

## 3. OUR PRINCIPAL OBJECTIVES

To meet the Quality Care Standards as outlined in the Guide to the Children's Homes Regulations April 2015: these are

1. The quality and purpose of care standard
  2. The children's views, wishes and feelings standard
  3. The education standard
  4. The enjoyment and achievement standard
  5. The health and well-being standard
  6. The positive relationships standard
  7. The protection of children standard
  8. The leadership and management standard
  9. The care planning standard
- ❑ TO PROVIDE THE CHILDREN AND YOUNG PEOPLE WITH OPPORTUNITIES TO DEVELOP AND IMPROVE THEIR SELF PERCEPTION
  - ❑ TO MAKE YOUNG PEOPLE FEEL SAFE, SECURE, HAPPY AND TO LEARN AND GROW SO THAT THEY COULD TRANSITION INTO ADULTHOOD AND INDEPENDENCE SUCCESSFULLY AND ACHIEVE POSITIVE OUTCOMES IN LIFE.
  - ❑ TO PROVIDE COMPREHENSIVE ASSESSMENTS OF INDIVIDUAL NEEDS AND ESTABLISH CARE/PLACEMENT PLANS WHICH ARE USED AS WORKING DOCUMENTS
  - ❑ TO PROMOTE THE INDIVIDUAL EXPECTATIONS AND ASPIRATIONS OF THE CHILDREN AND YOUNG PEOPLE WITH REGARDS TO THEIR SPECIFIC RACIAL, CULTURAL, RELIGIOUS, SEXUAL IDENTITY OR ANY SPECIAL NEEDS
  - ❑ TO PROMOTE A HEALTHY LIFESTYLE AND FULLY MEET THE INDIVIDUAL HEALTH CARE NEEDS OF THE CHILDREN AND YOUNG PEOPLE
  - ❑ TO PROVIDE GOOD ROLE MODELS AND ACTIVELY ENCOURAGE APPROPRIATE BEHAVIOUR AND GOOD ORDER WITHIN THE HOME AND COMMUNITY

- ❑ TO ADDRESS ANY EMOTIONAL AND BEHAVIOUR DIFFICULTIES YOUNG PEOPLE MAY PRESENT THROUGH THE USE OF POSITIVE RELATIONSHIPS TO PROMOTE YOUNG PEOPLE HEALTHY DEVELOPMENT OR WHERE APPROPRIATE OUTSOURCE THERAPEUTIC INTERVENTIONS TO ADDRESS THIS.
- ❑ TO WORK IN PARTNERSHIP WITH THE CHILDREN AND YOUNG PEOPLE, THEIR FAMILIES AND OTHER EXTERNAL PROFESSIONALS WITH RESPONSIBILITY FOR THEIR CARE
- ❑ TO PROMOTE EDUCATIONAL OPPORTUNITIES AND TO LIASE CLOSELY WITH ALL DEPARTMENTS RESPONSIBLE FOR THE CHILDREN AND YOUNG PEOPLE'S EDUCATION

#### **4. YOUNG PEOPLE WITH CHALLENGING BEHAVIOURS**

The homework with children and young people who have experienced a wide range of trauma, either within the family, other residential settings, school or the community, or a mixture of all of these. These traumas are often compounded by physical and emotional changes within the young person at this key stage in their development.

Muswell Hill Children's Home will provide the facilities, environment, and professional expertise to effectively address issues that are the underlining cause of such behaviours, that being sexual, physical, or emotional abuse, low self-esteem and under achieving. Whilst all children and young people need to be accountable for their own behaviour and actions, focusing on the behaviour alone is treating the symptom and not the cause. An understanding professional body of staff will care for the children and young people at the home. The home is supported by a qualified Consultant, who will provide advice/guidance and support to the young people and the staff

#### **5. NAME AND ADDRESS OF RESPONSIBLE PERSON**

**Proprietor:** Mr Stellakis Miltiadous

Flat 14, Centurion Building, 376 Queenstown Road, London, SW11 8NW

#### **6. DETAILS OF CHILDREN TO BE ACCOMMODATED AT THE HOME**

**Age Group:** 11 to 18 years

**Gender accepted:** Mixed- Male and female

*Maximum Number of Children Resident: 6 (Six).*

#### **7. ADMISSION CRITERIA**

The home will not accept children who would not meet the criteria for admission under The Care standards Act 2000. This includes children who have a severe physical disability, children whose primary reason for being in care is their disability, children with severe sensory impairments, children with a severe learning disability and children who have a defined mental health disorder.

The home will complete a risk assessment prior to admitting children who have a known significant history of fire starting, who are known to be drug dependant or known to display excessively violent behaviour. The home will accommodate young

people who have complex needs and this may include young people who have a history of offending behaviour and/or displayed aggressive behaviours.

## **8. REFERRALS**

It is the home's policy that each young person referred to the service will be considered on individual merits, taking into account both the needs of the children referred and to those already in placement.

