

Every Disabled Child Matters

Children's Services Department.

Listening to Children

Respect and Dignity

Residential Children's Homes
Statement of Purpose

Equality & Diversity

Working Together

Sunbeams
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Self Esteem

Ordinary Lives

Sunbeams

Independence and
Personal Development



Hampshire
County Council

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INITIAL STATEMENT

The Children's Home Regulation 1991 (reg. 4 and Schedule 1, para.1) requires every children's home to prepare and maintain a statement to describe what they do and how care will be provided.

This statement is to be made available to parents, children, residential staff, workers making placement and management of the home.

Services for children with a disability are governed by the following legislation:

1. The Children Act 1989.
2. The National Health Service and Community Care Act 1990.
3. The Chronically Sick and Disabled Persons Act 1970.
4. The Disabled Persons / Services Consultation and Representation Act 1986.
5. The National Health Services Act 1997.
6. The Education Acts 1981 and 1990.
7. The Higher Education Act 1992.
8. The Education Act 1993.
9. The Carers (Recognition and Services) Act 1995.
10. The Human Rights Act 1998.
11. Care Standards Act 2000.
12. Every Child Matters /Children Act 2004
13. Children Act 2004
14. The Carers (Equal Opportunities) Act 2004
15. The Childcare Act 2006
16. The Education and Inspections Act 2006
17. Safeguarding Vulnerable Groups Act 2006
18. Short Breaks Statutory Guidance on how to safeguard and promote the welfare of disabled children using short breaks. (2011)
19. The breaks for Carers of Disabled Children Regulations 2011

Services are also informed by Government national objectives as outlined in *Quality Protects, Best Value, Aiming High for Disabled Children* and the regulations and standards detailed in 'Children's Homes, National Minimum Standards, Children's Homes Regulations' published by the Department of Health.

As of April 2007, the Office for Standards in Education, Children's Services and Skills, (Ofsted), has taken on the responsibility for regulation and inspection of children's social care a role formerly undertaken by the Commission for Social Care Inspection (CSCI).

Sunbeams forms part of the continuum of services provided within the area to support children with severe learning disabilities and their families.

The Department is committed to developing close working relationships with other concerned agencies, parents and children. Sunbeams works closely with colleagues in education, the community learning disability team, the community paediatric nursing team and voluntary organisations, to try and ensure that the most appropriate support is provided to the child and his / her family.

Through consultation and planning, the Department seeks to facilitate the development of a range of services able to respond to the particular assessed needs of a disabled child and his / her family. In this way, we aim to have available services which are designed to:

1. minimise the effect of their disabilities on children.
2. give children the opportunity to lead lives which are as 'normal' as possible.

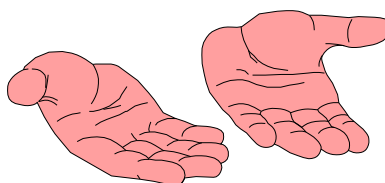
Sunbeams aims to provide services that:

1. offer an enjoyable and stimulating time for the children, and an opportunity to meet and play with their friends and peers in a non-school setting.
2. enjoy the confidence of parents that their child is being cared for in a safe setting, thereby supporting the families in the care of their children.
3. are able to respond to unpredictable family events whilst also providing a reliable and consistent service.
4. introduce the children to new situations and offer positive experiences and opportunities to widen their horizons.
5. are part of the process of aiding the development of autonomy and preparation for the possibility of leaving home when young people reach adulthood.
6. promote the rights of children and their families to enjoy 'ordinary lives'.
7. reflect the findings of research and SSI reports on what works for children and their families.

As stated previously, the services provided at Sunbeams form a part of the resources available in the Area to respond to the needs of children and their families.

Sunbeams seeks to balance the needs of the parents, or primary carers, with those of the child. In measuring successful outcomes we place great emphasis on ensuring, in the first instance, that the children feel safe and enjoy positive experiences. At the same time we want parents to feel confident in the quality of the care provided, and to feel that the service is generally able to respond to their needs and those of their children.

The philosophy informing the way that the unit operates is based upon working in full partnership with families and fellow professionals. Our aim is to provide services that leave parents and children feeling in control of their lives. We want services that are seen as responsive and supportive, that are sensitive to the needs of each child and his / her family, and that promote choice and opportunity.



STAFFING

Hampshire County Council's Children's Services Department is committed to maintaining a well motivated, appropriately trained and supported workforce. Up until April of 2011 the County had the Investors in People accreditation. It was decided that The County would discontinue the assessment of (IIP) to measure staff learning and engagement and continue to drive improvement in staff engagement and development by the use of alternative assessment tools.

The Children's Services Department is also committed to promoting safe recruitment practices as part of 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 Council's 'Recruiting Safely' 'e learning' training course**. All staff employed in Hampshire CSD residential establishments for children are subject to a number of criminal and personal checks prior to employment. These include taking up of and validating personal references (including one from the last employer), health checks, Department of Health lists and reference to the Criminal Records Bureau. This recruitment of staff process ensures that a full employment history, together with a satisfactory written explanation of any gaps in employment, is obtained, and that all the requirements of Schedule 2 of the Children's Homes Regulations are evidenced.

Hampshire County Council is an equal opportunities employer, wishing to secure genuine equality of opportunity whether required by legislation or not. To this end the County Council will take every reasonable practicable step to ensure that, when employment decisions are made, the only personal characteristics taken into account are those which are consistent with relevant legislation and are necessary for the requirements and satisfactory performance of the work involved.



