

mayford  
road  
children's home



## **SCHEDULE 1**

# **STATEMENT OF PURPOSE**

**REGULATION 4(1)**

**5 Mayford Road**

**Wandsworth**

**London SW12 8RZ**

**Telephone: 0208 265 3933**

**Email: [mayford@reamcare.co.uk](mailto:mayford@reamcare.co.uk)**

**Website: [www.reamcare.co.uk](http://www.reamcare.co.uk)**

## **Schedule 1**

### *Statement of Purpose Regulation 4 (1)*

## **Mayford Road Children's Home**

### **Contents**

1. Introduction
2. The Philosophy, Purpose and Objectives of the home.
3. Young People with Challenging Behaviours
4. Name and address of responsible body
5. Details of children to be accommodated at the home
6. Admission criteria
7. Referrals
8. Emergency placements
9. The organisational structure of the home.
10. Deployment, supervision, training and development of staff
11. Staff experience and qualifications
12. Facilities at the home.

- 13. Activities**
- 14. Health Care**
- 15. Fire Precautions and associated emergency procedures**
- 16. Arrangements for Religious Observance**
- 17. Equal opportunities and Anti-discrimination practice**
- 18. Working in partnership with parents and families**
- 19. Visitors to the home**
- 20. Restraint, control and discipline**
- 21. Sanctions**
- 22. Procedure for dealing with unauthorised absence of a child**
- 23. Concerns and Complaints**
- 24. Child protection and bullying**
- 25. Education**
- 26. Reviews.**
- 27. Consultation with young people**
- 28. Leaving care**

## **Introduction**

The Children's Home is situated in South London, Wandsworth and is registered with Ofsted. The home is a detached residential property located close to Wandsworth Common. The home is well situated for local educational facilities and all community based services, recreational facilities and shops.

Public transport in the area enables easy access to all parts of London and the South East.

Mayford Road is a children's home which focuses upon young peoples emotional and psychological needs. The emphasis is on providing a warm, professional therapeutic approach.

The home provides planned and some emergency admission placements for up to six male or female children in single accommodation. The age range of the children accommodated is 12 – 17 years.

## **2. The Philosophy, Purpose and Objectives of the home.**

*In line with the Children Act 1989/2004, Care Standards Act 2000 and associated regulations and guidance, the Home will endeavour to provide a high quality therapeutic, caring, safe and structured environment for all children and young people whilst they remain in our care.*

### ***Our principal objectives***

- To create and maintain an environment conducive to a sense of security and change.
- To offer therapeutic treatment programmes based upon meeting holistic needs
- To provide for the physical, emotional, cultural, spiritual and social needs of the young people
- To provide appropriate support to young people in preparation for their next placement.
- To provide stimulating, structured and individual packages of activities that will encompass a programme of social and personal life skills
- To support encourage and strengthen family links, where appropriate

- To ensure that young people's educational needs are met and that they have the opportunity to achieve their educational potential
- To promote the development of self control
- To promote the development of self-awareness and accountability for actions. To promote the development of self worth and a positive self image.
- To promote an active recognition of young people's rights
- To promote policies of Equal Opportunities and anti discriminatory practices.
- To promote positive relationships with other agencies in order to help provide a framework for interagency co-operation

### **3. Young People with Challenging Behaviours/complex needs**

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

The Home will provide the facilities, environment and professional expertise to effectively address issues that are the underlining cause of such behaviours, that being sexual, physical or emotional abuse, low self esteem and under achieving. Whilst all children and young people need to be accountable for their own behaviour and actions, focusing on the behaviour alone is treating the symptom and not the cause. An understanding professional body of staff will care for the children and young people at the home.

The home is supported by a qualified Consultant, who will provide advice/guidance and support to the young people and the staff. Art/drama/music therapy is provided by a team of qualified professionals.

