

# Benecare Children's Services

*'Providing care without compromise'*

## STATEMENT OF PURPOSE

### ROSELAND HOUSE

1225887



Date implemented: 25<sup>th</sup> February 2021

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Author: Mark Hook – Home Manager

# Benecare Children's Services

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## STATEMENT OF PURPOSE FOR ROSELAND HOUSE 1225887

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### INTRODUCTION TO OUR STATEMENT OF PURPOSE

Welcome to our Statement of Purpose. This document aims to provide you with all of the information you need regarding the purpose, breadth and scope of services at Roseland House, Benecare Children's Services Ltd.

Our mission statement is to 'provide care without compromise' and we do this by ensuring the highest professional standards of safe and effective care is provided to the children and young people. We make sure that children are at the centre of all we aim to achieve by being as fully involved with their care planning as they can be. The child is at the heart of everything we do, and we make sure their voice is always heard.

We aim to ensure that every child at Roseland House is given the encouragement and support they need to grow, develop, thrive, and achieve in a safe and nurturing environment. As a company we promote positive relationships which is the basis of our approach in supporting children and young people to develop the necessary skills in order to reach their full potential.

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## **1. WHO THE PROVISION CAN ACCOMMODATE**

Roseland House can accommodate two children and young people of mixed gender, non-binary and within the age range of 8 to 18 years. We have the option to take a young person beyond their 18th Birthday, this is subject to specified terms. This decision will be in line with the needs of the individual person and the needs of the other children and young people already in placement.

Roseland House may provide care and accommodation for children and young people who have emotional and/or behavioural difficulties (EBD). This can include:

- Children and young people within the autism spectrum (including Asperger's Syndrome and Global Development Delay).
- Mild to Moderate Learning Disabilities.
- Missing episodes.
- Physical aggression.
- Criminal behaviours.
- Sexualised behaviours.
- Eating disorders, self-harm, anxiety, depression, PTSD, ODD, trauma and attachments.
- Low education attainment.
- Low to medium level CSE will be considered. (High will be considered based on the needs of the current children in placement and area).

We are unable to offer accommodation to children and young people who present with:

- Severe Learning Disabilities.
- Hyper Mobility.
- Fire Setting.

Each referral we receive is assessed and the level of risk calculated. We match with our current level of resources enabling us to determine whether we can meet the young persons identified needs.

The Home Manager ensures the skill base of the staff team are matched to the needs of each individual young person. If the Home Manager determines the risks cannot be safely managed, or the child is not a suitable match to the home, location, and current children in placement this would result in a placement not being offered.

Roseland House placement offers are subject to matching with the needs of the current young people in placement and staff training. Where visits prior to placement are available we endeavour to ensure this occurs and children in placement are fully prepared for the arrival of any new child/young person, taking their views and wishes into account.

We consider children with mild to moderate physical disabilities and assess if their needs can be met within the placement. We also assess if the staff team have the suitable training to support children/young people with physical disabilities. If we feel they do not, then this would result in a placement not being offered.

Roseland House considers same day referrals; a placement offer is subject to matching with the needs of the current young people in placement. Where visits prior to placement are available we endeavour to ensure this occurs, and that children in placement are fully prepared for the arrival of any new child/young person, taking their views and wishes into account.

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## **2. OUR ETHOS, AIMS AND OBJECTIVES**

Our ethos at Roseland House is to create an environment where children and young people can develop the skills to sustain positive relationships and secure attachments, based on building trust, providing a high standard of care and support, listening to children's views, wishes and feelings and ensuring they are central to the planning of their own care as well as the running of the home. We also act as advocates for children ensuring that when their needs are not being met, we challenge professionals to ensure that the children have the best care they deserve.

Every young person is supported with positive behaviour and building positive relationships; mandatory training provided to the staff team includes Attachment Theory, Trauma Informed Practice and Positive Relationships. In addition to this, if children require therapeutic support with their emotional wellbeing, we will liaise with external services such as CYPMHS and where appropriate, independent child and adolescent therapists.

We aim to help support children to be able to voice their views, have control over their care planning and be able to develop their own ability to be responsible for their decisions and actions. Within each child's placement plan there will be their own individual targets set which we aim to support children with. This can include developing independent skills, supporting them to re-build relationships with their family to return home, stepping down into foster care, developing skills to know how to keep themselves safe and getting back into a suitable education provision after a break in learning. (This list is not exhaustive).