As it is necessary to respond positively to the needs of placing authorities, it is also the home's policy to offer flexibility as to the management of referrals. The home endeavours to provide placements to the local boroughs and aims to work in partnership with them, offering short, holding placements if necessary. The decision with regards to admitting a young person will take into account whether the home can meet the young person's needs and assesses the possible impact on the wellbeing and welfare of all the young people already living in the home through effective matching as far as reasonably possible. Where it seems likely that a referral will proceed then further information is essential and should be requested without undue delay, including:

Completed Department of Health 'Looked After Children' forms, full previous history, recent educational, health, psychological, reports and any other relevant documents.

## **9. EMERGENCY PLACEMENTS**

The home will consider accepting emergency admissions through the 24-hour day. Consideration will always be given to the circumstances surrounding the necessity for such a placement and the potential risks associated with admitting young people on this basis.

The home has two members of staff on duty during the night and additional staff can be brought in at short notice to assist with out of hours admissions as maybe required.

It is likely that there will be little information available on children who are referred on an emergency basis. In this event, attempts are to be made to establish as much information as possible on the child and the reasons for the referral from the referring authority. This information should be requested in writing and be passed on to the home.

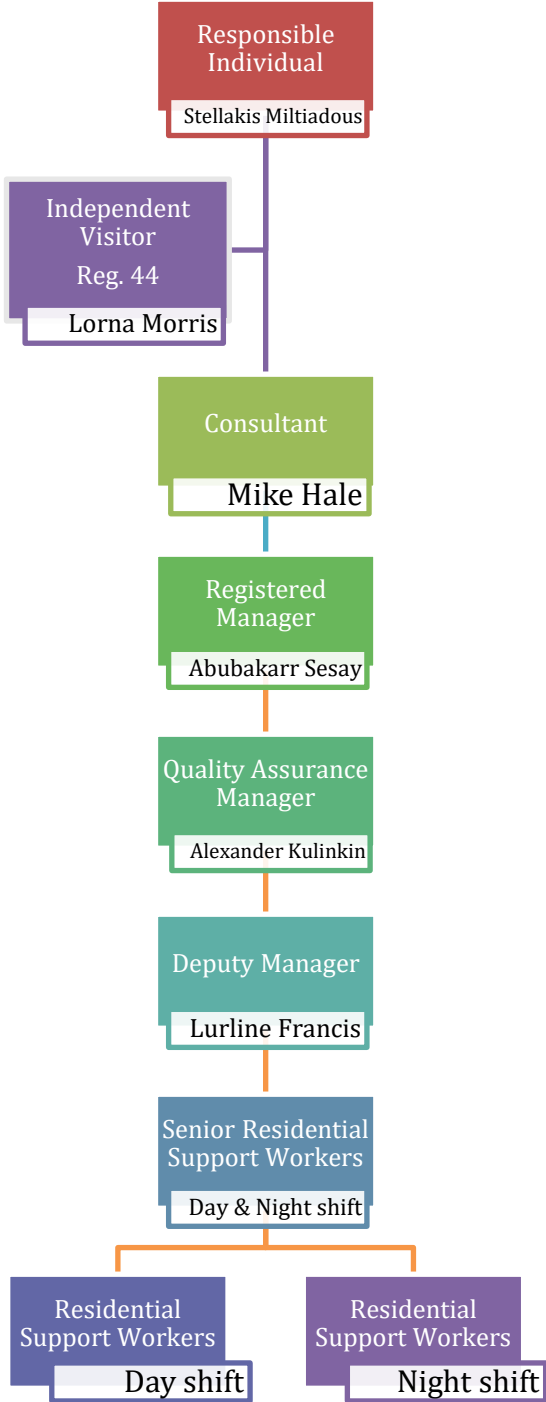
Based on the information provided the Manager/ Senior worker will decide on the appropriateness of the placement and balancing it with the needs and welfare of the young people already residing in the home to ensure effective matching is undertaken as far as reasonably possible. Pre-admission risk assessments will be completed before the child is admitted and an initial management plan will be devised to cover the first 72 hours, at which point this will be reviewed.

## **10. PLACEMENT DISRUPTION**

In such cases where a young person causes significant disruption in the home and attempts to improve the situation are failing, it is likely that a disruption meeting will be convened with the placing authority and other third parties as appropriate. It is

not considered good practice to terminate placements unless there are essentially firm grounds for doing so. In any event, the decision to terminate a young person's placement would be considered as the last resort option and would ordinarily be to safeguard the young person themselves, other young people, or staff.

**11. THE ORGANISATIONAL STRUCTURE OF THE HOME.**



**12. DEPLOYMENT, SUPERVISION, TRAINING, AND DEVELOPMENT OF STAFF**

The home operates on a staffing ratio of 1 member of staff to every 3 children/young people and would always ensure two members of staff are on duty. The manager of the home is supernumerary to the staffing complement. The home operates a four-

week rolling rota for staff. The home is staffed 24 hrs each day according to the above ratio. The staff on shift will further organise and decide on their responsibilities by mutual agreement. There is always going to be a lead staff in the position of senior staff in charge of the shifts and every decision including but not limited to fire evacuation and other emergencies.

On each shift is a senior residential support worker who assumes authority for the home whilst on duty. Each senior undergoes an induction programme that equips them with the knowledge to make balanced decisions in line with the homes' policies and procedures. The home has two night waking staff during the hours of 8:00 pm and 8:00 am.

