

FIRVALE

Supporting Disabled Children & Their Families

Children's Services Department.

Residential Children's Homes
Statement of Purpose

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This document is set out in line with the requirements contained in regulation 4 (1) “Schedule1” Matters to be included in the Statement of Purpose of The Children’s Homes and Looked after Children (Miscellaneous Amendments) (England) Regulations 2013.
The Social Care, England Children and Young Persons, England
The Children’s Homes (England) Regulations 2015 Schedule 1 refers.

Caring for Children

1) Statement of the range of needs of the children for whom it is intended that Firvale provide care

The children¹ who access Firvale may have severe learning disabilities, complex health needs, severe physical disabilities and or challenging behaviours

Access to designated health or social care beds will be based on the outcome of the multi agency assessment process that for the majority of children will include a family and child assessment. Following the assessment phase a multi agency planning meeting with parents may be required to develop a plan of care which may include overnight respite.

Referrals will be considered on the basis that the assessment process has identified a need that requires care to be delivered to the individual by appropriately trained health and social care professionals and support staff in an environment that ensures the safety of the individual in all aspects of their care. The assessment process and the agreed care plan will be risk assessed to identify more specifically the skills required to deliver the agreed care plan.

The referral will have been discussed and agreed at a County Resource Panel that meets monthly and is chaired by the County Integrated Disability Service Manager, with the Clinical Manager, Community Nursing Services and, representation from Continuing Health Care team.

Services can be provided for children between the ages of 0-18 who live at home with their parents, or alternative carers, and receive regular programmed stays at Firvale. The majority of children who currently attend Firvale are between the ages of 7 -17years old, leaving on their 18 birthday. They will attend one of the local special schools.

2) The Ethos of Firvale; the outcomes we seek to achieve and how we work to achieve them

Firvale forms part of the overall support services provided by Hampshire Hospitals NHS Foundation Trust, and Hampshire County Council, which support children with severe learning disabilities, complex health needs severe physical disabilities and or challenging behaviours and their families. Our aim is to provide services that support and minimise the effect of their disabilities on children and give children the opportunity to lead lives which are as 'normal' as possible. We are also committed to promoting the five desirable outcomes for children as outlined in the Every Child Matters/Children Act 2004.²

¹ For brevity the term 'children' is used to cover children and young people aged up to 18

The team at Firvale acknowledge the importance of working effectively with colleagues in all involved agencies, and in equal partnership with children and their families. By so doing we aim to ensure that the staff team have a sound knowledge of the specific social and health care needs of each child, along with their skills, interests and areas for development. We also aim to be flexible and responsive to changing needs and unpredictable family events. We place great emphasis upon the importance of knowing and understanding the children and of the children feeling familiar and safe with the staff. This is reflected in our introduction and admission procedures which focus upon gaining the confidence of the child and his /her family in our staff team and service and in ensuring that we have detailed knowledge of the child's care needs including, communication, and health, religious and cultural needs. We use the information gathered to inform any staff training needs and specific resources we may require promoting successful service provision.

The services provided are founded upon the understanding that, within all families, there are usually opportunities for children and parents to have a break from each other. As children mature they assume more responsibility for their own actions and develop the ability to occupy themselves, pursue interests and be more aware of personal safety. This is frequently not the case for children with complex learning disability.

As part of the continuum of short breaks provision provided by Hampshire Hospitals NHS Foundation Trust, and Hampshire County Council Children's Services Department, Firvale seek to address this reality by providing the children with an opportunity to spend time away from the family home, in a familiar setting with other children that they know. It is also important that the parents feel confident that their child is safe and happy. The experience for the children can be likened to other young people enjoying sleep-overs with friends or relatives during which time they develop their social skills and confidence in spending time out of the family home. We hope to support family relationships and assist the family in living 'ordinary lives' with opportunities to enjoy the same type of lifestyle choices as other people in the population.

3) The arrangements for enabling children to enjoy and achieve and participate in cultural, recreational and sporting activities

In Outcomes for Disabled Children³ it was found that; 'disabled children aspired to the same sort of outcomes as non-disabled children. However what these outcomes meant, the way they were prioritised, and the level of achievement expected, often differed from non-disabled children.' The report identified fundamental outcomes that are basic requirements before other 'higher level' outcomes can be achieved. In considering the 'fundamental outcomes' we aim to ensure that when children stay at Firvale we have good knowledge and understanding of the child's individual needs, and that staff have the skills and ability to meet these needs to enable children to participate and enjoy everyday activities.

³ Outcomes for Disabled Children, Patricia Sloper, Parvaneh Rabies, Bryony Beresford: Research works(Social Policy Research Unit, University of York 9/2007)

Their physical and emotional well being

As referred to above we work closely with parents and other involved professionals to ensure that we can appropriately and competently meet all social, cultural, religious and health care needs as identified and that the children feel safe and valued by the staff working with them. Through this we hope to promote each child's feeling of security and positive self esteem.

Each Child's means of Communication

Effective communication in all its forms is an essential prerequisite to establishing positive relationships. To promote other desired outcomes, including independence, participation and opportunities to exercise choice, we need to have the knowledge, skills and resources to understand each child's means of communicating. As part of each child's introduction to the service the designated unit key worker will spend time in the school environment identifying communication needs and how they are addressed. This will be supplemented with information from the child (where possible), other professionals and family members. Staff are trained in the use of Makaton and P.E.C.S.

Staff ensure each child's individual communication methods are used. Many of the children and young people have specific communication folders or iPads that are individual to them, and staff ensure these are used.

Personal Safety

If we are to achieve our desired outcome that the children feel happy, safe and secure whilst at Firvale, it is important that we ensure our work practices, and environment, reflect our aim to keep children safe. Important factors in achieving this include the culture within the staff team and that the staff team feel appropriately supported and suitably skilled to meet the demands of their role.

Within Firvale we aim to promote relationships built upon mutual trust and respect for the individual. We recognise the potential increase of the vulnerability in our children due to factors such as severe speech, language and communication needs, and numbers of people involved in providing care and limited danger awareness.

As part of Hampshire County Council Children's Services Department and Hampshire Hospitals NHS Foundation Trust we are committed to promoting safe staff recruitment practices to support the safeguarding of children and vulnerable people. It is the expectation that those involved in the interviewing and recruitment of staff will have successfully completed the Children's Workforce Development Councils 'Recruiting Safely' e learning' course and Hampshire Hospitals NHS Foundation Trust recruitment training . All staff employed in residential establishments for children is subject to proof of identity and right to work status, criminal and personal checks prior to employment. These include DBS (formerly CRB) disclosure, the taking up and validating of personal references (including one from the last employer) health checks and children's and adult's barred list. The recruitment of staff process ensures that a full employment history, together with a satisfactory written explanation of any gaps in employment, is obtained.