### **4. Name and address of responsible body**

Reamcare Ltd  
5 Mayford Road  
Wandsworth  
London SW12 8RZ

### **5. Details of children to be accommodated at the home**

#### ***Age Range***

12 – 17 years

## **Sex**

Male and female

## ***Maximum Number of Children Resident***

6 (Six).

## **6. Admission Criteria**

*We aim to work predominantly with young people who would benefit from therapeutic input.*

The home will not admit children who have a physical disability and children whose primary reason for being in care is their disability, children with a learning disability and children who have a defined mental health disorder.

The home will also not admit children who have a known history of fire starting, who are known to be drug dependant or known to display excessively violent behaviour.

The home will consider referrals from boroughs that require care and accommodation to be provided for those young people who have complex needs.

## **7. Referrals**

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

Where it seems likely that a referral will proceed then further information is essential including:

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

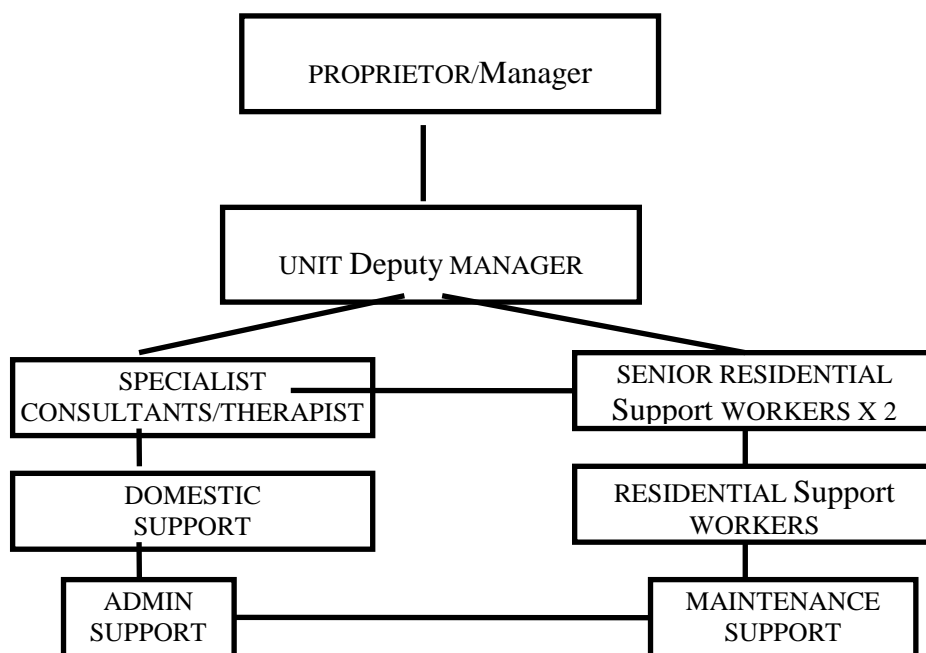
## **8. Emergency placements**

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

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

If a young person frequently absconds from the home, disrupting their own progress and also that of the main group, it is obvious that they will not gain from the programme on offer. This could lead to a review of their placement.

## 9. The organisational structure of the home.



## **10. Deployment, supervision, training and development of Staff**

The home operates on a staffing ratio of 1 member of staff to every 3 children/young people and would always ensure two members of staff are on duty.

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

On each shift is a senior residential support worker who assumes authority for the home whilst on duty. Each senior undergoes an induction programme that equips them with the knowledge to make balanced decisions in line with the homes' policies and procedures.

The home has a number of sessional therapists who assist in providing the home with therapeutic input. The home is keen to match specific therapeutic approaches with the needs of the young people.

Dependant upon the needs of the children, the home would have night waking staff during the hours of 11:00pm and 7:30am. The management of the home at all times provides on call cover.

The Unit Manager is responsible for the development, implementation and management of the home, and co-ordination of staff.