Roseland House's Strengths and Values include:

- Safeguarding is at the forefront of our daily working practice.
- Advocating for children.
- Placement stability based on the good matching and impact assessment of children.
- Building positive relationships based on trust and creating secure attachments.
- Supporting children to make their own decisions and be fully involved with their care planning.
- Building excellent working relationships with professionals, supporting the child as well as parents and other family members.
- Evidencing and celebrating each child's progress, development, achievements, and talents.
- Supporting children to engage in education provisions that suit their individual needs and re-integrating children back into education after a break in learning.
- Supporting children to engage with therapy and other external services to support their emotional wellbeing.
- Reducing risk taking behaviour via robust care planning and risk management.
- Ensuring children are consulted in all areas of the running of the home and their opinions are listened to and included in the home's development plans.
- Using physical intervention as a last resort by knowing how to support the child in order to express how they are feeling appropriately.
- Providing a consistency of adult care to children.
- Supporting children who are leaving the home, whether this be moving back to family, stepping into fostering or leaving when they are 18.
- Promoting equality and diversity and challenging any discrimination.
- Promoting children's rights and encouraging them to value the beliefs of others.

## **3. ABOUT OUR HOME**

Roseland House is a large and spacious country house that is situated opposite beautiful farmland in the town of Tonge near Sittingbourne. Both of the children's bedrooms have amazing views of rolling farmland as does our main lounge.

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There are two children and young people's bedrooms in the home, and upon arrival the children are given a welcome pack and the option to personalise and decorate their bedrooms.

Roseland House is in a rural location, there are many areas nearby for beautiful countryside walks, and we have a large garden for outdoor activities. Although we are set aside from central locations, we do have a house car available to travel to local towns where we can access all local amenities such as shops, cafes, restaurants, and various leisure facilities including a local cinema, gym, swimming pool, roller skating and ice skating. Our young people benefit from having access to various coastal and country walks, and beaches are only a short drive away, all of which provide a calming and relaxed environment.

We offer experiences that you would expect to find in a family home; these may be adapted due to the regulations and the needs of the children and young people.

Within Tonge and Sittingbourne there are several operations in place to protect young people who are at risk including a local Missing Children Exploitation Team (MCET) who work alongside Roseland House when any missing episodes occur. Our local PCSO visits the home regularly to ensure the children are familiar with local police support. Our local PCSO also supports the children with any of their risks such as bullying, hate crime and CSE.

Roseland House has a fitness of location review in place which highlights all local risks to the home and has a risk management strategy for each risk. Children, adults working in the home and outside agencies have been consulted on the locality risks. The fitness of location review will be assessed when new children come to the home and is reviewed in line with local risks and the children's behaviours and support needs. A copy is available upon request.

Roseland House provides the following accommodation:

<b>Ground Floor</b>	<b>First Floor</b>
Lounge/dining room with Netflix Home office Utility room Kitchen Toilet with a shower	Games room Bathroom with bath and over bath shower Two young people's bedrooms Two staff sleep bedrooms
<b>Garden</b>	<b>Front of House</b>
Large garden, mostly grass, a small patio area Mature trees, a 10 ft trampoline, and a child play apparatus.	Large driveway for multiple cars Two single story garages, one of which is joined to the house.

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## Pictures of the home:

### Front of house:



## The office:



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## The kitchen and lounge



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## The games room and bathroom:



## Ground floor and first floor:



## The garden:





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## **4. SUPPORTING THE CULTURAL, LINGUISTIC, AND RELIGIOUS NEEDS OF CHILDREN**

To support the children's cultural needs, we liaise with all appropriate partners such as social workers, parents, family and friends and also speak to the child themselves to identify, and address their cultural, linguistic, and religious needs. This information is then recorded in the child's placement plan and the information is used to ensure that a consistent, reasonable, and appropriate response to the children's and young people's individual needs is maintained.

At Roseland House we have a yearly cultural and awareness days calendar. This is up on our cultural board and we celebrate different religions and awareness days. The children are supported to identify what religions and awareness days they wish to celebrate, and we will schedule activities to develop their knowledge. Activities could include visiting a local church or place of religion, cooking different foods from around the world, learning facts about different religions or awareness days and/or researching subjects such as Black History Month or Mental Health Week. We will always support the children to learn about the history of the religion or awareness day they have chosen to explore.

Roseland House also ensures that the children and young people placed with us have the opportunity to grow their cultural knowledge and awareness by celebrating different cultures and faiths through planned 'cultural evenings' which they choose to celebrate in weekly children's meetings.

Places of worship for the major world religions are available locally, but where they are not, provision is made for a child and young person to have appropriate access to necessary facilities.

We are committed to:

- Responding to the cultural needs of children from different ethnic, cultural or language groups to include them fully in what we do.
- Race equality, diversity and inclusion for children accommodated in the home.
- Challenging racism, prejudice, extremism and radicalisation.
- Seeking opportunities to celebrate cultural and ethnic diversity.
- Supporting access to all community facilities for ethnic minority children.
- Supporting the linguistic needs of children who are learners of English as an Additional Language (EAL).
- Seeking opportunities to work with different community groups.
- Identifying areas for development within the staff team that will support inclusion, equality, and diversity.
- Maintaining networks of collaborative support for children as necessary and appropriate.
- Supporting children to attend religious services, or receive religious instruction on or off the premises, in response to their needs and wishes, given their age, stage and understanding.
- Facilitating religious or cultural requirements, including any specific dietary, toiletry, or attire requirements.
- Promoting theme nights, cultural and awareness days and involving children with charity and volunteering.