As well as the staff recruitment policy Firvale also has guidance and policies relating to general health and safety, maintenance of the fabric of the building and surrounds,

anti-bullying, intimate care, safe administration of medicines, outdoor activities, positive management of behaviour, children absent without permission and unit and departmental safeguarding procedures all aimed at supporting staff in keeping children safe within an environment that is well maintained, clean stimulating and friendly.

Firvale has 4 CCTV cameras placed outside the building, with a monitoring system (TV screen) in the main office area. This system was installed to enhance the outside security of Firvale, especially at night.

Within Firvale the outside doors into the office area are secured by a security number pad. All staff are aware of the combination. It can be changed if young people become aware of the code or when staff leave the service.

Within the home there are further doors (central corridor & 4 external doors) which have magnetic key locks that release when the fire alarm is activated. The bedroom doors, lounge doors leading into corridors, and the laundry room door are also electronically controlled with an automatic release that responds when the fire alarm is activated.

The door down the main corridor is locked to ensure that the needs of all children can be met safely. Locking the doors allows for very vulnerable children to be given floor space to play, while more active young people are able to enjoy the same freedom in another area.

The home has a nurse call system to enable staff to call for assistance from other staff. The staff team also has access to a mobile phone which is taken whenever activities are off-site, and can be used should any emergency or unexpected event occur.

If a child or young person requires monitoring overnight e.g. if they have epilepsy, complex health needs or challenges around behaviour, especially at night, this can be accommodated by the use of digital alarm systems.

These will only be used if agreed by parents / carers and there is a signed risk assessment in the child or young person's This Is Me care file. The Social Worker will be informed monitoring is in place.

Whether monitoring systems will be turned off during the day, needs to be risk assessed and included in individual care documentation and risk assessments. Whilst wanting to ensure the privacy and dignity of the children and young people using their rooms during the day. There are some occasions where monitors may need to be on for safety reasons (child with epilepsy). However, all monitoring systems in bedrooms should be turned off during any personal care and if there is no requirement to have the monitoring system on.

The next three outcomes are identified in the SPRU research as higher level outcomes and can only be achieved if the fundamental outcomes outlined above have been addressed. The first of these is:

Enjoying and Achieving

This is viewed as including areas such as school readiness, attendance and achievement, and that parents, carers and families support learning.⁴ It is also concerned with helping children get the most out of life and enjoying positive interaction with other children. Firvale aims to provide services that do not disrupt the child's normal schooling and that support the learning and skills programmes identified by home and school. We do this by maintaining close contact with our feeder schools, attendance at annual school reviews and other liaison meetings with education colleagues and identifying with parents any specific objectives that they would want us to focus and report on. We also see it as important to offer the children opportunities to meet and play with each other in a less structured environment thereby promoting friendships and social opportunities that they might not otherwise experience.

The Firvale staff team are enthusiastic about providing opportunities for the children to try out new activities and to make use of mainstream activities in the community. Firvale has two mini buses, one with wheelchair access which is used to take children and young people out into the community. Current examples of mainstream activities include trips to the seaside, bowling, local recreation grounds, country parks, theatre and cinema.

Firvale have a large amount of toys and play equipment for use inside and outside, and great emphasis is placed on providing opportunities for children and young people to learn through play. Each child or young person has a key worker who will identify particular games and equipment appropriate to their key children and if needed these may be purchased for use at Firvale.

We have Wii with games for all age groups. Although we acknowledge the need to be out in the fresh air, there are times when computers, television, videos and DVD play a part in children and young people's choice of activities. Firvale has two gardens which are secure with a locked gate; one of the gardens contains 2 trampolines and other outdoor play equipment, the other garden being developed into a sensory area. There are 2 court yard areas accessed by the health and social care lounges. These areas are used to grow vegetables and fruit with the children and young people.

We currently have one computer for children to use. We also have a messy playroom where children can undertake craft activities such as drawing, painting, making cards. We are also able to use the kitchen for cooking activities.

All of our interactions with children are informed by a range of risk assessments and information gathering that we have completed with the family and other involved professionals during the introduction and assessment process. These will include; assessments on health, behaviour, food likes/dislikes/allergies, communication,

⁴ Every Child matters: H M Government 2004

interests, daily routines, including any religious/ cultural observations, bedtime routines, transport and any other information that the family feels will support us in caring appropriately for their child.

Our aim is that the children we work with should:

- Experience an enjoyable and stimulating time with in a safe environment.
- Have opportunities to meet and play with their friends and peers in a non-school setting.
- Be introduced to new situations and opportunities to widen their horizons and generally develop their resilience.
- Be supported in developing their self-care and life skills as part of the process of aiding the development of autonomy and preparation for the possibility of leaving home on reaching adulthood.

The next outcome 'Making a positive contribution' concerns supporting the young person in decision making, being part of the local community and generally promoting positive relationships and socially acceptable behaviour.

Making a positive contribution

As noted earlier the team at Firvale are committed to promoting the children's access to community resources and the same opportunities and activities as enjoyed by other children. A number of examples have already been provided as to the ways we try to engage the children with in the community and the prior planning we undertake to ensure that it is appropriate and safe. This will include supporting the children in developing the skills to access community resources and leisure facilities. We feel that such activities also serve in promoting disability awareness and a culture of community understanding.

Finally we have Economic well-being which concerns areas such as access to further education, employment, decent housing and sustainable communities free from low income.

Achieve economic well-being

We aim, by using the understanding we gain of each child's strengths and areas for development, their interest's hopes and aspirations and those of their families, to support them in achieving their ambitions. As indicated above our aims are to involve the children, as fully as we can, so that they can influence what they and we do when at Firvale. This will support them in learning new skills, develop self confidence and independence as well as have a sense that they can have some control over their lives- all attributes that will assist them as they enter adult hood. We will also liaise closely with the transition social worker when she explores adult options with the young person and provide support as appropriate.

4) The arrangements for supporting cultural, linguistic and religious needs of the children

The staff team at Firvale is committed to providing equal access and quality of service for all families and their children. To achieve this we aim to promote a culture with in our team based upon respect for all and recognition of the uniqueness of all cultures and language and the importance of religious observance. As noted

previously all families who access services at Firvale will have participated in a multi-agency assessment led by a social worker from the Children with Disabilities Team or health professional. As part of that assessment any specific cultural and religious needs and preferences will be identified along with any communication and linguistic strengths and needs. During the following introductory/admission visits to Firvale we will work with the parents, child and other professionals involved to build a relationship of trust and mutual learning to help us provide an environment in which people from different backgrounds feel comfortable and cultural and religious traditions are respected.