Staff will receive regular supervision from the unit manager and deputy manager in line with the national minimum standards. The Manager will receive formal supervision from the home's external consultant on a monthly basis.

Staff will also have their work appraised at least once a year. At such time any training needs and personal professional development plans will be discussed and action plans for implementation put into place accordingly.

- Anthea Benjamin      Therapist/Counsellor  
MA Integrative Arts Psychotherapy  
Certificate in Adolescent Therapeutic Counselling  
Certificate in Therapeutic and Educational Application of the Arts  
Advance Diploma in Counselling and Psychotherapy
- Keith Bishop          Therapist/Counsellor  
RSA Certificate in Counselling  
Diploma in Life Coaching  
Clinical Supervision Training  
MSc in Integrative Psychotherapy (UKCP)

## 11. Staff experience and qualifications

Mike Hale Consultant	Former senior Inspector with Surrey C.C. CSS. CMC. DMS. Consultant (Child care specialist).
Helen Davis Manager	Helen has been working with adolescents in the residential field since 1976 and holds the Certificate in Social Services (Children and Young People option) Helen is a registered social worker with the General Social Care Council.
James O'Brien Senior Support Worker	James has worked with adolescents since 1997 in both residential and secure settings
Elizabeth Kerrigan Senior Support Worker	Elizabeth has worked in Southern Ireland in residential adolescent units and has experience of working with young people involved in substance misuse. BA in applied Social Studies in Social Care. NCVA level 2 in Childcare.
Dorothy Baptiste Senior Support Worker	Dorothy has worked with young people since 1997 and residential and assessment centres for young people since 2000. She has completed NVQ level 3 in childcare and is in the final stages of completing the NVQ4.
Lesley Gelly Senior Support Worker	Lesley has worked in a variety of roles within Social Services since 1986 and holds the Diploma in Social Work
Alexandra Sadkauoi Support Worker	Alexandra has a diploma in Counselling and NVQ2 as Teaching Assistant where she has worked since 2000 specialising in teaching maths
Sibonile Mhlope Support Worker	Sibonile holds Diplomas in Health and Social Care Child Psychology and Early Childhood Education, NVQ2 in Care.
Javier Solicopa Support Worker	Javier has been working in social care since 2004 and has experience of caring for both adults and children. BSc Psychology, NVQ3 ongoing
Althiea Beckford Senior Support Worker	Althiea has worked with young people since 1994 and has exp in both long stay and respite care. Dip in Psychosocial Care, Cert in Counselling Theory & Person Centred Counselling,
Florence Samuels Support Worker	Florence has worked as agency staff in residential units specialising in caring for adolescent girls who are considered to be in the high-risk category.
Alan Williamson Awake Night	Alan has worked in residential care for adolescents and within the housing department since 1973 and holds the Central Council for Education and Training in Social Work.
Wesley Burke Awake Night	Wesley has worked both professionally and voluntarily with young people since 1991 being involved in residential and outreach settings.
Ayo Kudirat Awake Night	Ayo has experience of working with adolescents in residential and outreach settings since 2005 and holds the NVQ level 3 in children and young people.

## **12. Facilities at the home.**

The home offers pleasant homely accommodation. All children and young people have their own bedroom, which they are permitted and encourage to personalise.

A pay phone is provided for the children's use to make and receive calls in private.

A relaxing meeting/quiet room is available for the children to use to see visitors in private. The home has a comfortable lounge and also benefits from having separate activity and therapy rooms.

### **The accommodation –**

**Ground floor**            **main office, young people's telephone box, quiet therapy room, main lounge, bathroom/toilet, dining room, kitchen, activity room.**

**First floor**             **Art/creative therapy room, three bedrooms, shower room/toilet.**

**Second floor**          **three bedrooms, staff sleeping in room, bathroom.**

**Third floor**            **Two additional therapy/activity rooms for day time use if required, bathroom.**

## **13. Activities**

Our activities programme will change as it reflects individual needs as well as being based upon the developmental age of the children in occupancy. Young people will have use of computers, internet and the therapy rooms.