## **5. EDUCATION**

Benecare is not a registered education provider, we do however work in close partnership with the local authority and Virtual Schools to identify suitable education provisions in the area local to the home. We have excellent working relationships with local schools and education provisions which helps us identify the right education placement for the children and young people.

Our aim is for children and young people to engage in full-time education, and the adults in the home will actively encourage the children and young people to achieve this.

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We understand that some children who come to live with us may not have had the structure of formal education and/or may have had disruption in their education. Each child has an education support plan, and this will link to the child's Personal Education Plan (PEP) and Education Health Care Plan (EHCP). For all new children coming into the home, we request relevant information from their social worker and previous school to gain knowledge of the child's educational support needs and key stage levels.

The staff team understand that any transition into a new school or any form of education may be daunting to a young person, therefore the staff team ensure that there is a structured transition plan to support the young person, considering their emotional needs.

Whilst the formal transition is in process, we support the child/young person to engage in some form of education, the team in the home liaise with the school the young person is enrolled at to gain work to be completed in the home. If they are not enrolled at a school we liaise with Virtual Schools and the local authority to identify appropriate tutoring or a different education provision that would suit the child's talents, interests, and support needs.

Roseland House has a quiet room with a computer and internet facilities available to the children and young people, as well as educational books and DVD's to support them with their education and homework. A staff member is always available to support children during education hours, and we can transport children to and from school where required.

Children aged between 16 and 18 will be supported and actively encouraged to attend further education, training, employment, or an apprenticeship.

## **6. CHILDREN'S HEALTH**

When a young person comes to live at the home, we will ensure that they are registered with the local GP, Dentist and Opticians. Children and young people are encouraged to attend regular appointments as and when required.

The staff team also ensure that children and young people receive annual Looked After Child (LAC) Assessments and this is cross referenced to the child's health care plan with scheduled targets set. All staff are trained in the administration of first aid as part of mandatory training. All health matters will be referred to professionals to be assessed; staff support children/young people to access health services. Every health concern, appointment and outcome is recorded on the child's health record logs, and social workers and parents are updated with this information.

The staff team act as chaperones to young people and children who require support in attending health appointments. Where possible and appropriate, children and young people will be supported to book and attend appointments independently when needed.

Roseland House Management team, along with specifically identified members of the residential team, monitor and track the health and nutrition of the young people. This also ensures that the team in the home keep up to date with the current guidance on health issues including diet, sexual health, smoking, alcohol, and substance abuse. Key workings will take place with the children in order to educate them on how to lead healthy lifestyles.

We have an excellent working relationship with our local sexual health nurse who comes to the home to speak to the children about puberty, and sexual health support is provided. We understand that some young people may already smoke, however this is discouraged at Roseland House and smoking cessation will proactively be encouraged by the staff team. The young people will be encouraged to attend local gyms and take part in physical activities, and the team at Roseland House will support and take part in physical activities with the young people.

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We monitor and record details of the overall health and wellbeing of the young people, we support the children with the following:

- Health history (past illness, operations, vaccinations, immunisations, allergies, developmental milestones, prescribed medications, current treatments).
- Diet including cooking and menu planning (any cultural dietary needs will be taken into consideration).
- Exercise and keeping fit.
- Teaching children how to cook and eat healthy, achieving their five a day healthy eating.
- Life Story work.
- Regular menu consultations.
- Dental Care.
- Optical Care.
- Sexual Health Care.
- Side effects of any medication.
- Managing smoking and substance misuse.

We use the support of external services such as dieticians, smoking clinics, 'we are with you' drug and alcohol services, CYPMHS and therapists to support children/young people with their physical, psychological, and emotional health. When a young person is preparing for their independence, we support them to take as much responsibility as they can to managing their own medication and health care; support will always be available to young people should it be required.

## **7. ENJOYMENT AND ACHIEVEMENT**

We recognise the value and importance of enjoyment and achievement. This means supporting children to maintain existing interests and to encourage them to experience new leisure activities and hobbies. We aim to promote a positive cultural identity and belief system, as well as providing opportunities to explore other options and activities (in a neutral, non-partisan way).