STAFF SUPPORT

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 Sunbeams 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.

Of the current staff team, twelve have successfully completed the NVQ3 in caring for children and young people. Two team members have successfully completed an NVQ4 in CYP. In 2011 two members of the casual bank support team also completed the positive management of behaviour training course (Team Teach). This has supported them and the Unit in their confidence and competence in working with all groups of children. 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. Currently two members of the waking night staff are undertaking the Qualification and Credit Framework level 3 Diploma for the Children and Young People's Workforce

To support staff within the workplace the Department offers a confidential employee helpline that all staff members can access. There is also guidance on areas such as equality and diversity, race policy and violence towards staff.

Risk assessments are completed when staff are potentially vulnerable or involved in lone working.

Within the unit, all team members are given a copy of the staff information handbook and child protection guidance. New members of the staff team are subject to a six month probation, during which time they are introduced to the procedures and protocols of the unit, as well as linking in with other key agencies, local resources and other areas of the department.



INSPECTION

As of April 2007 and following the implementation of the Education and Inspections Act 2006 the responsibility for regulation and inspection of the services provided at Sunbeams has been assigned to Ofsted, the Office for Standards in Education, Children's Services and Skills.

The Inspections will judge the provision we provide against the outcomes for children and young people set out in regulations and the National Minimum Standards for Children's Homes issued in 2002 and Children's Homes (amended) regulations that came in to force in April 2011 . In February 2012 Ofsted issued new guidance setting out the judgements that inspectors will make and report on when inspecting children's homes. The evaluation for a full inspection will consider; The overall effectiveness of the home; Outcomes for children and young people; Quality of care; Safeguarding children and young people; Leadership and management and Equality and diversity.

Following each Inspection the service will be given one of 4 gradings: 1) Outstanding, 2) Good 3) Adequate 4) Inadequate.

The Unit will also receive an interim inspection which will focus on progress made in improving quality of care and outcomes for children and young people since the last full inspection. It will also look at how any requirements or recommendations made at the full inspection have been addressed. For these inspections the judgement will be made on a three point scale: good progress; satisfactory progress; or inadequate progress.

The unit also receives monthly inspections as required under 'The Children's Homes Regulations 1991'. These are undertaken by an independent officer (currently a Team Manager not directly concerned with the management of the unit).

Further advice and support in respect of the buildings, the kitchen and food hygiene is provided by the Property Services Department (Hampshire County Council), the Domestic Services and Catering Unit (Social Services), and the Environmental Health Services of Rushmoor Borough Council respectively.



THE PURPOSE OF SUNBEAMS

1. The aim of the unit is to provide support services to children and young people with learning disabilities and their families. The services aim to promote *the five desirable outcomes for children identified in the Every Child Matters/Children Act 2004*.¹
2. The services provided are based 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 aware of personal safety. This is frequently not the case for children with a severe learning disability.

Sunbeams seeks to address this reality by providing the children with an opportunity to spend time away from the family home, in a setting where their parents feel confident that they are safe and happy. This is similar to other young people enjoying sleep-overs with friends or relatives. We hope to support family relationships and assist the family in living 'ordinary lives', with opportunities to enjoy the same type of lifestyle as other people in the population.

3. When involved in service provision, Sunbeams aims to balance the needs of all the family members by:
 - providing a positive enjoyable experience for the child / young person.
 - providing a service that is sensitive to the emotional, physical, medical and developmental needs of the child / young person.
 - fully involving the family and, where possible, the child / young person in identifying how the unit can best help to address their needs.
 - Being flexible and responsive to changing needs and unpredictable family events.



¹ Being Healthy, Staying safe, Enjoying and achieving, Making a positive contribution, Achieving economic well being.

ADMISSIONS PROCEDURE

Services are provided following a core assessment completed by a social worker for the Children with Disabilities team. This will involve liaison with the family and others involved in the care and support of the family and child. One outcome of the assessment will be that the services provided at Sunbeams may be the most appropriate available to meet some or all of the needs identified. If this is the case the social worker will present the findings to a County Placement panel for consideration. The Panel meets on a monthly basis and is chaired by The County Integrated Disability Service Manager.

The parents will then be invited to view the unit and meet with the unit manager. If, following this initial contact, it is felt appropriate to proceed the unit manager will identify a member of the staff team to take on the role of key worker. Their responsibilities will include acting as a first point of contact between the family and the unit. The key worker will be present during all initial visits to the unit by the child and family, and will be responsible for ensuring that introductions respond sensitively to the needs of the child and all family members.



CHILDREN WHO MAY RECEIVE A SERVICE

Services are provided for those between the ages of 0 and 18 years, although in practice it is rare that a child under the age of 5 will be referred. The majority of the children tend to be in the 8 to 15 age bracket. The overnight service is usually for those aged 7 or over, unless there are compelling reasons as to why Sunbeams is the most appropriate placement.

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, he will discuss this with the appropriate social worker his / her team manager and the parents concerned.

CRITERIA FOR ADMISSION

Sunbeams provides services for children and young people assessed as having complex and severe learning disabilities. Services are also offered, where appropriate, for those with autism. As part of the assessment and admissions procedure, every effort is made to ensure that the service is the most appropriate available to meet the social, emotional and health needs of the child. The unit aims to offer a flexible response to individual situations and provide a service that is relevant and sensitive to the needs of each child and his / her family.

Gender

Services are available for children and young people 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 who will enjoy spending time together.