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

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

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

(Risk assessments would be undertaken as appropriate)

Depending on the age of the young people, it is obvious that they will want to spend time doing activities with their friends. Staff will encourage them to engage in their social networking to promote their independence; however they will also be promoting positive and safe choices.

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

## **14. Health Care**

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

Issues of personal hygiene and health are dealt with sensitively and with the preservation of the child's dignity.

We acknowledge that many of the young people in our care will have been smoking for a substantial period of time, however as a staff team we will actively discourage children and young people from smoking.

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

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

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

- If the young person is referred from the local area of the home, attempt to continue with his existing GP
- If the young person is not referred from the local area, will register the young person at the local health centre as a patient.
- Ensure that a GP of the same sex to the young person is offered
- Arrange a full medical to ascertain the young persons state of health. Staff will encourage the young person to attend these medicals; however we also need to respect their wishes in these matters if they refuse to attend. Attempts will be made to ensure this will be arranged in the first two weeks of his/her placement. The young person is registered and given a dental check-up and sight test. This will be arranged within the first two weeks of placement.

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

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

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

### ***Health care records***

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

- Illnesses
- Operations
- Immunisations
- Allergies
- Medications administered
- Dates of appointments with GP's and specialists.

### ***Safe storage of medication***

All medications including those, which can be obtained without prescription, will be stored and handled safely.

*The home will ensure that:*

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

## ***Emergency Medical Treatment***

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

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

## ***HIV/AIDS***

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

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

## **15. Fire Precautions and associated emergency procedures**

**In the event of a fire the nearest alarm will be sounded and the senior on duty will: -**

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

### **Fire safety checks**

A number of fire safety checks will be carried out and recorded in the fire logbook.

- Fire alarm call points are tested at different call points as detailed in fire log.
- Smoke/Heat detectors are tested at different locations as detailed in fire log.
- Fire log is updated with dates and details of fire drills
- A check is made on the amount of spare fire glasses that are available.

- All Fire Doors fitted with door closures are working effectively
- All fire fighting equipment is stored appropriately and is within test.
- Fire Alarm is working - and not on silence.
- No fire doors are wedged open.

## **16. Arrangements for Religious Observance**

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

On admission to the home the staff will:

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

## **17. Equal opportunities and anti-discrimination practice**

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

The home aims to meet the individual needs of the children and young people in accordance with their race, religion, gender, sexual orientation and culture.

The home has in place a clear equal opportunities policy which all staff are made aware of.

## **18. Working in partnership with parents and families**

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

The planning and review of a Young Person's care with the involvement of parents will provide the basis of partnership between the home, the parents and the Young Person.

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

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

### **19. Visitors to the home**

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

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

A record will be maintained of visitors to the home. However, In keeping with normality, Children's friends will not be requested to sign the visitor's book.

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

### **20. Restraint, control & discipline**

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

In order to achieve good order the home has an established framework of general routines. Individual boundaries of behaviour are well defined. We have realistic expectations of behaviour and use consistent and sensitive methods of control.

Children and young people are routinely involved in decision making about their care. House meetings take place to help ensure open healthy communication exists between the children and the staff.

## ***Restraint***

In principle the home practices non-restraint, although there may be occasions when physical intervention is considered necessary. Should a young person become out of control to the extent that restraint is required, the police should be called immediately. Clearly staff must make a professional judgement in such cases, but are not to put themselves or others at unnecessary risk. Staff will receive training in managing difficult behaviours and will always work preventatively in a pro-active manner.

## **21. Sanctions**

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

The home uses the following sanctions:

- Additional chores
- Curtailment of recreational activities
- Increased supervision
- Verbal reprimand
- Reparation
- All sanctions will be recorded in the consequence book.