5) The arrangements for promoting contact between children and their family and friends

The services provided at Firvale are for children who are fully cared for by their parents. The issue of contact does not, therefore, generally arise. However should there be situations in which contact is an issue, the staff team will fully support in the implementation of any arrangements as agreed in the child's care plan. Parents are able to call for an update about their child or speak to their child at anytime.

6) A description of the approach to consultation and participation

Meaningful participation is a process, not simply the application of isolated participation activities or events. This requires developing new child / youth adult relationships: rooted in mutual trust and respect and engaging in child-adult dialogue. Where relationships are positive, then children and young people's involvement is integral to daily practice, rather than an after- thought or an occasional tick box exercise.⁵

The aim at Firvale is to ensure that the active participation of children and their families' remains embedded as an integral part of the relationship between staff, family and child. This begins at the introduction, assessment stage which should respond sensitively to the needs and feelings of all family members and then continue into the on-going interactions between Firvale staff, child, family and significant others . Our goal is to provide services that parents and children feel able to influence and are seen as being responsive to changing needs and promote choice and opportunity.

To achieve this with families we recognise the need to establish a relationship built upon mutual respect and equality that values the experiences, skills and knowledge of the parents and involves them as full partners in the planning of their child's programme of care.

With each child we understand that the level of participation will be determined according to the circumstances and their cognitive ability. Alderson and

⁵ Building a Culture of Participation: Dept for education and skills: involving children and young people in policy, service planning, delivery and evaluation:

Montgomery⁶ defined levels at which children can participate in the following way: “being informed, expressing a view, influencing the decision making process and being the main decider”. Our aim is to work at the appropriate level of this continuum with each child.

To support an environment in which children have the opportunity to participate in decision-making concerning their care we will:

- For those children with communication impairments liaise closely with parents, speech therapist and school so that we can identify staff training needs and any appropriate assistive technology required. This will ensure that we have the most effective means of helping each child to make their views and wishes known.
- For those children with complex health needs liaise closely with parents, school and health colleagues to ensure that we fully understand and are competent to meet the individual health needs. This will involve receiving any appropriate training from colleagues in health, to include ways in which the child can be involved in their own care.

As a staff team we will be committed to supporting a unit culture in which relationships are founded upon mutual respect and trust. We recognise the importance of supporting children in developing personal independence and self-esteem. We will promote this by actively listening to them and involving them in decision making. We will work to provide opportunities for children to exercise choice and control over what happens to them when they stay with us. Examples include the involvement in choice of foods, of activities, of who supports them with personal/intimate care and who they stay at the centre with (particular friendships.)

To support our aims in promoting full partnership with parents and carers through day to day consultations and exchange of information we will also engage in regular ‘formal consultations tools’ such as parent feedback meetings, questionnaires and newsletters.

7) A description of the policy and approach to

a) Anti-discriminatory Practice

Equality and Diversity:

The staff team at Firvale is committed to providing equal access and quality of service to all families and children irrespective of disability, race or ethnic origin. We aim to promote anti-disability practices by:

- Treating disabled children as children first. This involves getting away from the ‘medical model’ of disability that tended to focus on the disability rather than the child. Our aim is to be aware of, and to remove, barriers with in our service that may restrict choices and opportunity.
- Supporting children and their families in advocating the breakdown of environmental, cultural and personal barriers that serve to inhibit their opportunity to participate in mainstream community activities.
- Careful and thoughtful use of language.

⁶ Alderson, P & Montgomery, J (1996) Health Care Choices: Making Decisions with Children

The staff team also strive to promote anti-racist practices by:

- Recognising and eliminating our own racism.
- Working to ensure that all our practice is free of negative stereotyping and operates on the basis of cultural difference not deficit.
- Challenging any racist comments, actions or attitudes in others, and to tackle racist structures and institutional practices when encountered. Hampshire County Council has a clear policy to promote equal access and equality of service and the expectation is that every member of the Sunbeams staff team will actively promote anti-discriminatory practice in all areas of our work and conduct.

b) Children's Rights

As with our anti-discriminatory policy, the aim at Firvale is to foster a culture in which the Rights of the Child, as detailed in the United Nations Convention, informs all our interactions with children and their families. For example we promote this through our participation policy-listening to children and providing opportunities to be involved in choice and decision making. This will involve areas such as activities they take part in, food we eat, who will support with personal care, and all other day to day experiences. As noted in other sections of the statement great emphasis is placed upon the importance of communication- staff understanding how individual children communicate and then taking their views into account when making decisions.

8 Accommodation

a) Adaptations

Firvale is a purpose built ground floor unit which opened in February 2006. Entrance to Firvale is via a security number pad, which limits the direct entry to the Firvale staff team.

Due to the high dependency of some of the children who attend Firvale there is extensive equipment available to support their needs. We have ceiling track hoists in all health bedrooms and two social care bedrooms and a mobile hoist for use in the lounge areas. We have piped oxygen and suction into two health bedrooms.

The home is adapted to ensure that all children can access the whole building, including wheelchair access.

There are 9 single bedrooms 8 of these are attached to either a shower room or bathroom. There are two shower rooms and two bathrooms, one with an adapted bath and one with a shower trolley. Each bathroom / shower room has a high low sink, which enables the sinks to be raised or lowered to support the personal care needs of a child. Two shower rooms and 1 bathroom have overhead ceiling hoists all are wheelchair accessible.

We also have a range of beds from profiling beds suitable for those with a physical disability, to beds designed to meet the safety needs of some of the children (Voyager Space Saver bed).

The garden areas are accessible to all children. There are two gardens which are secure with a locked gate and surrounded by a fence to ensure a safe environment for the children to play. One of these gardens contains 2 trampolines with a range of outdoor play equipment available. The other garden is being developed into a sensory area. There are 2 court yard areas accessed by the health and social care lounges. These areas are used to grow vegetables and fruit with the children and young people.

Whenever a new family is introduced to the service we look at the suitability of the building. If there are any adjustments or adaptations we need to explore to make a placement easier we are supported by our colleagues within the physiotherapy or occupational therapy team and HHFT maintenance dept. to carry out any adaptations.

b) Age range, number and sex of children

Firvale is registered with Ofsted to provide services for both boys and girls up to the age of 18. It can provide overnight accommodation for up to 9 children (4 health & 5 social cares) at any one time.