The Registered Manager is responsible for the development, implementation and management of the home, and co-ordination of staff. Staff will receive regular supervision from the Registered Manager in line with the quality standards. The Manager will receive formal supervision from the home's external consultant on a monthly basis.

Staff will also have their work appraised at least once a year. At such time any training needs and personal professional development plans will be discussed and action plans for implementation put into place accordingly. Staff training is considered essential for the home to maintain a professional and high standard of care.

### 13. STAFF DESIGNATION AND QUALIFICATIONS

NAME	POSITION	QUALIFICATIONS
Abubakarr Sesay	Registered Manager	<ul style="list-style-type: none"> <li>▪ MSc. Economics</li> <li>▪ <b>Edexcel:</b> Competence Based Qualification (QCF), PEARSON EDEXCEL LEVEL 5 DIPLOMA in Leadership for Health and Social Care and Children and Young People's Services (Children and Young People's Management (England) (QCF)</li> <li>▪ NVQ Level 3 – Children and Young People</li> <li>▪ NVQ Level 2 Mental Health</li> </ul>
Mike Hale	Consultant	<ul style="list-style-type: none"> <li>▪ Management Consultant, HCPC Registered, Former senior inspector with Surrey CC, Certificate in Social Services (CSS), Diploma in Management Studies.</li> </ul>
Lorna Barbara Morris	Independent Visitor	<ul style="list-style-type: none"> <li>▪ Diploma in Social Work</li> <li>▪ Advance Diploma in Professional Development (The Therapeutic Application of the Arts)</li> </ul>
Alexander Kulinkin	Quality Assurance Manager	<ul style="list-style-type: none"> <li>▪ Diploma Level 3 – Children and Young People,</li> <li>▪ BSc (Hons) Banking and International Finance.</li> <li>▪ MA. Social Work</li> <li>▪ <b>In-Progress:</b> LEVEL 5 DIPLOMA in Leadership for Health and Social Care and Children and Young People's Services</li> </ul>
Lurline Francis	Deputy Manager	<ul style="list-style-type: none"> <li>▪ Diploma Level 3 – Children and Young People</li> <li>▪ BTEC Level 2 Employment, Responsibilities and Rights in Health and Social Care and CYP</li> <li>▪ Edexcel: Competence Based Qualification (QCF), PEARSON EDEXCEL LEVEL 5 DIPLOMA in Leadership for Health and Social Care and Children and Young People's Services (Children and Young People's Management (England) (QCF)</li> </ul>
Iliyas Alpysbay	Support Worker	<ul style="list-style-type: none"> <li>▪ MSc. Material Science</li> <li>▪ Diploma Level 3–Children and Young People</li> <li>▪ TQUK Level 3 Award in Education &amp; Training (RQF)</li> <li>▪ Highfield Level 3 Award for Deliverers of Physical Intervention Training within the Private Security Industry</li> <li>▪ Highfield Level 3 Award in the Delivery of Conflict Management Training (RQF)</li> <li>▪ <b>In-Progress:</b> LEVEL 5 DIPLOMA in Leadership for Health and Social Care and Children and Young People's Services</li> </ul>
Eirine Grammatopoulou	Support Worker	<ul style="list-style-type: none"> <li>▪ Diploma Level 3 -Children and Young People</li> <li>▪ Diploma Level 2 -Children and Young People</li> </ul>
Grace O. Uroegbulam	Support Worker	<ul style="list-style-type: none"> <li>▪ NVQ Level 3 -Children and Young People</li> <li>▪ <b>In-Progress:</b> LEVEL 5 DIPLOMA in Leadership for Health and Social Care and Children and Young People's Services</li> </ul>



Cauê Garcia de Castro	Support worker	<ul style="list-style-type: none"> <li>▪ Diploma Level 3 Health and Social Care</li> <li>▪ NVQ Level 2 Health and Social Care</li> <li>▪ Introduction to Counselling Course</li> <li>▪ Ventilated Patient Care</li> <li>▪ Education to secondary school level</li> <li>▪ <b>In-progress:</b> Diploma Level 4–Children and Young People</li> </ul>
Diana Harriott	Support worker	<ul style="list-style-type: none"> <li>▪ Distinction-advanced diploma in accounting Level 3</li> <li>▪ Distinction -AAT foundation certificate in accounting Level 2</li> <li>▪ 3 GCSEs Maths-C, English -B, History-B</li> <li>▪ Accounting and management diploma Level 3</li> <li>▪ <b>In-progress:</b> Diploma Level 4–Children and Young People</li> </ul>
Silvana Demaj	Support worker	<ul style="list-style-type: none"> <li>▪ NCFE Level 3 Certificate in Preparing to Work in Adult Social Care</li> <li>▪ NCFE Level 2 Award in Employment Responsibilities and Right in Health, Social Care or Children and Young People Setting</li> <li>▪ Advance Level Apprenticeship in Adult Social Care</li> <li>▪ PEARSON Edexcel Diploma Level 3 in Health and Social Care (Adults) for England (QCF)</li> <li>▪ PEARSON Edexcel Functional Skills Qualification in English</li> <li>▪ PEARSON Edexcel Functional Skills Qualification in English</li> <li>▪ <b>In-progress:</b> Diploma Level 4–Children and Young People</li> </ul>
Syron Myrie	Support worker	<ul style="list-style-type: none"> <li>▪ BA Hons Physical Education and Sports</li> <li>▪ NVQ Sports &amp; Recreation levels 1-3</li> <li>▪ YMCA Fitness Instructor's Qualification</li> <li>▪ <b>In-progress:</b> Diploma Level 4–Children and Young People</li> </ul>
Peta-Gay Duncan	Bank Support Worker	<ul style="list-style-type: none"> <li>▪ National Certificate in Acting</li> <li>▪ Diploma in Performing Arts Dance</li> <li>▪ Diploma Level 3 – Children and Young People</li> </ul>