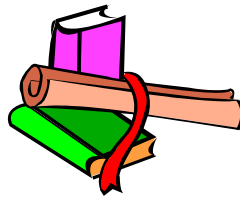


THE NUMBERS OF CHILDREN

The unit can provide overnight accommodation for up to four children / young people at a time. The number who actually stay each night will be dependent upon the needs and balance of the grouping. Sunbeams will provide for up to six children, usually a combination of children staying overnight and those receiving day / after school care. Again, actual numbers and groupings will depend upon what is assessed as safe and appropriate for the children concerned.

Emergency Admissions

As noted on page 5 we are committed, wherever possible, to respond positively should a family already known to us require support at short notice or different level of frequency due to unforeseen family circumstances. On such occasions we will work closely with the family and their social worker to provide an appropriate response which causes minimal disruption to other families and meets our wish to provide a safe and enjoyable experience for all the children receiving a service. The Unit does not normally provide an emergency service to families of children not already known. Should this ever be required consultations will take place with the Social Work Team concerned and the County Service Manager to determine the most suitable way forward taking into account the needs of the child concerned and possible disruption to other families.

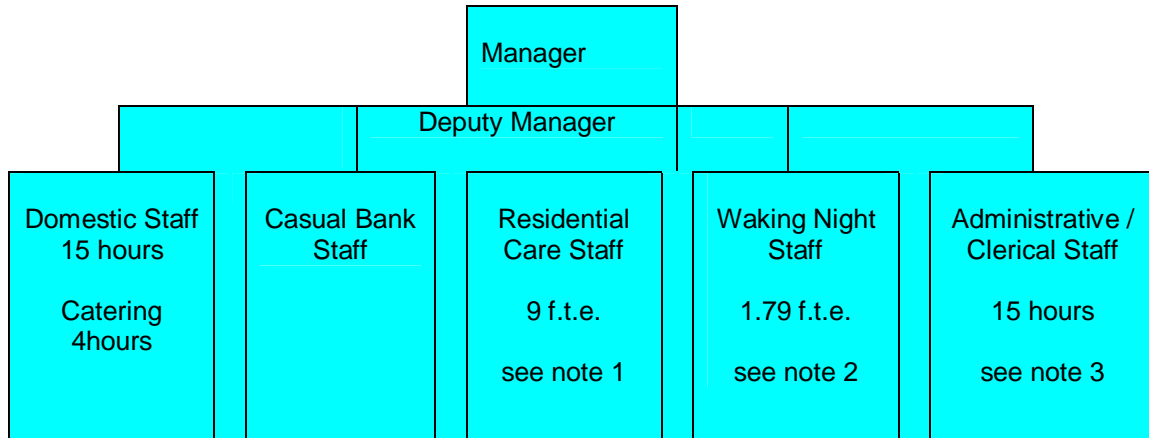


THE EXPERIENCE, QUALIFICATIONS AND NUMBERS OF STAFF MEMBERS

The unit manager holds the Certificate of Qualification in Social Work and the Certificate in Management. He has been employed in both the fieldwork and residential sector of childcare. Other staff qualifications are given in the earlier section on Staff Support.

The staffing profile allows for 1 fte. Deputy manager, 9 fte residential staff, 1.79 waking night staff, as well as administrative and domestic support. This is detailed in the organizational structure chart given on the next page.

ORGANISATIONAL STRUCTURE



Note 1: Residential Care Staff are employed on a 37 hour per week contract.

Note 2: Waking night staff cover 10 hour shifts, from 9 p.m. to 7 a.m.

Note 3: Administrative and clerical support is provided to the unit on a corporate basis from the Cambridge Road administration office.



Staffing Profile Sunbeams as of August 2012

Name	Role	Qualification	Background/experience	Contracted Hours: (weekly)
Tim White	Manager	CQSW Certificate in Management	Social Worker, Court Liaison Officer.	F/T 37hrs.
Sarah Sippets	Deputy Manager	NVQ4	School special needs assistant, Residential Care Worker	P/T 18.5hrs.
Lucy Bridge	Deputy Manager	NVQ4	School special needs assistant, Residential Care Worker	P/T 18.5hrs
Lucy Bettridge	Residential Care Worker	NVQ3	6 years Residential Care Worker Sunbeams	F/T 37hrs.
Linda Bridge	Residential Care Worker		Work in E.M.I. home, &waking night staff Sunbeams	P/T 8hrs.
Kate Butler	Waking Night Staff		Elderly Persons Home & Children's nursery	P/T 20hrs.
Charmaine Carpenter	Waking Night Staff	NVQ3	Residential Care Worker, Sunbeams	P/T15hrs
Ren French	Residential Care Worker	NVQ3	Adult Learning Disability, Res. Children's Home	P/T 25hrs
Sandra Foster	Residential Care Worker	NVQ3	Children's nursery, special needs play schemes.	F/T 37hrs.
Della Fry	Residential Care Worker	NVQ3	Waking Night Staff sunbeams	F/T37hrs
Simon Harris	Residential Care Worker	NVQ3	Residential Children's Home	F/T 37hrs
Karen Mcallister		NVQ3	School special needs assistant	F/T 37hrs.
Victoria Sayle	Residential Care Worker	NVQ3	Work with the elderly	P/T 20hrs.
Susan Steer	Waking Night Staff		Work with the elderly, and housing association	P/T 20hrs
Jackie Tillyer	Waking Night Staff		Frimley Park Hospital	P/T 10hrs
Lucie Wyss	Residential Care Worker	NVQ3	School special needs assistant	P/T 20hrs.
Claire Wilson	Residential Care Worker	NVQ3	Mencap Support Worker	P/T 20hrs.
Kath North	Domestic		Family centre and elderly persons home	P/T 15 hrs.
Julie Hornsby	Admin		Adult Learning Disability service	P/T 15hrs.
<p>Please Note. All Care staff are trained to qualified first aid standard, receive training and yearly refresher training in moving and handling of people and in the positive management of behaviour. Safeguarding of children and abuse of disabled children is also undertaken by all the staff team. Training and support in the administration of medication and other health related issues is provided by via e-learning and from health colleagues in the Child Health family and Clinical Support Services of Hampshire NHS Foundation Trust and the Children's Complex Health Needs Team of Surrey PCT NHS.</p>				