The children will have been assessed as having learning disabilities with either additional complex health or physical needs or challenging behaviours and will have completed an introduction process with the family and other involved professionals to ensure that the placement is appropriate for the child. In all situations, the staff team will strive to provide a service that is tailored to the needs and interests of each child. In the event that the unit manager feels the unit is unable to meet the child's needs or if the child expresses, or gives any indication that, they are not happy they will discuss this with the child's parents and social worker to agree any future action.

c) Description of accommodation

Firvale is a 9 bedded ground floor purpose built unit. The home is adapted to ensure that all children and young people can access the whole building, including wheelchair access.

Firvale has two lounge-dining rooms, as well as a messy play which provides an area for art and craft work and a sensory room for more restful activities.

There are nine single children's bedrooms; eight of these are attached to either a shower room or bathroom. Six bedrooms have profiling beds. Two shower rooms and one bathroom have overhead ceiling hoists and all are wheelchair accessible.

The kitchen will provide individual meals that meet the dietary requirements for all the children who attend Firvale.

There are also staff facilities separate to the children's facilities, these include a shower room, toilet and sleep in room.

9) Location of Firvale

The Unit has been open as a respite care (short-break) service for children since 2006. It is situated in the North West part of Basingstoke – Rooksdown area – formed in 2004 on land within adjacent to former Park Prewett hospital. Firvale is surrounded by private and social estate. Located average three (3) miles from Basingstoke town centre.

Firvale is located around 0.5 miles from the North Hampshire Hospital with various buildings on the surrounding area including Rooksdown community centre, local shop and café.

Firvale is within reasonable travelling distance of our main ‘feeder’ schools, social care and health services. In line with guidance in the Children’s Homes Regulations amendments 2014 we have liaised with the police forces Head of Public Protection and will regularly refer to locality crime reports. There are no known concerns within the local area which would indicate the location as unsuitable.

10) Safeguarding Children, preventing bullying and missing child policy

The aim of the staff team is to ensure that the children we care for feel safe and are safe. To do this, as stated earlier, we develop a culture in which staff realise the importance of effective communication and liaison with families and colleagues. Also listening to and involving children in what is happening around them, and of knowing the children, their needs, interests and potential vulnerabilities. We have policies and training programmes in place to support staff in the care of the children and in protecting them from significant harm and accident. Examples include guidance and training in; the safeguarding of children, safe administration of medication, moving and handling, intimate care and the positive management of behaviour.

Our safeguarding procedures are informed by both County and National guidance⁷ and staff members have access to a range of information and guidance in the staff office including ‘Safeguarding disabled children’ practice guidance⁸ and Protecting disabled children: thematic inspection⁹.

All team members are aware of what they should do if they have any concerns about any aspect of a child’s welfare. There is also guidance as to the procedure to follow in the event of an allegation against any member of the staff team.

Preventing bullying

It is important to the success of our service that the children feel safe and comfortable with in a warm and stimulating environment. **This is not possible if bullying of any form is taking place.**

The staff at Firvale will work together to promote consistency of approach and attitude, in order to create a climate in which any form of bullying is regarded as

⁷ Working Together to Safeguard Children HM Government march 2013

⁸ The Children’s Society 2009

⁹ Ofsted August 2012

unacceptable. This can be achieved by showing due regard and respect to all with whom we work, and to the children and families who use the service.

A significant number of the children who use the service are unable to communicate verbally. In such cases, the child's key worker will ensure that the staff team are aware of whatever communication system the child uses. The unit also has messages using symbols strategically placed, which the children can use to indicate if they are upset or unhappy.

Staff Responsibilities

- To monitor closely the interactions between children and bring to the attention of the unit manager any situations in which bullying may be suspected.
- To be actively involved in ensuring that groupings are appropriately balanced to meet the needs of all the children, and bring any concerns to management for consultation.
- To discuss and record any incidents of bullying.
- To promote and facilitate open communication and consultation with parents and other involved colleagues, e.g. Education / Health.
- To actively carry out key worker responsibilities
- To foster and promote by example the values and philosophy of the unit as outlined in the Statement of Purpose and Firvale's protocols and procedures.
- To promote the use of interventions which are least intrusive and most effective.

Should it be felt that, following appropriate interventions and consultation with other significant people, it has not proved possible for any reason to happily accommodate certain children at the same time, and then their programme of support will be adjusted accordingly.

Missing child policy

This procedure is informed by the Statutory guidance on children who run away or go missing from home or care issued by the Department for Education in June 2013, the local safeguarding children boards Hampshire, Isle of Wight Southampton and Portsmouth, Missing Children Protocol (2010) and Children Act 1989 guidance and regulations-volume 5: children's homes Statutory guidance for local authorities (October 2013)

As noted in Firvale's Statement of Purpose one of our core aims is to provide services that enjoy the confidence of parents that their child is being cared for by responsible and caring adults within a safe and stimulating setting. This procedure links in with all our other service protocols designed to safeguard the children and young people we work with.

As part of each child's introduction to the services Firvale will appoint a key worker one of whose tasks will be to complete a behaviour risk assessment with the parents and any other appropriate professionals involved with the family.

This process will identify any risk that the child may go missing. It will take account of any factors which may increase the risk and the agreed actions designed to minimise as much as possible the danger. The level and type of risks identified will help inform the staffing ratio and personnel when the child is receiving a service and also the other young people he/she will be grouped with.

In our experience it is rare that we will have children who actively aim to abscond from our care. However all the children do require a high level of adult supervision. Many have little sense of potential hazards, such as when crossing the road, and a number could potentially wander off and quickly find themselves lost. It is paramount that the members of staff on duty are always aware of where each child resident at the unit is at all times.

When out in the community and during all activities the staff involved will have agreed who is responsible for each child. This is to reduce the risk of children wandering off or getting lost. (See procedure to be followed during outside activities) In the event of a child going missing i.e. the members of staff on duty are not aware where he/she is the first action will be:

- To make a search of the immediate area and any places it is felt the child may be in an effort to locate the child.
- The Registered Manager will also be contacted so that he can be involved in the co-ordination of any follow up actions.
- If the child is quickly found within the immediate vicinity staff concerned will record all the events leading up to the incident so that these can be discussed with the parents and social worker of the child, and also inform future learning and other appropriate follow up action.
- If the search fails to quickly locate the child the staff will telephone the police, explain the circumstances and the service we provide and request immediate assistance.
- The information made available to the police will include:

Child's name:

Date of Birth:

Home Address:

Child's disability:

When, where they were missing from:

What they were wearing:

Description of the child

To include their abilities and vulnerabilities:

Recent photograph:

Medical history:

Legal Status:

Contact will also be made with the child's parents to inform them of the situation and the actions taken.