#### 14. FACILITIES AT THE HOME.

The home offers pleasant, homely accommodation. All children and young people have their own bedroom which they are responsible for keeping clean and tidy. The staff team gives them regular support in order to achieve this objective.

The home has a general young people's computer situated in the activity room and also makes available access to the WIFI which is under control in term of time limit access and parental guidance.

All young people are supported to have access to personal mobile phone to make and receive calls in private.

A relaxing meeting/quiet room is available for the children to use to see visitors in private.

A lounge with all of the usual homely comforts, dining room, television, PS4 and games area is provided.

## **15. SAFETY AND SECURITY**

The home has CCTV cameras that monitor and ensure safety of the young people and staff 24 hours. The monitoring is only restricted to the outside of the building (no cameras inside the home). The home has a duty to provide recorded information to the police if required to do so.

## **16. ACTIVITIES**

Our activities programme will change as it reflects individual needs as well as being based upon the developmental age of the children in occupancy.

The aim of our programme is to encourage participation in leisure interests within the local community and participation in internal activities that engender and build self-esteem and confidence.

We encourage our children and young people to make realistic choices and requests and strive to ensure that the children are provided with pertinent OPPORTUNITIES.

All activities are appropriately supervised. The activities vary from, inhouse board games, cinema, swimming, gym, go-carting, skiing, and other group activities such as theme & fun parks. All young people are encouraged to join the local gym for improving good physical health. The home make sure of a safe, well-kept garden is available to the rear of the premises.

## **17. HALTH CARE**

Predominantly, children and young people living in residential care homes are particularly vulnerable health care neglect because, they might not have received continuity of health care. This tendency is high due to frequent sequence of moves often within a fairly short time. The staff team will have to play an active role in promoting all aspects of a young person's health care needs. This has become our priority to enquire about their LAC medical and immediately seek to register them with GP, Dentist and Optician. Issues of personal hygiene and health are dealt with sensitively and with the preservation of the child's dignity.

As a staff team, we actively discourage children and young people from smoking and taking illegal substances.

## **18. SMOKING IS NOT PERMITTED IN ANY PART OF THE HOME**

Muswell Hill Children's Home operates a No SMOKING POLICY ON THE UNIT. Smoking inside the house is strictly forbidden. If a young person does smoke, he/she must smoke at the back of the house in the garden (allocated area). The police will be called without warning for anyone caught smoking cannabis or any illegal drugs on the unit. If a young person is caught smoking cigarettes or cannabis on the premises, he/she could be sanctioned for this behaviour which may include sanctions such as no internet access for up to 1 week.

## 19. HEALTH CARE RECORDS

A detailed health record will be kept on each young person at the home. It is the responsibility of the key worker to ensure that up to date information is recorded on the young person's case file. This will include:

- Illnesses.
- Operations.
- Immunisations.
- Allergies.
- Medications administered.
- Dates of appointments with GP's and specialists.
- Details of outcomes of all health care checks/appointments.

### **After admission, the young person's keyworker will:**

- ensure he/she is registered with our local GP in the first two weeks of his/her placement. The young person will also be registered and given a dental check-up and sight test. This will be arranged within the first two weeks of placement.
- establish effective communications between the GP, parents, social worker, and health visitor.

If a young person is referred to the home with pre-diagnosed condition requiring on-going medication, it is the responsibility of the Registered Manager to consult with the appropriate agencies and arrange for the correct procedures in respect of medication to be followed. This will be clearly recorded in the young person's case file and medical log.

## 20. SAFE STORAGE OF MEDICATION

All medications including those, which can be obtained without prescription, will be stored, and handled safely. The home will ensure that:

- All medication is stored safely in a locked medicine cabinet.
- The correct procedures in respect of administering medication are followed at all times.
- All medications administered are recorded in the home's medication administration record and the young person's case file.

## 21. EMERGENCY MEDICAL TREATMENT

Children aged 16 years and over can give their own consent to medical treatment. Children under this age may also give their consent depending on their ability to understand the nature of the treatment. Medical staff make this judgement.

In any case, written consent to emergency medical treatment will be sought from the person with parental responsibility for the child and be retained on the child's file.

## 22. HIV/AIDS

It is the homes policy that all services will be provided to the children and young people in line with the principles of normal living and equality.

The transmission of the HIV virus is easily preventable through the maintenance of safe hygienic practices. Staff is given clear instruction on how to deal with spillages of blood and other bodily fluids.