STAFFING POLICY:

Sunbeams is committed to providing safe, stimulating and enjoyable experiences for all the young people who use our services. To this end it is important that the staff team feel that they have the appropriate support and skills to meet the needs of the groups of children they are being asked to care for. Great care is taken to ensure that an appropriate child/ staff ratio is maintained and that the mix of staff skills and strengths on duty at any one time reflects the needs of the children being cared for. The staff roster aims to maximise the number of staff on duty at times of greatest demands from the children. In meeting this goal consideration is given to the specific staff support that might be needed for each child, as identified in the assessment, introduction process.

Over night there are at least two members of staff in the building. This will usually be made up of one waking night staff and one member 'sleeping' in, who is available to be called upon by their colleague should the need arise. There may be occasions when it is felt that two waking night staff are required due to the needs of particular children.

The waking night staff duty hours are from 9pm. to 7am. and this allows a good period of time for hand-over of any relevant information between the staff member sleeping in and her waking night colleague. **To assist us in ensuring the children's safety through out the night we have installed in each bedroom a microphone linked to a receiver in the staff office. This enables the night staff to listen out for potential sounds of distress (e.g. a child experiencing a seizure) and movement and respond accordingly. It also allows us to play music into individual rooms if appropriate.**

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 either the manager of the Unit or one of the deputy managers. In the event of the deputy manager being 'on call' and feeling the need to seek further advice she will contact the manager. If it is known that the manager will not be available for consultation another manager will be identified to fulfil the role.

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



THE FACILITIES AND SERVICES PROVIDED

The unit comprises of:

Facility	Number
Single Bedrooms	3
Double Bedrooms	1
Staff Bedrooms	1
Bathroom / Toilet	1
Shower Room	1
Lounge / TV Room	1
Kitchen	1
Dining Room / Playroom	1
Utility Room	1
Downstairs Toilet	1
Food Cupboard	1
Staff Office	1
Sensory Room	1
Lift	1

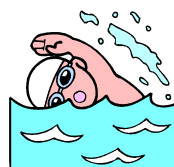
The unit has a range of toys and play equipment, and places great emphasis on learning through play. Staff members will identify particular games and equipment appropriate for specific children and, if possible, these will be purchased for the unit.

To the rear of the unit are two fenced-off garden areas, one of which has been developed into a sensory garden under the guidance of the Hampshire Garden Trust. Our aim is to continually improve facilities for all the children, particularly those with profound disabilities. In August 2012 we had a sand pit and 'niagara water tray' installed to promote opportunities for experimental, creative and sensory play opportunities.

The unit has a wheelchair accessible minibus which staff use to take and collect children from school and to involve children in the facilities and activities enjoyed by other children in the community. Before driving the vehicles staff will have completed a MIDAS driving course to ensure competency.

The staff team is committed to treating the children and young people as children first and to value them as individuals.

The admission procedure will be sensitive to the feelings of the child and his / her family, and introductions will be at a pace which allows parents to build confidence in the service and the staff caring for their children, and gives children the time to feel safe and happy within the unit. The unit operates a key worker system, and it is the responsibility of the key worker to ensure that any skills programmes that are in place at home or school are maintained whenever the child is in the unit.





HEALTH PROTECTION AND PROMOTION

As part of the assessment / introduction procedure, the health care needs of the child / young person are explored with the parents and significant others. This will include, where necessary, the child's GP, paediatrician, health visitor, paediatric / community nursing staff, etc. The integrated assessment of needs 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 complies with the protocols as laid down in The Continuing Care procedures, in regard to any invasive treatment. Excellent relationships are maintained with colleagues in the community paediatric nursing team and the community learning disabilities team, who will provide health assessments, training and support as requested. Every team member is required to undertake training from the community nurses on the administration of rectal diazepam, midazolam, administration of epi-pen treatment, and tube feeding. The paediatric nurses will agree the individual protocol for every child prescribed rectal diazepam and confirm that staff can appropriately meet any requirements.



It is an expectation that all care staff will undertake qualified first aid training. This ensures that we will always have appropriate first aid support available on site.

The unit operates a protocol for the administration of medication, which requires that two staff members are involved to ensure that all dosages are checked as being correct. Drugs are kept in a locked medical cupboard in a locked room, and one team member is responsible for checking that an accurate record is maintained of all drugs.

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 the child's GP would be contacted or, if the situation warranted, the emergency services called.



That children should feel safe and secure is a primary aim of the unit. The staff recruitment procedures (mentioned earlier in the Staffing section) 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 and staff are given training in the County's child protection procedures, disability awareness and physical control and restraint. All staff will receive training in the Positive Management of Behaviour ('Team Teach'), which is the County approved approach to safeguarding both staff and children at times when physical intervention is deemed necessary to minimise injury to children or staff members. A further description of the unit protocol for 'Team Teach' is given as an appendix.