Following the location and safe return of the missing child to his/her family there will be a full examination of all the circumstances leading up to the incident and the actions taken.

Telephone number for the police is

08450454545

11) Admission Criteria including policy on emergency admissions

All children and young people who access Firvale will have a named Social Worker and or named Health Professional. There will have been a multi-agency assessment of the child and their family which identifies them as benefitting from the services offered at Firvale.

If the child has an identified social care need, the Social Worker will need to forward an up to date assessment of the child and their family / carers needs, for presentation at the monthly County Resource Panel.

If a child or young person has an identified health care need, the Social Worker and or named Health Professional will need to forward an up to date assessment of the child and their family / carers needs, for presentation at the monthly County Resource Panel.

The Clinical Manager, Community Nursing Services Family & Clinical Support Services will attend the County Resource Panel for these referrals.

A child or young person who fits the criteria for admission would follow a programme of introduction as documented below:

- A key worker will be identified who will visit the home of the child or young person to obtain information for the This Is Me profile with the child, young person, parent / carer.
- The key worker will arrange a visit to the child or young person's school to observe their interaction with their peers, and how much support they need in the group setting.
- The Key worker will then complete the This Is Me profile along with any risk assessments.
- A programme of tea visits are arranged; these will continue until the child, young person, parent / carer, and the Firvale team feel that the child or young person is ready to begin overnight stays. Progression from tea visits to overnight stays varies for each child or young person.
- The Social Worker and or named Health Professional must be informed of the child or young person's first overnight stay.
- Over night dates and times will be sent out to the parents / carers.
- All requests for additional respite on an ad hoc basis e.g. parents wishing to attend social functions, can be negotiated with Registered Manager or Deputy Manager in consultation with senior staff.

Overnight stays are allocated on a yearly basis, unless there are any changes to care provision.

Firvale may consider requests at short notice for extra respite due to crisis situations where the child young person and family/ carer are already receiving a service.

In all situations, unit staff will strive to ensure that the service is tailored to the needs of each child. In the event that the unit manager feels that the unit is unable to adequately meet the child's needs, they will discuss this with the appropriate social worker his / her team manager and the parents concerned.

Services are available for children of either sex. Every effort is made to ensure that groupings are appropriate to best meet the needs of each child. To this end, key workers will seek to identify particular friendships or children with similar interests / abilities that will enjoy spending time together.

Emergency admissions

Other unplanned admissions are rare and would only be considered if all other options had been explored, and it is felt that staying at Firvale would be in the best interest of the child or young person.

Placement of a child or young person at Firvale for a short term placement would only happen after discussions with the Registered Manager, Disabled Children's Team Manager Clinical Manager, Community Nursing (HHFT) and Integrated Disability Services Manager with final agreement from the Area Director. Ofsted would need to be informed of the potential placement.

If a child or young person is placed at Firvale a full assessment of need is required before the placement commences. This assessment would include how we would meet the individual needs of the child or young person whilst staying at Firvale, with emphasis on how we can ensure contact with family is maintained, disruption to education is minimal and social activities continue. Risk assessment planning will be an integral part of the assessment process.

12) Complaints

Section 26 of The Children Act 1989 requires Children's Services Departments, voluntary organisations and registered children's homes to establish procedures for considering representations (including complaints) about services. Every family who uses the services provided at Firvale will have received from the referring social worker an information leaflet detailing the department's complaints procedure. The unit procedure invites parents and children to initially discuss any comments they may have with the unit manager.

Every effort will be made to address a complaint as speedily as possible and to the complainant's satisfaction. Should the matter not be resolved, the complainant has the right to make representation to the Complaints Officer, based at the Social Services Headquarters in Winchester. Families are also able to address their comments directly with OFSTED ('email' address in the appendices).

In Firvale we maintain a bound book in the staff office containing a record of any complaints and compliments (file) received.

Children's behaviour

13) Surveillance and monitoring of children

Our aim is to offer a safe and homely environment which reflects the range of needs of the children and within which they can flourish and develop their skills and independence. Each child will have a behaviour and health risk assessment which is used, for amongst other things, to highlight potential hazards and inform the levels and type of adult support and supervision required in different settings and at different times.

If a child or young person requires monitoring overnight e.g. if they have epilepsy, complex health needs or challenges around behaviour, especially at night, this can be accommodated by the use of digital alarm systems.

These will only be used if agreed by parents / carers and there is a signed risk assessment in the child or young person's This Is Me care file.

The Social Worker will be informed monitoring is in place.

Whether monitoring systems will be turned off during the day, needs to be risk assessed and included in individual care documentation and risk assessments. Whilst wanting to ensure the privacy and dignity of the children and young people using their rooms during the day. There are some occasions where monitors may need to be on for safety reasons (child with epilepsy). However, all monitoring systems in bedrooms should be turned off during any personal care and if there is no requirement to have the monitoring system on.

14) Behavioural Support

The ethos within Firvale is to promote desired outcomes by use of positive reinforcement. We will work to help children develop, and or maintain, positive relationships, and behaviour that supports them in 'enjoying and achieving'. We will do this by treating every one with dignity and respect, promoting strategies to replace behaviours that challenge and liaising with others to understand the different needs of every child.

All behaviour happens for a reason and on many occasions can be used as a means of communication by those unable to express their needs or feelings verbally.

For those children assessed as having potentially challenging to manage behaviours our first duty is to try and understand the potential causes and triggers. We know that behaviour is 'situation dependent-may be influenced by (factors such as) other people, the task, expectations, the environment.'¹⁰ Every child will have a behaviour risk assessment completed with the help of their parents and others involved with him/her, for example teachers, speech therapist and community learning disability nurses. We will use the information gained to identify potential triggers, in the hope that we can put in measures to minimise them and create a supportive environment that promotes positive interaction and behaviour.

¹⁰ Links between Communication and behaviour Sasha Bemrose (2013)

a) Approach to use of restraint

‘Children have the right to be protected from all forms of violence. They must be given proper care by those looking after them’.¹¹

The unit has an agreed protocol concerning control and discipline, based upon developing warm, trusting relationships and a knowledge of each child / young person’s strengths and weaknesses. Each team member is aware of the prohibited methods of discipline as identified in The Children Act 1989 Guidance and Regulations, Vol. 4.

The ethos within the unit is to promote desired outcomes by use of positive reinforcement. Should a child / young person’s behaviour cause concern to any staff member, the parents and social worker will be consulted and, where agreed, specialist advice and guidance sought.

