

Muswell Hill Children' s Home

SCHEDULE 1

STATEMENT OF PURPOSE

REGULATION 4(1)

Muswell Hill Children' s Home

London

N10 3NG

Telephone 0208 444 3952 (Referral Line)

0208 883 1324

Stevhill@hotmail.co.uk

children@muswellhillch.co.uk

Schedule 1

Statement of purpose Regulation 16 (1)

Muswell Hill Children' s Home

Contents

1. Introduction
2. The Philosophy, Purpose and Objectives of the home.
3. Young People with Challenging Behaviours
4. Name and address of responsible body
5. Details of children to be accommodated at the home
6. Admission criteria
7. Referrals
8. Emergency placements
9. The organisational structure of the home.
10. Deployment, supervision, training and development of staff
11. Staff experience and qualifications
12. Facilities at the home.
13. Activities
14. Health Care
15. Fire Precautions & associated emergency procedures
16. Arrangements for Religious Observance

17. Equal opportunities and Anti-discrimination practice
18. Working in partnership with parents and families
19. Visitors to the home
20. Care and control/behaviour management
21. Restraint
22. Sanctions
23. Procedure for dealing with children missing from care
24. Concerns and Complaints
25. Child protection and bullying
26. Education
27. Reviews
28. Consultation with young people/wishes and feelings
29. Leaving Care

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.

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.

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 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 OFFENDING BEHAVIOUR THROUGH COGNITIVE AND WHERE APPROPRIATE THERAPEUTIC INTERVENTIONS
- ❑ 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

3. Young People with Challenging Behaviours

The home works 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

4. Name and address of responsible body

Proprietor:

Mr Stellakis Miltiadous

Flat 14, Centurion Building, 376 Queenstown Road, London, SW8 4NW

5. Details of children to be accommodated at the home

Age Range

11 to 18 years

Sex

Male and female

Maximum Number of Children Resident

6 (Six).

6. 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 physical disability and children whose primary reason for being in care is their disability, children with a 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 an offending history and/or displayed aggressive behaviours.

7. 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 home recognises the need to meet the market demands, but also the importance and significance of balancing this with the wellbeing and welfare of all of the young people.

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.

8. Emergency placements

The home will consider accepting emergency admissions throughout 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.

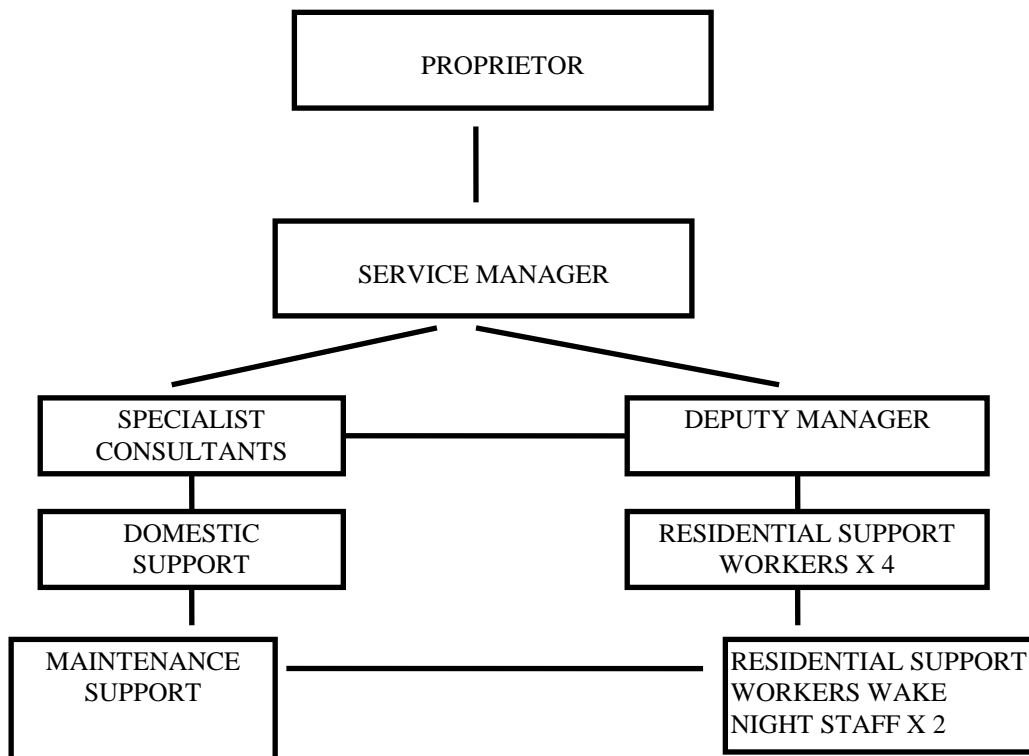
It is likely that there will be little information available on children who are referred on an emergency basis. In this event, attempts are to be made to establish as much information as possible on the child and the reasons for the referral from the referring authority. This information should be requested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