### **23. COVID 19**

MHCH is committed to providing quality services to children/young people. To ensure staff and children/young people are safe, we have introduced the following measures to minimise disruption to our services and maintain safe levels of staffing. The management team ensures:

- The current government guidance on COVID-19 is available to staff.
- Staff follow infection control guidance.
- Places frequented by children/young people have a policy and strategy in place in relation to COVID-19.
- Face-to-face contacts with customers/suppliers are reduced if the COVID-19 virus becomes more widespread.
- Visitors are vetted against risk criteria.
- Hand washing guidance is available and displayed prominently in services.
- COVID-19 prevention supplies are available at the service (e.g. soap, hand sanitiser that contains at least 60% alcohol, tissues, bins, and disposable facemasks in case someone becomes ill.)

**Suspected cases of COVID-19 MUST be escalated without delay to the management team. In the case of a COVID-19 confirmed case, the service must follow the instructions from the Public Health England (PHE) local Health Protection Team.**

### **24. FIRE PRECAUTIONS AND ASSOCIATED EMERGENCY PROCEDURES**

In the event of a fire, the person discovering the fire will sound the nearest alarm and the senior on duty will: -

1. Evacuate the premises
2. Establish location of fire (Use firefighting appliances without risking self or others)
3. Call fire brigade
4. Account for all children, visitors, and staff
5. Report to the fire brigade on their arrival

### **25. FIRE SAFETY CHECKS**

Weekly fire safety checks will be carried out and recorded in the fire logbook.

- Fire alarm call points are tested weekly at different call points as detailed in fire log.
- Smoke/Heat detectors are tested at different locations as detailed in fire log.
- Fire log is updated with dates and details of fire drills (a total of 4 times a year including 3 daytime fire drills and 1 fire drill at night)

- A check is made on the amount of spare fire glasses that are available.
- All Fire Doors fitted with door closures are working effectively
- All firefighting equipment is stored appropriately.
- Fire Alarm is working - and not on silence.
- No fire doors are wedged open.

## 26. ARRANGEMENTS FOR RELIGIOUS OBSERVANCE

The home will, as far as practicable, provide young people with the opportunity to attend such religious services and receive such instructions as are appropriate to the religious persuasion to which the children or young people may belong. The home will also undertake to provide for any special diets and clothing as required.

On admission to the home the Registered Manager will:

- Make necessary inquiries into the religious and cultural need of the young person.
- Contact family or relatives to ascertain relevant information.
- Make arrangements so that the young person may follow his/her religion in a manner appropriate to his/her age. If appropriate, the young person may join his/her family for religious services.
- Make all staff aware of the religious background of the young person and provision made during the day-to-day care programme.

## 27. EQUAL OPPORTUNITIES AND ANTI-DISCRIMINATION PRACTICE

The home is opposed to any form of discrimination and work to ensure a high level of childcare practice is delivered in a non-discriminatory environment in which all people are valued as individuals.

The home aims to meet the individual needs of the children and young people in accordance with their race, religion, gender, sexual orientation, and culture. The home has in place a clear equal opportunities policy which all staff are made aware of.

## 28. BLACK LIVES MATTER

The Black Lives Matter revolutionary has a vision of the new society which the Black Lives Matter campaign and movement is aiming at creating. The need to reconstruct is not absent from reasonable discussion, the art of breaking silence is to break down the walls of racism. The revolutionary is intellectually committed to the achievement of a new concrete social order that is better than the present by means of eradicating systemic and systematic racism in our society, exposing, stripping, and cleansing the racist mind-set of individuals and societies which perpetuate the immoral belief that certain groups are superior to others.

**Black Lives Matter campaign is to send out a persistent message loud and clear that it is unacceptable to treat Black and Brown people differently, lesser to anyone else based on the colour of the human skin.**

Ordinary people in Britain with support across the world, give people a platform and a voice to talk for themselves.

**“We stand with the oppressed and not with the oppressor”**

This is done so that the upcoming and next generation of black children and black adults WILL NOT have to be told "you have to work twice as hard as a white person and for less". This is done so that they will be equal to white counterparts in all areas

of society so black people WILL be able to fully participate in all levels of society that have previously been denied to them because of the colour of their skin.

Black children need to be treated fairly in education. Black boys should no longer be easy targets for police. As soon as they reach 10-11 (the age of criminal responsibility) they become targets because of their black skin. Black people should no longer be brutalised by the police service and accept that as just "the way it is". NO MORE.

## **29. WORKING IN PARTNERSHIP WITH PARENTS AND FAMILIES**

Whenever possible, the staff aim to work in partnership with parents where this is deemed appropriate and agreed with the young person's social worker. By so doing, they are in a position to offer support with the child's care and progress.

Where appropriate, parents will be consulted before any decision is made regarding the care of their children. The planning and review of a Young Person's care with the involvement of parents will provide the basis of partnership between the home, the parents, and the Young Person.

The development of this partnership will enable the Young Person's welfare to be safeguarded and the placement to proceed in a positive manner. Contact between the Young Person and his parents and family will be actively promoted where it is practicable and consistent with the Young Person's welfare and Care Plan. Working with parents will in most cases, achieve a safe and stable environment to which the Young Person can eventually return.