The staff team are also trained in the use of ‘Team-Teach’, details of which are included below. The Team-Teach approach provides a framework to equip staff with attitudes, skills and knowledge to facilitate environments that are free from fear and safe from harm. It promotes de-escalation and positive handling skills.

b) Protocol of staff training and competence in the use of restraint

‘Children have the right to be protected from all forms of violence. They must be kept safe from harm. They must be given proper care by those looking after them.’ (A Guide to the UN Convention – The Rights of the Child)

As a member of the Firvale staff there is an expectation that your work with the children, their families and with your colleagues will be based upon respecting the rights and dignity of each individual. The unit philosophy is that nobody should be subject to experiences that deliberately set out to cause pain, or deny basic human rights, or denigrate or devalue the individual. This will include the way we address children, colleagues, parents and fellow professionals.

For the above aims to be achieved, it is necessary to have a staff team that share common attitudes, communicate effectively together and support and value each other. It is also important that team members feel that senior management are aware of, and provide strategies designed to meet, stressful and difficult situations staff may encounter in their day to day work.

‘Team Teach’ is the County approved approach to safeguarding both staff and children at times when intervention is deemed necessary to minimise injury to a child, other children or staff members.

The physical interventions which you have been taught are designed to give you the confidence and security to appropriately and safely manage situations when you and

¹¹ A guide to the UN Convention – The Rights of the Child.

your colleagues have judged that there is 'no other alternative but to "hold on" to a child'.

It is not anticipated that you will face a large number of occasions during which you have to use physical means to safely manage a child's behaviour. Team Teach stresses the importance of utilising your skills of listening, distraction and your knowledge of the child / young person concerned to de-escalate potentially serious situations.

Each key worker will have the responsibility of identifying the children and young people they judge may, because of their behaviour, at times require physical interventions. They will then complete a form outlining the potential triggers, behaviours, strategies for de-escalating 'serious situations' and, finally, the Team Teach physical intervention techniques to be used when deemed necessary. These will be shared and agreed with the Team-Teach unit instructors, the unit manager, and the child's parents and school. It is important that any strategies are informed by, and consistent with, any protocols agreed at the child's school for managing similar situations.

Procedure to be followed when physical intervention is used;

- At all times, talk to the child / young person. Explain what you are doing and why. Keep calm and try to reassure him / her. 'As a child's behaviour and volume escalates, we need to get softer.'¹²
- Liaise with your colleagues. Be prepared to ask for / accept help from another staff member. It is important that the adults in any situation work closely together, to maintain their own integrity, as well as the self-respect and safety of the child / young person concerned.
- If a colleague is involved in a 'serious situation' with a child and you feel that they may need assistance, offer help using the 'Help' protocol outlined below.

If you see a colleague whom you think is in need of assistance, offer help by using the phrase: "WOULD YOU LIKE ME TO HELP?"

If your colleague declines your offer, the situation continues to escalate, and you judge that the involvement of a different staff member may help the de-escalation process, intervene by saying: "I AM GOING TO HELP."

If you are the other staff member, then you must allow your colleague to intervene.

This should not be viewed as a negative process or a slight on a staff member's ability / confidence. Rather, it is an example of a staff team working confidently together to resolve a difficult situation sensitively by focussing on the well being of the child whilst supporting the adults involved.

¹² The Team-Teach Approach (5.3)

The de – escalation process is vital to the positive and successful end of a physical intervention. When holding a child / young person ensure that you let go gradually, telling them what you are doing. For example, when moving away from a ‘wrap’, move to holding hands then just sitting next to them before finally moving away.

Following a physical intervention, please ensure that you:

- Reassure the child / young person concerned.
- Complete a Team Teach intervention report form (signed by all staff involved).
- Inform the unit manager.
- Agree who will discuss the incident with the parents.
- Inform the social worker.
- Discuss the incident with the unit’s Team Teach instructors.
- Incident to be discussed at the next team meeting.

Training

The on-going training and refresher sessions are a two way responsibility. There will be yearly – 18 months refresher training held at Firvale. If you require any additional support / advice or are at all uncertain about any aspect of Team Teach, please discuss it, in the first instance, with the unit Team Teach instructors.

REMEMBER

Every team member must be aware of and fully comply with the guidance on prohibited measures of discipline and control as published in The Children Act 1989 Guidance and Regulations (Section 1.91, Vol.4).

If any team member has any concerns about our ability to appropriately manage the behaviour of a particular child, the unit manager should be informed. A decision will then be made as to how to seek appropriate advice and support. For example, this may include liaison with the school, community learning disability team, social worker or family. This is a similar message as that contained in the unit sanction policy.

Key workers should identify the children who may be subject to physical interventions and complete the Team Teach forms for discussion and agreement.

The achievement of the objectives of the Team Teach programme (to provide confidence and security to staff, and safe and appropriate care for children / young people) is dependent upon the staff team communicating effectively together, working closely to identify potential triggers to ‘serious situations’, developing strategies as to how these might be diffused and, finally, being able support and receive support from each other.

If you are uncertain of any aspect of the Team Teach approach, please seek advice from the unit Team Teach instructors.

15) Contact Details

Contact details of Registered Provider, Responsible Individual, Health Manager and Registered Manager

The name and work address of

a) The Registered Provider:

Hampshire County Council,
The Castle,
Winchester.
SO238UJ

b) The Responsible Individual:

Lin Ferguson

Area Director
1st Floor North
Elizabeth 2 Court East
Winchester
SO23 8UJ

c) Health Manager:

Alison Day
Clinical Manager, Community Nursing Services
Family & Clinical Support Services, Child Health
Hampshire Hospitals NHS Foundation Trust
Basingstoke & North Hampshire Hospital

d) The Registered Manager

Pam Gardner
Firvale
Park Prewett Road
Basingstoke
Hants
RG24 9NB

Education

16) Provision to support children with special educational needs

It is important to the success of any respite programme to ensure that the ordinary routines of each child and family experience minimum disruption. Education is a vital part of every child's life. The unit has developed excellent relationships with local schools, and all the children attend school as normal when in the unit. Members of the staff team also liaise closely with teachers and parents on specific education / social skills objectives set for individual children.

We send a representative to the annual school review meetings of each child.

17) Where the home is dually registered

This does not apply to Firvale.

18) Arrangements for children to attend local schools and provision made to promote educational attainment

Please see 16.

Health

19) Details of any health care or therapy provided

All children retain the services of their GP and consultant whilst receiving respite care at Firvale. Parents and carers are expected to provide Firvale with all the medication their child requires during their stay. All medication should be in its original box with a prescription label that matches the drug chart. Any changes in medication need to be confirmed by a letter or e mail from their GP or Consultant or an up to date pharmacist label.