The unit aims to promote a healthy and friendly environment for both children and staff. As a staff team 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 staff are off-site, and can be used should any emergency or unexpected event occur. We also have walkie talkies which staff can use to keep contact with each other when out in the community or if in different parts of the building or grounds at Cambridge Road.

If there are any issues around mobility, a manual handling risk assessment will be undertaken (with the support of the parents and specialist occupational therapist) and an individual handling care plan for the child produced. The unit has the use of a portable hoist, as well as three 'hospital' beds, to address the needs of those children with physical disabilities. In October 2002, ceiling tracking was installed in key parts of the unit and the staff team provided with training and updates in its use.



EDUCATION

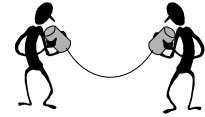
It is important to the success of any respite programme to ensure that the ordinary routines of each child and family experience minimum disruption. Education is a vital part of every child's life. The unit has developed excellent relationships with local schools, and all the children attend school as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

The child's key worker is responsible for identifying his / her interests and hobbies. The unit has an amenities budget to which some parents and outside bodies contribute. Funds from this may be used to purchase specific items or equipment for particular children. There is also a member of staff who is responsible for equipping and maintaining a 'resource box' containing sensory-type toys.



The unit has a minibus which enables staff to take children out on trips and access community resources. Prior to being allowed to drive the minibus with children on board, each team member will have successfully undertaken Midas training. This is a County standard designed to confirm staff competency to drive safely and responsibly. When going out on the bus, staff carry a mobile phone and/or walkie talkies for use in case of emergency and have with them information cards on each child present, detailing home address, GP and specific medical details should this information be needed. Team members will also carry information cards explaining the work of the unit and the name and contact details of the manager. Should any incident occur to cause concern, these will be given to members of the public if staff are unable to discuss their concerns at the time because of operational demands.





COMMUNICATION WITH CHILDREN

One of the aims of the unit is to provide services that fully involve those receiving them, and to promote independence and choice. The staff team are committed to offering a range of alternatives and responding to individual preferences where possible.

A number of children have particular communication needs, and these will be identified and addressed during the introduction and admission period. The unit has a see-read board, developed with assistance and guidance from colleagues from the Community Learning Disability Team (Health), allowing staff members to communicate with children by using pictures. We are also supported in identifying and implementing communication strategies for individual children by colleagues and speech therapists in the local schools

CONTROL AND DISCIPLINE

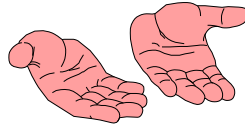
'Children have the right to be protected from all forms of violence. They must be given proper care by those looking after them'. A guide to the UN Convention – The Rights of the Child.

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 only sanction permitted within the unit is that of removing the child / young person from the group for a short period of time. All sanctions are recorded in a sanctions file and brought to the attention of the unit manager. 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.

As detailed before, staff are also trained in the use of 'Team Teach', for use when physical intervention becomes necessary.





CHILD PROTECTION (Safeguarding)

Each team member is issued with a unit protocol that details National, Departmental and Local guidance developed to promote children's welfare and protection from abuse and neglect. As part of their personal development, each team member will also be nominated for the Departmental training course on Child Protection Awareness and the Safeguarding of Children with Disabilities.

The unit protocol on intimate care attempts to balance the need for respect for individual privacy and dignity and the need to protect both children and staff.

All staff members are aware of the process to follow should they have concerns about any aspect of a child's welfare. The Unit's Child Protection Protocol provides further information on this area.

Counter Bullying

Sunbeams is committed to promoting a culture in which children can thrive and feel free from fear. Please refer to Appendix 1V for the Unit Anti-bullying policy.



FIRE PRECAUTIONS AND EMERGENCY PROCEDURES

As a staff team, great emphasis is placed upon ensuring that everyone shows due diligence at all times, to ensure that the risk of fire is kept to a minimum. The unit is equipped with a comprehensive range of fire safety equipment, including alarms, detectors and extinguishers, all of which are regularly serviced by outside contractors. The alarms are also checked on a regular basis by the unit fire co-ordinator (Health and Safety representative). Staff members have attended on-site training sessions from the fire brigade on the use of fire fighting equipment.

Doors within the unit are electrically controlled with an automatic release that responds when the alarms are activated. All strategic doors throughout the centre provide at least 30 minutes protection from smoke and fire. Evac chairs are available to support evacuations from upstairs.

The unit has a waking night staff member on duty between the hours of 9pm to 7am. This ensures that the building is actively monitored 24 hours a day when the children are in residence. Each evening the waking night staff liaise with their sleep-in colleague to agree the

evacuation procedure they would follow should there be a fire, taking into account the children present.



RELIGIOUS OBSERVANCE

The unit provides short-term care services, so no regular arrangements are made for attendance at particular places of worship. The unit is committed to meeting any specific dietary or other requirements necessary to meet any religious or cultural observance.



CONTACT ARRANGEMENTS

The services provided at the unit 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 unit will fully support arrangements as agreed in the care plan.



MISSING CHILDREN

Should a child being cared for go missing the parents, police and social worker will be notified immediately. The inspectorate would also be notified as a significant event.



COMPLAINTS

Section 26 of The Children Act 1989 requires Social Services Departments, voluntary organisations and registered children's homes to establish procedures for considering representations (including complaints) about services. Every family who uses the service 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 complainants 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).