The home's responsibility must not detract from the parents' continuing parental responsibility. The parent's involvement with the Young Person and exercise of their parental responsibility will be the basis of any agreed arrangements, and they will be made aware of this.

## **30. VISITORS TO THE HOME**

All children and young people are encouraged to have visitations. The home acknowledges the importance of maintaining family contacts and community links.

Communal areas are available for visitors to use. If children wish to have privacy, the quiet/meeting room can be used for this purpose.

A record will be maintained of all visitors to the home. However, in keeping with normality, a young person's first-time visiting friend may be subjected to identification checks including Zip oyster photocard as part of our safeguarding measures, and they may be required to sign the visitor's book.

All visitors to the home will be expected to behave appropriately at all times, equally all visitors to the home will be treated courteously, with respect and dignity.

## **31. CARE AND CONTROL/BEHAVIOUR MANAGEMENT**

We believe in the principle of reinforcement and use reward, praise, restoratives, and recognition to promote positive behaviour.

In order to achieve good order, the home has an established framework of general routines. Individual boundaries of behaviour are well defined. We have realistic expectations of behaviour and use consistent and sensitive methods of control. Children and young people are routinely involved in decision making about their care. Daily house meetings (handover session) take place to help ensure open healthy communication exists between the children and the staff.

### **32. RESTRAINT**

In principle the home practices non-restraint intervention, although there may be occasions when physical intervention is considered necessary. Physical intervention should only be used in specific circumstances and as last resort e.g., where a child is in immediate danger of harming themselves or others or where immediate action is necessary to prevent significant damage to property. Should a young person become out of control to the extent that restraint is required, the police and paramedics should be called immediately, and procedures strictly followed including restraint log, incident report, Regulation 40, LADO, and relevant others. Clearly staff must make a professional judgement in such cases but are not to put themselves or others at unnecessary risk. Staff will receive training in managing difficult behaviours and will always work preventatively in a pro-active manner.

### **33. SANCTIONS**

The home recognises that some form of sanction will be necessary where there are instances of behaviour, which would in any family, or group environment reasonably be regarded as unacceptable. However, we firmly believe that children and young people should be encouraged to behave well by the frequent expression of approval and by the generous use of rewards rather than the extensive imposition of disciplinary measures.

The home firmly believes in a restorative approach and believes that there should be opportunities for young people to make amends for their transgressions without the use of sanctions. This fits with the ethos the home has in terms of adopting a positive approach to behaviour management. The home uses the following sanctions:

- Restricted or suspended Wi-Fi use
- Financial delays and, or deductions
- Unpaid additional chores
- Curtailment of recreational activities
- Increased supervision
- Verbal admonishment
- Reimbursement especially on criminal damage

All sanctions and restorative practice will be recorded in the consequence book.

### **34. PROHIBITED SANCTIONS**

- Any form of corporal punishment
- Deprivation of food or drink
- Use or withhold medication or dental treatment.
- Intentional deprivation of sleep
- No more than 2/3 of basic pocket money to be stopped. (Fines from court must be paid)

- Insisting a child wear distinctive clothing during the day, i.e., pyjamas. (Uniforms for school, scouts are acceptable)
- Intimate physical examination of residents. (Staff may search his/her clothing for weapons or drugs but if it is suspected that the young person has concealed weapons or drugs on his person, the police would be called)
- Restrict visits or telephone calls from parents, friends as punishment.
- Imposing any measure which involves any child in the imposition of any measure against any other child or the punishment of a group of children for the behaviour of an individual child
- Lock a young person in a room.

### **35. PROCEDURE FOR DEALING WITH CHILDREN MISSING FROM CARE**

There will on occasions, be times when a young person is missing from the establishment. When this happens, immediate steps will be taken to ensure their safety and wellbeing. It is impossible to have a blanket policy regarding missing persons. Consideration as to what action is appropriate will depend on the age and awareness of the young person. However, the following principles must be adhered to:

- When a young person is missing the matter should immediately be reported to the senior member of staff on duty.
- This person will then ensure that the grounds and buildings are searched. A search should also be made of the local area.
- If the young person is not found, then the police should be informed immediately, and young person reported as missing (age and risk assessment related). The local authority social worker or emergency duty social worker should also be informed. Parents and relatives should be contacted as the young person may go home.

Any variations to this procedure would be contained and detailed within individual risk assessments. Staff to read policy on Missing/Absent Children Policy for guidance and also follow the Local Safeguarding Children Board procedure for unauthorised absences/missing from care.

When the young person returns to the unit, they must be welcome back and have the opportunity to talk about their reasons for leaving. Staff on duty will conduct a de-brief with the young person to ascertain reasons for absence, feeling of young person, safety concerns advice and support offered. Police will also conduct their own Safe and Well checks and the staff on duty will make a request from the LA to arrange a Return Home Interview from an independent body.

Sometimes a looked after child may be away from their placement without authorisation. A child is on unauthorised absence if the whereabouts are known or may be quickly established through contact with family or friends or are unknown, but the child is not considered at risk. While they are not missing, they may still be placing themselves at risk because of where they are. Staff should report his/her absence to EDT and parents (if appropriate). A child on unauthorised absence may however with time go missing, so the home has a duty to monitor this closely and ensure the child returns home as soon as possible.