All children and young people live at home with their parent / carer, and as such all their health care needs are supervised by their parents. If children are under a care order their health care needs are the shared responsibility of Children's Services and their parents.

Whilst staying overnight at Firvale children will be encouraged by staff to participate in daily tasks that promote hygiene and healthy living.

Parents will be required to ensure their children arrive with the necessary items required their stay at Firvale, including items for personal care.

Staff can seek advice from a Registered Nurse at all times. Firvale has excellent relationships with the Children's Acute Unit (G – Floor) and staff are able to contact them for advice at anytime.

Occasionally children and young people become ill during their stay at Firvale, when this happens parents will be required to collect their child from Firvale.

If a child or young person has an episode of diarrhoea and sickness, they should not access Firvale for 48 hours following their last episode of diarrhoea and vomiting.

Staff promote positive health care through education, and utilising the expertise of Children's Community Nurses, Physiotherapists, Occupational Therapists, Speech and Language Therapists and Community Learning Disability Teams.

a) Details of the qualifications and clinical supervision of the staff

Every team member is required to undertake training from an appropriately qualified health colleague on the administration of rectal diazepam, buccal midazolam, administration of epipen, asthma and the use of inhalers, epilepsy and medication management and annual assessment.

Health staff have specific training around gastrostomy / nasogastric tube feeding, tracheostomy care and management, use of oxygen and suction and postural management specific to individual children.

It is an expectation that all social care staff will undertake qualified first aid training and refreshers as required. Each member of staff also receives annual training in emergency life support for children and infants. This ensures that we will always have appropriate first aid support available on site.

As well as the above all members of the care staff team are trained, and receive annual refreshers, in the safe moving and handling of people. This occurs 'on site' and includes procedures for hoisting and use of the emergency evacuation mattresses.

b) Procedure and monitoring

As part of the assessment / introduction procedure, the health care needs of the child are explored with the parents and significant others. This will include, where necessary, the child's GP, Paediatrician, Health Visitor, Paediatric / Community Nursing staff. The integrated assessment of need completed by the child's Social Worker also includes a health assessment, and the unit has its own internal procedures designed to ensure that the staff feel confident in their ability to meet the specific needs of any of the children in their care.

The unit operates a procedure for the administration of medication, which requires that two staff members are involved to ensure that all dosages of medication are checked as being correct. Nurses are able to administer medication on their own, but two nurses are required to sign medication in and out of the unit.

Drugs are kept in locked medicine cabinets in each bedroom, with controlled medication being stored in a controlled medication cabinet in the bed store. The shift

coordinator / nurse are responsible for checking that an accurate record is maintained of all medication.

Should any child's medical condition give rise to concern, every effort will be made to contact his / her parents or primary carers.

Should this not prove possible G Floor or Charlie's day Unit can be contacted for medical advice and if the situation is warranted, the emergency services will be called.

The primary aim of Firvale is to ensure that children feel safe and secure.

The staff recruitment procedures (mentioned earlier in this document) seek to ensure that those appointed respect and value the dignity of the children, and that they receive appropriate support and training. All children have the right to be protected from exploitation and abuse.

Staff complete annual child protection training and new child exploitation e learning has been developed by HCC for all staff to complete.

The unit aims to promote a healthy and friendly environment for both children and staff. As a staff teams we continually look at how we can develop our ability to meet the needs of the children whilst also considering staff needs and safety. The staff team has access to a mobile phone which is taken whenever activities are off-site, and can be used should an emergency or unexpected event occur. We also have walkie talkies which staff can use to communicate with each other if in different parts of the building or at night.

Staffing Matters

20) Experience and Qualifications of staff

Of the current staff team, nine have successfully completed the NVQ3 in Caring for Children and Young People. Four have completed Diploma level 3 in Health and Social Care. One team member has NVQ 3 Child Care, Learning & Development. One staff member has NVQ4 Health & Social Care.

Three Health Care Support Workers have completed their Diploma level 3 in Maternity and Paediatric Care.

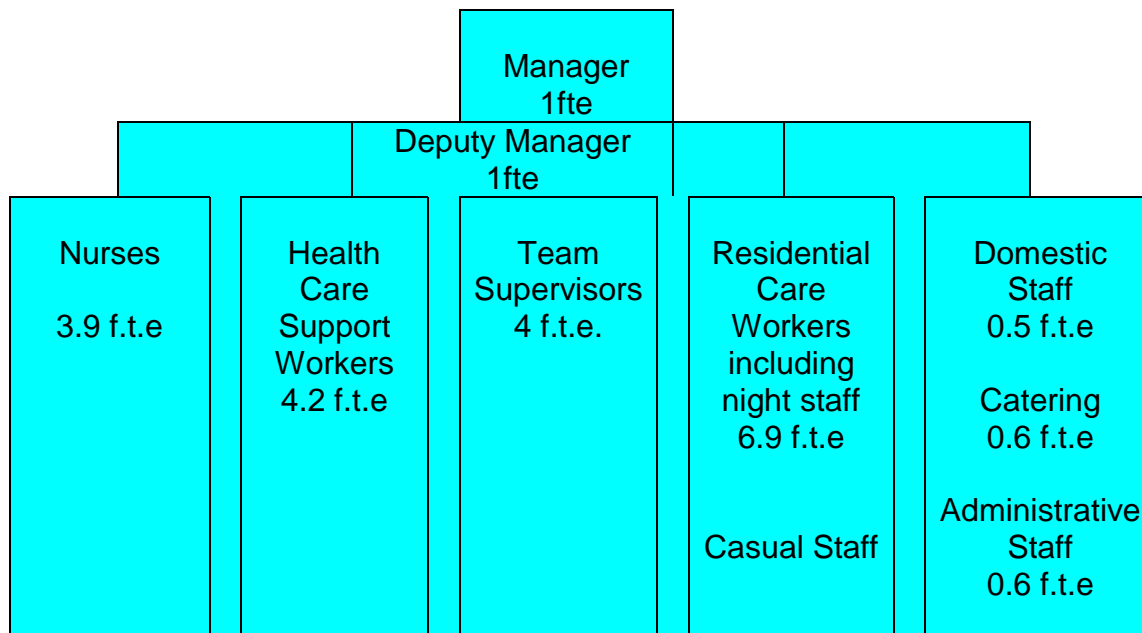
Four nurses have a RN - Learning Disability qualification
Two nurses have a RN – Child qualification