REVIEWS

Short Breaks: Statutory guidance on how to safeguard and promote the welfare of disabled children using short breaks, identifies that short breaks can be provided by local authorities under either section 17(6) of the 1989 Children Act or section 20 (4) of the Act. Those children receiving short breaks under section 17(6) of the Act will be reviewed by the child's social worker as children in need. Those accommodated under section 20 (4) where regulation 48 does not apply will be considered as 'looked after' with in the meaning of the 1989 Children Act and as such subject to full looked after child planning arrangements and to six monthly multi-agency statutory review of arrangements chaired by an Independent Reviewing Officer. A child who receives a service under Sec 20 (4) where regulation 48 does apply will be considered as a child looked after but with lower planning requirements. It is recognised that the children will also be part of a review process from other agencies providing support e.g. Health and Education. As far as is possible every effort should be made to co-ordinate such meetings to cause least disruption and maximum benefit to the child and family. All Children's Services review arrangements are co-ordinated by the child's social worker



ANTI-DISCRIMINATORY PRACTICE

Equality and Diversity:

Sunbeams is committed to providing equal access and quality of service for all children, irrespective of their disability, race or ethnic origin. The unit aims to promote anti-disabilist practices by:

1. 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.
2. 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.
3. Careful and thoughtful use of language.

The unit also strives to promote anti-racist practices by:

1. Recognising and eliminating our own racism.
2. Ensuring that all our practice is free of negative stereotyping and seeks to operate on the basis of cultural difference not deficit.
3. Challenging any racist comments, actions or attitudes in others, and to tackle racist structures and institutional practices when encountered.

The unit expectation is that every team member will actively promote anti-discriminatory practice in all areas of their work and conduct. The department has a clear policy to promote equal access and equality of service. All staff have access to the County Corporate Strategy: 'Quality through Equality'.



APPENDIX I – CHILDREN'S BOOKINGS

The frequency and level of service provided should have been one of the areas covered in the assessment of need completed between the family and referring social worker. Past experience and research suggests that a family may well have difficulty, at first, in knowing what type of service will best suit their child and prove of most support to them. Parents may well experience a range of emotions and feelings, particularly if this is the first time they have faced entrusting their child into the care of others. This is one reason that the introduction process is as described earlier in this document, and why the role of the key worker is so important.

Identified team members, in liaison with the unit manager, undertake the task of completing the bookings and ensuring that they are sent out to the relevant people. Ideally parents will have at least six weeks of bookings in advance although, in reality, families will soon 'learn which night is theirs' and will assume no change unless they have made a request or the unit has contacted them.

When identifying bookings care needs to be taken to:

1. Ensure an appropriate balance within the group of children being cared for. Consideration needs to be given, among other factors, to vulnerability, health needs, friendships, mutual interests, and issues around moving and handling.
2. Ensure that the staff level and skill range is sufficient to meet the potential needs of the children.
3. Ensure that bookings are sent to all those who need to be aware. As well as parents and social workers, this will include schools and those involved in providing transport.

During the school summer holidays, parents are asked to indicate any particular dates they would like and also the dates they may be away on family holidays. Efforts will also be made to identify other support the family may be receiving, e.g. attendance on holiday schemes, so as to avoid duplication of services offered.

The unit is committed to providing a flexible and responsive service. Parents are made aware that, should they need the help of the unit in a particular situation, every effort will be made to respond positively. If you receive such a request, please refer to the unit manager or senior colleague on duty.

APPENDIX II – TEAM TEACH

‘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 Sunbeams 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. As stated in the staff information handbook, 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 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

- (a) 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.'²
- (b) 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.
- (c) 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 face 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.

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:

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

² The Team-Teach Approach (5.3)



Training

The on-going training and refresher sessions are a two way responsibility. Refresher workshops will be organised for every 6-8 weeks, and there will be yearly re-accreditation courses arranged centrally. However, 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.

Please sign and return the attached form stating that you fully understand and agree with the protocol as outlined.

I confirm that I have read and fully understand the unit's protocol relating to sanctions, permissible forms of control and the Team Teach approach.

Signed:

Date:

APPENDIX III – OUTSIDE ACTIVITIES

Procedure to be Followed

'It is the aim of staff to ensure that children and young people have a safe, stimulating and enjoyable time when staying at Sunbeams.' The following points are areas that must be considered by staff when planning activities and trips to ensure that this happens.

There is an expectation that the team members will positively plan together so that any of the activities offered are suitable for the children for whom they are caring at the time. Attention must be given to appropriate supervision and any foreseeable risks addressed.

When planning trips outside of the unit, staff should be satisfied that:

1. Parents have signed a consent form, agreeing to their child participating in activities.
2. Any proposed trips outside of the 'local activities' undertaken at the weekends are discussed with parents and the discussion recorded on the child's file. If in doubt as to whether trips fall into this category, please discuss them with parents.
3. Any potential health needs of the children involved are catered for, and that any medication that may be required is available to staff.
4. ANY TRIPS TO THE SEASIDE HAVE BEEN AGREED IN ADVANCE WITH PARENTS. CHILDREN WILL NOT BE INVOLVED IN SWIMMING IN THE SEA.
5. In addition to the consent form referred to statement 1, parents have signed a consent form for their child's participation in swimming activities in swimming pools. If this is a proposed activity, ensure that the consent form has been signed and that adequate staff support is available in the water and on the poolside.
6. For any activity such as ice skating, prior parental consent must be obtained and recorded on the child's file, and the appropriateness of the activity agreed.
7. Prior to any proposed trip staff have identified who will be responsible for each child when outside of the bus. This is to reduce the risk of children wandering off or getting lost. All staff will still remain responsible for the well-being of the group as a whole.
8. The mobile phone is available for use in case of emergency.
9. The number for Hook Workshop is available in the event of a breakdown.
10. Information cards on the children involved in the trip, and incident cards to be given to members of the public, are available.