### 36. CONCERNS AND COMPLAINTS

The home has a Children's Guide explaining the worries and complaints procedure for the children and young people which is provided upon their admission to the home.

(a) If the young person wants to talk to someone other than his/her key worker.

All young people have a keyworker, and this person should be able to help them. If he/she is not on duty or the young person would rather talk to someone else, then he should ask to speak to the person they really get on with. The young person can always ask to speak to the person who is in charge and that is the Registered Manager.

If the young person feels they cannot talk to anyone at the home, they should be encouraged to telephone or write to the following useful external links:

Children's Commissioner- Dame Rachel de Souza	0800 528 0731
Childline	0800 1111
The National Youth Agency	0116 242 7350
The Children's Society	0300 303 7000
Parents/relatives	
Social Worker or Team Manager	
The Independent Reviewing Officer	
The home's independent visitor	
The home's consultant	
Children's Rights Officer (Haringey)	020 8211 7813
The local police	0208 340 1212
Young people's Legal Centre	020 7636 8505
NSPCC help line	0800 800 500
Child line in Care	0800 88 4444
Allegation against staff (LADO)	020 8489 1406
Child Protection Advisor	020 8489 1061
OFSTED	0300 123 1231
Haringey Local Safeguarding Children's Board	020 8489 1472

We ensure that young people are able to make private phone calls to contact any of the aforementioned appropriate people or agency. If the young person has any difficulty in making this complaint, then the staff team should be prepared and be available to support the young person to do so.

(b) If the young person wants to make a formal complaint

The young person should be asked to speak to a member of staff on duty. If the complaint is about a member of staff, then it is not appropriate for that member of staff to be present during initial discussions.

The complaint must be written in the complaint file. If required a member of staff will write the complaint as directed by the young person.

The Registered Manager will then be notified who will be expected to undertake an investigation and take appropriate action accordingly.

A referral to LADO will be completed when there is an allegation that staff or management has:

- behaved in a way that harmed a young person or may have harmed a young person.
- possibly committed a criminal offence against or related to a young person.
- behaved towards a young person in a way that indicates they would pose a risk of harm if they worked closely or regularly with children and young people

### 37. CHILD PROTECTION AND SAFEGUARDING

The home has a comprehensive child protection procedure, and all staff are made aware of what to do in the event of an allegation of abuse or suspicion of abuse. The home's management will always refer matters of a child protection nature to Haringey Safeguarding Children Partnership to decide on an appropriate course of action. Below are some useful links about keeping our young people safe:

- **NSPCC helpline: 0800 328 0904**
- **Young people can also call Childline on 0800 1111**

#### Child Exploitation and Online Protection (CEOP)

We want all young people to know that if they are being threatened online, if they've shared something they regret then they can always **report to CEOP** online or by visiting the CEOP Safety Centre

All children and young people have a right to feel confident that the home is a safe and healthy environment. We want to ensure that all children, young people, and staff remain safe from bullying behaviour and have the opportunity to thrive and prosper, emotionally and socially within and outside the Home. We recognise that it is essential to quickly identify and effectively deal with all incidents of bullying. The aim of the Home's anti-bullying policy is to work towards ensuring the prevention of bullying and dealing effectively with it should it occur. The home has a detailed bullying policy which all staff and young people are made aware of.

### 38. EDUCATION

Staff will promote and explore all educational opportunities for the children and young people at the home. Strenuous efforts will be made to ensure educational needs of the children are met and that a suitable educational placement has been found. The home will work closely with those responsible for the child's education, in particular with the placing authority's education department and Haringey's social services and education departments. The staff team is committed in encouraging and supporting children with their studies and to complete homework in a conducive and appropriate environment.

### 39. HARINGEY VIRTUAL SCHOOL FOR LOOKED AFTER AND PREVIOUSLY LOOKED AFTER CHILDREN

The Virtual School is an additional resource which exists to support and challenge all those involved in the education of children in care. It is involved in, or promotes nationally and locally, various initiatives to support the educational achievement of children in care.

The Virtual School is not a teaching tool or environment. It does not replace the school or educational provision of children in care.

All children in the care of Haringey who are of statutory school age and in education post 16, including university, are part of Haringey's Virtual School.

The Virtual School Team is a small multi-disciplinary team working to raise the educational attainment and attendance of children and young people. It works in close collaboration with colleagues across the authority, and also in partnership with the third sector. It tracks educational progress, while supporting and monitoring work with children and young people in care. It works to help young people achieve their full potential and offers support and advice to those who care and work with them.

#### **40. SEN**

Special educational needs (SEN) that affect a child's ability to learn can include their:

- behaviour or ability to socialise, e.g., not being able to make friends
- reading and writing, e.g., they have dyslexia
- ability to understand things
- concentration levels, e.g., they have attention deficit hyperactivity disorder
- physical needs or impairments

MHCH do not offer a direct therapeutic service, but our staff team have developed a wealth of experience in working with children and young people who have Education, Health and Care Plans (EHCP). Whenever necessary, the staff team can work in partnership with other agencies who can advice on how to manage SEN children.

#### **41. REVIEWS**

Statutory reviews will normally be held at the home. The home will utilise the quiet/meeting room to accommodate statutory reviews. It is the responsibility of the placing Authority to arrange attendance at the statutory reviews. Persons invited should include all parties involved in the child's care.