Based on the information provided the Manager/ Senior worker will decide on the appropriateness of the placement. Initial risk assessments will be completed shortly after the child is admitted and an initial management plan will be devised to cover the first 24 hours

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 the 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.

9. The organisational structure of the home.



10. 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 supernumery to the staffing complement. The home operates a four-week rolling rota for staff. The home is staffed 24hrs each day according to the above ratio.

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 night waking staff during the hours of 8:00pm and 8:00am, and a staff sleeping on the premises at night. The Unit Manager is responsible for the development, implementation and management of the home, and co-ordination of staff.

Staff will receive regular supervision from the unit manager in line with the national minimum 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.

In house training is undertaken on a regular basis and Staff are working towards QCF training in accordance with the current national minimum standards and Children Workforce Development Council (CWDC)

11. Staff Experience and qualifications

NAME	POSITION	QUALIFICATIONS
Mike Hale	Consultant	Former senior inspector with Surrey C.C, CSS,CMC.DMS
Abubakarr Sesay	Registered Manager	MSc. Economics NVQ Level 3-Children and Young People NVQ Level 2 Mental Health 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)
Lloyd Cato	Deputy Manager	NVQ Level 3 - Children and Young People 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)
Lurline Francis	Senior Support Worker	Diploma Level 3 Children and Young People BTEC Level 2 Employment , Responsibilities and Rights in Health and Social Care and CYP 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)
Raul Jacques	Support Worker	NVQ Level 3- Children and Young People, Level 2 Certificate in Youth Work Practice, Foundation degree in IT

Eirine Grammatopoulou	Support Worker	Diploma Level 3 –Children and Young People Diploma Level 2 –Children and Young People
Grace O. Uroegbulam	Support Worker	NVQ Level 3 –Children and Young People
Alexander Kulinkin	Support Worker	Diploma Level 3–Children and Young People, BSc (Hons) Banking and International Finance. In Progress: MA. Social Work
Keisha Hudson	Support Worker	Diploma Level 3– CYP Foundation Degree; Early childhood studies, Children’ s care learning & development BA Hons– Child and Youth Studies
Nadia Duarte Da Costa	Support Worker	Master (Second cycle) of Social Studies in Intervention with Children and Young People at Risk Bachelor Degree in Social Studies Personal Formation in Live Support (Level 1)

12. 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.

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 and games area is provided.

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.

13. 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 attempt to guide and encourage children and young people to make realistic choices and requests and strive to ensure the children are provided with OPPORTUNITY.

All activities are appropriately supervised. The activities vary from swimming, gym, go-carting, skiing, to the more recreational i.e. roller disco, visits to theme & fun parks.

All young people are encouraged to join the local library and also have access to computer facilities in the home.

The home provides board games as well as other facilities including: T.V. and video. A safe, well kept garden is available to the rear of the premises.

14. Health Care

Children and young people in residential care homes are particularly vulnerable as they frequently have not received continuity of health care because often they have been subject to a sequence of moves often within a fairly short time scale. Staff will play an active role in promoting all aspects of a young person's health.

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.

SMOKING IS NOT PERMITTED IN ANY PART OF THE HOME

Prior to admission, the Unit Manager will ensure that as much history as possible is supplied with the referral form by the placing authority in respect of health records for the young person.

As soon after admission as possible, the keyworker for the young person will:

- If the young person is referred from the local area of the home, attempt to continue with his existing GP

- If the young person is not referred from the local area, will register the young person at the local health centre as a patient.
- Ensure that a GP of the same sex to the young person is offered
- Whether the young person is registered with his family doctor or at the local health centre, attempts will be made to ensure this will be arranged in the first two weeks of his/her placement. The young person is registered and given a dental check-up and sight test. This will be arranged within the first two weeks of placement.