APPENDIX IV – ANTI-BULLYING POLICY

'The registered person and the staff create an atmosphere where bullying is known to be unacceptable. There is a policy on countering bullying which is known to children and staff and is effective in practice.' (Standard 18)

Definition of Bullying

Bullying is a conscious and wilful act of aggression / manipulation by one or more people against another person or people. Bullying can last for a short period of time or go on for years, and is an abuse of power by those who carry it out. It is sometimes premeditated and sometimes opportunistic. It may be directed mainly towards one victim, or may occur serially and randomly.

Bullying is a cowardly act because it is done to cause hurt without fear of recrimination. The victimised person is unlikely to retaliate effectively, if at all, or tell anyone about it. Bullying relies on those who are marginally involved, often referred to as observers / onlookers / watchers, doing nothing to stop the bullying or becoming actively involved in supporting it.

Bullying contains the following elements:

- Harm is intended
- There is an imbalance of power
- It is often organised and systematic
- It is repetitive, occurring over a period of time, or random but serial
- It is carried out by someone who is feared for this behaviour

Hurt experienced by a victim of bullying can be external (physical) or internal (psychological).

Statement of Intent

The Unit Statement of Purpose describes one of the aims of the services as to provide a warm, safe and stimulating environment for the children / young people. **This is not possible if bullying of any form is taking place.**

The staff at Sunbeams 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 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 staff handbook.
- To promote the use of interventions which are least intrusive and most effective.

Possible Actions

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, then their programme of support will be adjusted accordingly.



APPENDIX V-ADMINISTRATION OF MEDICATION PROCEDURES.

Principles of safe and appropriate handling of medicines:

(informed by The Handling of Medicines in Social Care Royal Pharmaceutical Society of Great Britain:)

All Care staff know which medicines each child takes and the Unit keeps a complete account of medicines:

Care staff who administer medicines feel confident and are competent:

Care staff receive appropriate training and ongoing support from suitably qualified colleagues within the Health Trust:

Medicines are given safely and correctly, with two staff members always being involved in checking correct medication and dosage given and signing off accordingly.

Care staff are sensitive to the wishes and dignity of the children when they give medicines to them:

Medicines are stored safely:

The Unit has a copy of the 2011-2012 BNF for Children, which is kept, for staff reference, in the medical cabinet in the Unit kitchen.

On the last Monday of each month a member of the staff team (currently Sandra Foster) will complete the medication recording sheets for the following month for each child. Records will include the drug strength and route, dosage and time(s) of administration for each medicine prescribed. Other records include medication signing in and out forms and where applicable seizure records. The Deputy Manager(s) on duty will be available to resolve any queries should they arise and ring parents or health colleagues for clarification should the need arise. The Deputy Manager(s) will also check each completed sheet with the previous months to ensure that the information has been transferred fully and correctly and that any notifications received of changes have been incorporated.

Treatment and Administration of Medicines –Sunbeams.

The aim of the procedure to be followed within Sunbeams concerning treatment and the administration of medicines is to promote the Every Child Matters outcomes for children of being healthy and staying safe. On becoming a member of the residential care staff team at Sunbeams team members will be nominated for a qualified first aid training course, currently provided by the St. Johns Ambulance Brigade, and will then receive the required refreshers. To complement this staff will, in addition, receive yearly Children's Emergency Aid training. Team members will also complete an 'e-learning' in the safe handling of medicine provided by the OPUS Pharmacy Services and a further days training in the safe handling of medicines provided by the Child Health family and the Clinical Support Services of Hampshire NHS Foundation Trust.

The Unit is also able to access training and support from nursing colleagues in the Surrey PCT NHS suitably qualified health staff for initial training and refreshers to staff on the management of seizures, drug administration, gastrostomy feeding, administration of anapen and any other health related issues as they arise. This is to ensure that staff competence and confidence is appropriately assessed and updated on a regular basis.

First aid boxes are available for use by staff and contents are checked on a monthly basis.

The unit also receives Medical Alerts from OFSTED which are passed to a nominated team member (Lucy Wyss) who checks whether they relate to any thing used with in the unit (requiring action) and then filed for future reference.

As part of the child/young persons introduction to Sunbeams the key worker will liaise with the parents and involved health colleagues in completing a health risk assessment identifying all the health and medical needs of the child and any training required. Parents will be asked to sign consent forms covering the administration of both prescribed and 'household medications' and permission for staff to contact the medical services if felt necessary and attempts to contact the parents have proved unsuccessful. No child/young person should have unaccompanied stays at Sunbeams until all identified health needs have been addressed.

Staff rotas will ensure that there are always staff members on duty competent and confident to meet any emergency needs of the children being cared for.

Recording and Storage of medication.

On arrival at the Unit a designated staff member will take charge of all medication and check the contact book for changes (see change of medication form attached). After the checks noted below have been completed the medication will be placed as appropriate in either the locked medical fridge in the utility room or the locked medical cupboard in the kitchen.³

The utility room is to be kept locked at all times when children/young people are in the Unit, unless

The contents of the medical cabinet are monitored on a monthly basis to ensure that medicines are not stored inappropriately.