### ***Prohibited sanctions***

- Any form of corporal punishment
- Deprivation of food or drink
- Use or withhold medication or dental treatment.
- Intentional deprivation of sleep
- No more than 2/3 of basic pocket money to be stopped.  
(Fines from court must be paid)
- Insisting a child wear distinctive clothing during the day, i.e. pyjamas.  
(Uniforms for school, scouts are acceptable)
- Intimate physical examination of residents.

*(Staff may search clothing for weapons or drugs, if it is suspected that the young person has secreted on his person, police would need to be called)*

- Restrict visits or telephone calls from parents, friends as punishment.
- Imposing any measure which involves any child in the imposition of any measure against any other child or the punishment of a group of children for the behaviour of an individual child
- Lock a young person in a room.
- Lock exits from the home.

## **22. Procedure for dealing with unauthorised absence of a child**

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

When a young person is missing the matter should immediately **be reported to the senior member of staff** on duty. This person will then ensure that the **grounds and buildings are searched**. In the case of a younger young person, and this means anyone who is the age of twelve years or less, a **search should also be made of the local area**.

If the young person is not found then the **police should be informed** immediately and young person reported as missing. The local authority social worker or **emergency duty social worker should also be informed**. **Parents and relatives should be contacted** as the young person may go home.

Any variations to this procedure would be contained and detailed within individual risk assessments

## **23. Concerns and Complaints**

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

### **If the young person wants to talk to someone**

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

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

1. Their parents or relatives.
2. Their Social Worker or Team Leader.
3. The home's independent visitor Mike Hale – 07775 654 632.
4. The local police.
5. Young person Line - 0800 1111
6. Young people's Legal Centre - 0171 359 6251
7. National association of young people in care - 0171 226 7102
8. Ofsted – 08456 404040

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

### **If the young person wants to make a formal complaint**

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

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

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

## **24. Child Protection and bullying**

The home has a comprehensive child protection procedure and all staff are made aware of what to do in the event of an allegation of abuse or suspicion of abuse. The home's management will always refer matters of a child protection nature to the child protection liaison officer to decide on an appropriate course of action.

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

## **25. Education/therapeutic input**

Staff will promote and explore all educational opportunities for the children and young people at the home. Strenuous efforts will be made to ensure educational needs of the children are met and that a suitable educational placement has been found.

The home will work closely with those responsible for the child's education, in particular with the placing authority's education department and Wandsworth's social services and education departments.

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

The home engages the services of a number of therapists on a sessional basis. Dependent upon the young people's assessed needs, they will be offered creative art/drama/music therapy, counselling and group therapy.

## **26. Reviews.**

Statutory reviews will normally be held at the home.

The home will utilise the quiet/meeting room to accommodate statutory reviews.

It is the responsibility of the placing Authority to arrange attendance at the statutory reviews. Persons invited should include all parties involved in the child's care.

The first statutory review is held 4 weeks of the date of placement. This allows all the professionals and the young person's family to examine how the placement is going.

The second review is held 3 months from the date of placement and will follow the same format as the first review.

Thereafter, statutory reviews will be held every 6 months.

## **27. Consultation with young people**

The home recognises the importance of involving the young people in day to running of the home and in decisions affecting their care. To this end community meetings will be held and all young people will be allocated to a keyworker who will speak regularly on a one to one basis with their key child.

Should it become necessary the young people may also be requested to attend disruption meetings should there be any immediate and specific issues that need to be discussed.

## **28. Leaving care**

### ***Introduction***

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

### ***Policy***

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

In the absence of a pathways plan, the home will ensure that it works in consultation with the child and other significant adults and produce a comprehensive plan for young people preparing to leave care and to move into independent or semi-independent living.

The home will implement the leaving care plan and any aspects of the pathway plan which are the responsibility of the home.

The pathways plan should outline the arrangements for;

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

Any independence programme will take into account the religious, racial, linguistic and cultural background of the child. Programmes will be written in consultation with the young person, who will be given their own copy.