It is a requirement of the home that the young person's health be promoted as if he were living with caring parents. The allocated keyworker will pursue a pro-active approach on health issues.

Keyworkers will establish effective communications between the GP, parents, young person's social worker and health visitor if proper health care is to be provided for the young person.

If a young person is referred to the home with pre-diagnosed condition requiring on-going medication, it is the responsibility of the Unit 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.

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

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 homes medication administration record and the young person's case file.

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.

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.

15. 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 fire fighting 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

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 (4 a year 3 daytime and 1 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 fire fighting equipment is stored appropriately and is within test.
- Fire Alarm is working – and not on silence.
- No fire doors are wedged open.

16. 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 Unit 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 religion in a manner appropriate to his age. If appropriate, the young person may join his 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.

17. 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.

18. Working in partnership with parents and families

When ever possible, the staff aim to work in partnership with parents and by so doing they are in a position to offer support with the child' s care and progress.

Parents will be consulted before any decision is made regard 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. Working with parents will in most cases, achieve a safe and stable environment 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.

19. Visitors to the home

All children and young people are encouraged to have visits. 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, Children's friends will not be requested 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.

20. Care and Control/behaviour management

We believe in the principle of reinforcement and use reward, praise 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 decision making about their care. Daily house meetings take place to help ensure open healthy communication exists between the children and the staff.

21. Restraint

In principle the home practices non-restraint, although there may be occasions when physical intervention is considered necessary. Should a young person become out of control to the extent that restraint is required, the police should be called immediately. 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.

22. 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 uses the following sanctions:

- Additional chores
- Curtailment of recreational activities
- Increased supervision
- Verbal reprimand
- Reparation

All sanctions will be recorded in the consequence book.

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 clothing for weapons or drugs, if it is suspected that the young person has secreted on his person, police would need to 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.

23. Procedure for dealing with children missing from care

Young person who does not return to the unit at his known curfew time and remains in contact with staff is classed as unauthorised absence. Staff should report his/her absence to EDT and parents (if appropriate).

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 well being. 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**. In the case of a younger young person, and this means anyone who is the age of twelve years or less, 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 unauthorised/missing persons for guidance and also follow London procedure (attached to the grab pack) for unauthorised/missing from care.

When the young person returns to the unit, staff on duty should 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 de-brief.

24. Concerns and Complaints

The home has a leaflet explaining the worries and complaint procedure for the children and young people which is provided upon their admission to the home.

If the young person wants to talk to someone

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 Unit 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:

Parents or relatives

Social Worker or Team Manager

The Independent Reviewing Officer- Errol Edwards	07834534508
Children' s Rights Officer (Haringey)	020 8211 7813
Children' s Commissioner (Anne Longfield)	020 7783 8330
The home's independent visitor -Mike Hale	07775 654 632
The local police	0208 340 1212
Young person Line	0800 1111
Young people' s Legal Centre	020 7636 8505
NSPCC help line	0800 800 500
Child line	0800 1111
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

The young person may use the office telephone to contact any of the appropriate people. If the young person does not know the telephone number for any appropriate person then the staff will provide details of the same.

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

25. Child Protection and bullying

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 the Haringey child protection liaison officer to decide on an appropriate course of action. (see policy and procedure for details)

The home has a detailed bullying policy which all staff and young people are made aware of. A copy of the procedure is also displayed on the notice board in the home.

26. 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 are committed in encouraging and supporting children with their studies and to complete homework in a conducive and appropriate environment.

SEN

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

- behaviour or ability to socialise, eg not being able to make friends
- reading and writing, eg they have dyslexia
- ability to understand things
- concentration levels, eg 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 Statemented Children. Whenever necessary, the staff team can work in partnership with other agencies who can advice on how to manage SEN children

27. 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.

28. Consultation with young people/wishes and feelings

The home recognises the importance of involving the young people in 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 appraised 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 of 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 and should not

29. Leaving care

Introduction

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.

Policy

Whilst there is a statutory 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 take into account the religious, racial, linguistic and cultural background of the child.

Programmes will be written in consultation with the young person, who will be given their own copy.