	Role	Qualification	Background/experience	
Pam Gardner	Manager			
Sonia Jay	Deputy Manager			
	Staff Nurse			
	Staff Nurse			
	Staff Nurse			
	Staff Nurse			
	Staff Nurse			
	Team Supervisor			
	Team Supervisor			
	Team Supervisor			
	Residential Care Worker			
	Residential Care Worker			
	Residential Care Worker			
	Residential Care Worker			
	Residential Care Worker			

Residential Care Worker	
Residential Care Worker	
Residential Care Worker	
Residential Care Worker - Nights	
Residential Care Worker - nights	
Residential Care Worker – nights	
Senior Health Care Support Worker	
Health Care Support Worker	
Health Care Support Worker	
Health Care Support Worker	
Cook	
Housekeeper	
Housekeeper	
Admin	

21) Management and Staffing Structure

ORGANISATIONAL STRUCTURE



It is recognised that working within a residential setting can be a demanding and, at times, difficult job. Providing a responsive, innovative and high quality service to children and their families requires a committed and resourceful staff team. The interdependent nature of the work also relies upon having mutual trust and respect within the staff grouping.

The department acknowledges the importance of having a well trained, valued and supported staff team. The philosophy at Firvale is to sustain a culture that:

- Is based upon integrity.
- Is founded on openness and trust.
- Is committed to developing people through training and the continued provision of learning opportunities.
- Has a team culture that recognises the value of each employee.
- Encourages innovative and creative problem solving at all levels ('intelligent workforce').
- Has an atmosphere in which people enjoy their work.

The overall aim is to sustain effective team-working by developing the intellectual capital of the team and promoting co-operation and communication. Every team member's learning and development is monitored through an annual Individual Performance Plan which seeks to identify goals and training needs for the forthcoming year. This is reviewed half way through the year and at years end.

Formal professional supervision is provided on a four to six week basis and is used as an opportunity to reflect on, amongst other areas, any county, unit and personal issues or developments, feedback from colleagues, parents and other involved

professionals, interaction with the children and maintenance of key worker files, individual responsibilities and professional development including training opportunities. Great store is also placed upon the informal day to day advice and support that is on going with in our work environment.

The Unit operates a system whereby should staff require any 'out of hours' management advice or support they will know who they can contact and how. This will normally be the manager of the Unit.

If it is known that the manager will not be available for consultation another manager will be identified to fulfil the role.

Staff can seek advice from the Out of Hours team via 'Hants Direct' at weekends, public holidays and outside of office hours.

APPENDIX 1 – USEFUL ADDRESSES

Ofsted National Business Unit
Royal Exchange Buildings
St Ann's Square
Manchester M2 7LA
Tel: 08456 40 40 40

Children's Services Area Centres

Dame Fagan House (base for children with disabilities team)
Chineham Court,
Lutyens Close
Basingstoke,
Hants.
RG24 8AG
Tel: Hants Direct 08456035620

Alton Area Centre (base of Children with Disabilities Team)
Park House,
High Street,
Alton
Tel: Hants Direct 08456035620

Hampshire Children's Services Headquarters
E11 Court,
The Castle,
Winchester.
SO23 8UJ
Tel: Hants Direct 0300 555 1384

APPENDIX II - USEFUL 'E MAIL ADDRESSES'

The Joseph Rowntree Foundation:- social development and research charity.

<http://www.jrf.org.uk>

Downs Syndrome Association:

<http://www.downs-syndrome.org.uk>

Mencap:

<http://www.mencap.org.uk>

National Autistic Society:

<http://www.nas.org.uk>

Ofsted

www.ofsted.gov.uk

APPENDIX III - Every Disabled Child Matters: The Five Outcomes:

Being Healthy	Staying Safe	Enjoying and achieving	Making a positive contribution	Economic Well-being
Enjoying good physical and mental health and living healthy lifestyle.	Protected from harm, and able to look after themselves	Getting the most out of life and developing skills for adulthood.	To the community & to society & not engaging in anti-social or offending behaviour	Not being prevented by economic disadvantage from achieving their full potential in life
Firvale Aims To Promote The Five Outcomes By:				
▼	▼	▼	▼	▼
Providing a safe, clean stimulating environment	Providing a safe, clean stimulating environment	Providing services that do not disrupt the child's normal schooling	Aiming to establish full partnership relationship with families	Supporting any social skills, personal development programmes as identified
Promoting healthy, enjoyable meals	Promoting 'ordinary lives' for parents and their children	Ensuring staff aware of, and have necessary training in communication strategies as required	Aiming to provide support programmes reflecting the identified needs	Providing services that support parents in the care of their children
Identifying any specific care needs and ensuring they are addressed.	Promoting each child's independence, self respect and dignity	Offering the children social opportunities that they do not ordinarily get	Responding to any religious , dietary and cultural needs	Providing a safe , stimulating and friendly environment
Being aware of, and responding to, each child's interests, likes /dislikes.	Providing a service that will aim to respond in a flexible and positive way to family 'special' requests or crises	Involving the children as fully as possible in accessing and enjoying community based resources	Supporting socially acceptable and responsible behaviour	Ensuring that staff are trained in child protection procedures

Providing appropriate activities and other social opportunities.	Effective communication with all involved agencies	Providing information in a range of ways including the use of symbols	promoting access to community facilities	Promoting independence and exercising choice in a safe setting
Promoting each child's independence, self respect and dignity.	Ensuring comprehensive health and behaviour risk assessments	Providing opportunities for children to meet and play in less structured setting	Providing opportunities for children to meet and play in less structured settings	Advocating for children and their families
Following a sensitive personal care protocol, and ensuring all staff trained and confident in use of all specialist aids and equipment	Providing clear guidance on drug administration and personal care protocols	Offering all staff training in first aid and regular health refreshers with members from the community paediatric team	Offering all staff training in first aid and regular health refreshers with members from the community paediatric team	Offering all staff training in first aid and regular health refreshers with members from the community paediatric team
Offering a stable, experienced and knowledgeable staff team	Ensuring that staff trained in child protection procedures			
Listening to and involving the children and their families	Listening to and involving the children and their families	Listening to and involving the children and their families	Listening to and involving the children and their families	Listening to and involving the children and their families

The success of our service provision is founded upon offering a sensitive, family focussed assessment and introduction process, during which essential care information is gathered and confirmed, and the child and family develop confidence and trust in the staff and service.

We aim to develop a full partnership with parents so that we fully utilise the expert knowledge that they have about their child along side the expertise and experience that we and other involved agencies can bring.

This leaflet is based upon 'Join It All Up'
Every Child Matters.
The five Outcomes and the
UN Convention on the Rights of the Child
Produced by UNICEF 2007