The first statutory review is held 4 weeks of the date of placement. This allows all the professionals and the young person's family to examine how the placement is going. The second review is held 3 months from the date of placement and will follow the same format as the first review. Thereafter, statutory reviews will be held every 6 months.

#### **42. PLACEMENT PLANNING MEETINGS**

The Placement Planning Meeting is a forum to discuss any issues relating to the young person, background, day to day care, medical issues, and safe caring. It is also the place to track LAC Documents that the Social Worker should have. It is the Social Worker who should arrange the meeting, but it is generally the manager of the home who does this. For young people under section 20, The Delegated Responsibility Tool could have been completed between the Social Worker and the young person's parents. Placement Planning Meetings should take place before 72 hours or within 5 days of the placement being made. The meeting is generally held in the home, parents can be invited to the meeting if it is felt appropriate. Consideration should also be given for the young person to also be part of the meeting. If parents wish to attend the meeting and the young person's placement has a protected status, then

an alternative venue will be required. The Placement Planning Meeting Tool should be used to assist in the discussion and should be completed by the Social Worker. All parties in attendance at the Placement Planning Meeting should sign the Placement Planning Meeting Tool and should receive a copy.

### **43. INITIAL RISK ASSESSMENT**

This is mapping out what could go wrong, assessing the impact of the risk in terms of both the process and outcome, and determining how to manage risks within the first 72 hours of the placement. The initial risk assessment involves identifying actual and potential risks so that these can be reduced as far as possible. It is worth considering all potential hazards at the outset, irrespective of their perceived likelihood. Once the initial portfolio of risk has been identified, we can systematically consider them (and their reduction) in terms of both their probability and consequence. An important element of the initial risk assessment is to identify the nature of risk and how it can be managed. It is also worth noting that identifying and managing risk is likely to be an on-going process

### **44. IMPACT RISK ASSESSMENT**

The purpose of risk analysis is to identify what could go wrong, to assess how it could go wrong, and to determine how these risks can be managed. The risk assessment will:

- help to determine the adequacy of our staffing and professional agency resources
- help to determine expertise requirements in the core team and advisory or steering group
- help to determine external expertise that may need to be included in the young person's network of support
- lead to more informed decision making, for example, in selecting appropriate interventions
- help prepare contingency plans
- help to avoid unpleasant surprises

Some elements of risk will be known from experience. Some are general - for example, most young people carry a label of substance misuse especially smoking cannabis. Others may be specific to the particular young person. In those cases, we may need to identify areas where more information is needed and be aware of previous related work – there is no point in re-inventing the wheel, particularly if someone else has already done a lot of the spade work. As more professional agencies become involved and new information becomes available, the initial risk assessment will be continually updated.

### **45. CONSULTATION WITH YOUNG PEOPLE/WISHES AND FEELINGS**

The home recognises the importance of involving the young people in the day to day running of the home and in decisions affecting their care. Weekly young people's meetings will be held, and all young people will be allocated to a keyworker who will speak regularly on a one-to-one basis with their key child. Should it become necessary the young people may also be requested to attend disruption meetings

should there be any immediate and specific issues that need to be discussed. All young people will be kept fully apprised of any changes to their placement plan or any other agreements that may be in place in key-work sessions.

Young people will be requested to provide feedback about their care and living at the home on a regular basis. Any points for improvement or concerns will be considered and actioned accordingly. The management will consider any recommendations made in the Regulation 44 reports which have been undertaken by the Independent Consultant/Visitor. These reports highlight the feedback from the young people and comment on the welfare of the young people in general.

Where considered appropriate, young people will be involved in the recruitment of staff. If possible, young people will be introduced to prospective new staff and will be asked for their views. This will not be undertaken on a formal basis.

## **46. LEAVING CARE**

It is the home's primary objective to ensure that all of the young people receive care which helps to prepare them for and support them into independence.

## **47. POLICY**

Whilst there is a statutory requirement on behalf of the placing authority to ensure each child has a pathway plan. The home will make every effort to make a relevant contribution to the assessment of the young person's needs and to the resulting pathways plan.

In the absence of a pathways plan, the home will ensure that it works in consultation with the child and other significant adults and produce a comprehensive plan for young people preparing to leave care and to move into independent or semi-independent living. The home will implement the leaving care plan and any aspects of the pathway plan which are the responsibility of the home. The pathways plan should outline the arrangements for.

- Education, training, and employment
- Securing safe and affordable accommodation
- Financial assistance
- Claiming welfare benefits as necessary
- General and specialised health education and health care
- Maintaining existing networks
- Creating new networks of support if applicable
- Appropriate leisure activities
- Seeking assistance should problems arise

Any independence programme will consider the religious, racial, linguistic, and cultural background of the child.

The Independent Living Skills Programmes will be written in consultation with the young person's contribution, and they will be given their own copy of the program for the clarity of purpose. These Independent Living Skills Programmes will aim at developing skills such as shopping, budgeting, cooking, and improving personal hygiene in order to provide opportunities for young people to develop practical skills to help prepare them for adulthood and independence.

**The End.**

thankyou