Two staff members check that:

- The child's name and details as recorded on the outer packaging are correct.
- The child's name is on the container holding the medicine. If it is in strips of tablets put child's name on each individual strip.
- All tablets are counted and liquid medication measured and results recorded as correct by two members of staff.
- Medication is within expiry date.
- The prescribed dosage on the bottle/ box is the same as that on the child's unit drug sheet. If the information differs in any way check the child's contact book and / or file for confirmation of the change. If nothing is recorded contact parent / carer or GP for clarification.

³ Same procedure to be followed if medication brought to the unit by a parent during the day, or when staff collect medication during the day from school.

The dosage prescribed by the doctor will be printed onto the drug box/bottle. If this amount changes it should be altered by the doctor or pharmacist and initialled. If it has been altered by the child's parent a second note of confirmation should be supplied by the parent.

If a staff member is unsure or has any reason to be concerned about a change in dosage or medication advice should be sought from the child's surgery consultant or other health colleague before proceeding.

If in doubt seek advice!

Prescribed medication is only to be given to the child for whom it is prescribed, in accordance with the prescription or instructions from the pharmacy. It will not be kept for general use for other people, and if no longer required by the child concerned will either be returned home or disposed of at a dispensing pharmacy.

If for any reason a child is prescribed non licensed medication, written authorisation will need to be obtained from the prescribing consultant/ doctor before staff are able to administer.

Administration of Medication.

To minimise the risk of any mistakes two suitably competent staff members are to be involved during all stages of administration. If more than one child is due medication only one child's medication should be removed from the drugs cabinet, measured out and administered at a time. Once completed medication to be returned to the drugs cabinet before repeating the process for the next child

Always refer to child's medical sheet for medication required, dosage and time.

Confirm medication is named and within expiry date.

Confirm time medication due to be given. Unless otherwise specified:

AM= breakfast, MD=lunchtime, PM=Tea S=Supper.

Two team members to measure out dosage and be present when administering.

Both team members to sign medical sheet to confirm medication and dosages given.

Remaining drugs counted/measured as appropriate and returned to the medical cupboard as soon as possible. One member of staff to stay with the medication due to be administered.

Unless otherwise indicated and where applicable each child will be supplied with a medicine pot and syringe for use during their stay. These will be disposed of after each short break episode and new ones issued on the next stay. Following the completion of each drug administration the medicine pot and syringe are to be rinsed in warm water ,dried with a paper towel and placed in the relevant child's medical box .(please refer to the medical box protocol.)

Procedure to be followed in the event of a drug not being administered.

If it has not been possible to administer medication then enter the reason on the child's medication sheet using one of the following codes. Both team members involved need to initial.

- R = Refused
- D = Dropped
- O = Omitted (not given)
- V = Vomit
- A = Asleep
- S = Spat out.
- SP = Spilt

If spilt or dropped the spoilt medication should be appropriately disposed of and re-measured dosages be administered. There is a locked tin in the drugs cabinet in which spoilt tablets can be labelled and stored until taken to the pharmacy for disposal.

In the event of medication not being administered immediately liaise with parents and if appropriate seek appropriate medical advice from the child's doctor or hospital.

Please remember: Some children/families may be embarrassed if a member of the opposite sex gives medicines to them because of cultural or religious beliefs.
Treat medicine-taking sensitively - If this appears to be an issue inform senior staff.

What if there is a mistake or incident?

Errors can occur in the prescribing, dispensing or administration of medicines. Most medication errors do not harm the individual, although some can have serious consequences. It is important that errors and near misses are recorded so that we can investigate the cause, learn from the incident and take appropriate actions to minimise the chance of a re-occurrence.

Examples of administration errors are:

- Wrong dose is given, too little or too much:
- Medication is not given:
- Medication is given to the wrong child or adult:

Please report any error or incident in the administration of medicines to the manager or deputy manager for appropriate action.

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.⁴

The aim at Sunbeams 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 ongoing interactions between unit 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 Montgomery⁵ 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 communication equipment. This will ensure that we have the most effective means of assisting 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 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 use of the See-Read board, involvement in choice of foods, of activities, of who supports with personal/ intimate care and who they stay at the centre with (particular friendships.)

Liaise with colleagues in schools, speech therapy and music therapy to identify more effective strategies to assist those with high communication needs to express their views on the service they receive from us.

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 questionnaires and newsletters.

⁴ Building a Culture of Participation: Dept for education and skills: involving children and young people in policy, service planning, delivery and evaluation:

⁵ Alderson, P & Montgomery, J (1996) Health Care Choices: Making Decisions with Children

APPENDIX VI – 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

Aldershot Area Centre
The Old Town Hall,
Grosvenor Road,
Aldershot.

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
Trafalgar House,
High Street,
Winchester.

Tel: Hants Direct 08456035620

APPENDIX VII- USEFUL 'E MAIL ADDRESSES'

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

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

Contact A Family:- information on rare syndromes and rare disorders.

<http://www.cafamily.org.uk/dirworks.html>

Downs Syndrome Association:

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

Mencap:

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

National Autistic Society:

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

Carers UK:

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

Every Child Matters Website:

<http://www.everychildmatters.gov.uk>

Ofsted

<http://enquiries@ofsted.gov.uk>

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 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
Sunbeams 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
<p>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.</p> <p>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.</p>				

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