### **To achieve the above all staff at the home:**

- Place the child at the centre of all they do.
- Ensure that a culture of valuing the importance of education is maintained throughout the home, this being key to securing positive outcomes and further developing the children's understanding and place in the world around them and essentially, the opportunities that may be afforded to them.
- Respond positively to any specific cultural needs, matters relating to personal identity or issues that may exist for children and families from different ethnic, cultural, social or language groups to raise personal achievement and educational attainment, all of which will pave the way for improving overall outcomes and life chances.
- Will not discriminate in any way against race or ethnicity, religious belief systems or spirituality, as well as other protected characteristics. However, radical or extremist views will be challenged and appropriate measures will be used to tackle such instances, as appropriate.
- Value and uphold the established virtues of equality and diversity in accordance with our Equality and Diversity Policy.

### **We support:**

- Full access to appropriate recreational and leisure facilities for all children.
- Opportunities to better meet the needs of children from ethnic minorities or diverse cultural backgrounds with

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appropriate support, guidance, and encouragement.

- Initiatives to improve attainment and opportunity gaps for all children.
- Children in accessing services required to enjoy, learn, and achieve.
- Ensuring that children are supported to conform to appropriate religious obligations or rites, attending church or mosque for example, without prejudice.

## **8. LEADERSHIP AND MANAGEMENT**

### **Registered Provider:**

Benecare Children's Services Ltd

### **Managing Director:**

Stephen William Richmond

*CQSW. DIP SS. BA (HONS)*

The Thatch, Stockers Hill, Boughton-Under-Blean, Faversham, Kent. ME13 9AB

Tel: 01227 751783

E-mail: [sr@benecareltd.co.uk](mailto:sr@benecareltd.co.uk)

### **Responsible Individual:**

Lauren Walczak

The Thatch, Stockers Hill, Boughton-Under-Blean, Faversham, Kent. ME13 9AB

Tel: 01227 751783

E-mail: [lauren@benecareltd.co.uk](mailto:lauren@benecareltd.co.uk)

### **Qualifications and experience of Responsible Individual:**

Lauren studied Public Service Management at Canterbury College where she achieved a Merit at Higher National Diploma Level and then went on to achieve a 2:1 BA Hons. After finishing university Lauren started a career with Kent Police as a Detention Officer working with people who displayed severe challenging behaviours in the custody suite. Working for Kent Police taught Lauren how to manage challenging behaviours including verbal abuse, physical aggression and dealing with people who had committed severe crimes and had high risk warnings.

Lauren began working for Benecare Ltd in January 2014, and over the years has progressed her way up to management level becoming the Registered Manager for a sister home in 2017. Lauren has achieved several 'good' grading's within Ofsted inspections and became the Responsible Individual for Benecare Ltd, in October 2020. Lauren took a short break to start a family before returning from her maternity leave to again take the position as Responsible Individual for the Company/ Homes. Lauren has good knowledge of each home, the children in the company, and is passionate about developing the service to ensure the children receive the best care and outcomes possible.

### **Home Manager:**

Mark Hook

### **Home Manager Statement:**

I began working in care in 2011, where I was an HCA in a Care Home locally in Whitstable, supporting older people with dementia and decline in health. I decided that he really enjoyed looking after people, however, would like to work with younger people who were just beginning out in life. I applied for Ethelbert Children's Services in 2014 and worked in a remote home locally in the Faversham area, which specialised in children that suffer from mild to moderate learning difficulties and complex emotional needs. I found this job, my passion in life, which was seeing young people

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come into the home and flourish. I Became one of the Homes Seniors in 2017 and had completed his Level 3 Residential childcare. I decided that i would like to further broaden his working experience and decided to work with adults with severe disabilities in 2019. I worked in one of the local homes of strode park foundation, which was a 15 bedded home, caring for adults with extreme learning, physical disabilities. I was afforded the opportunity to apply for Senior position after five weeks of employment, to work with a dedicated management and staff team. In June -2022, I applied for a Peripatetic deputy Manager position at Benecare Children's Services and was offered the position. I then worked within the company, supporting the RI and homes Managers across all of the homes in the company. I felt the need to return working with younger people once again, as this is something that I have always had a passion for. I have eight years of Experience from working with young people, and now given the opportunity to run Roseland house as the home Manager. I feel that I can continue to learn and develop at Roseland house, also bringing some new ideas and ways of working to give the best outcomes for our young people within the home.

## **9. ROSELAND HOUSE STAFFING STRUCTURE, QUALIFICATIONS AND EXPERIENCE**

**Responsible Individual – Lauren Walczak**



**Home Manager – Mark Hook**



**Deputy Manager – Janice Reynolds-Burford**



**Senior Residential Support Worker - Michelle Potton**



**Residential Support Workers – Sue East, Tony Salter, Liam Edwards, Charlie Morris (sessional)**

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Name	Position	Qualifications	Experience
Mark Hook	Home Manager	Level 3 NVQ in Health and Social Care Children and Young people	<p>I began working in care in 2011, where I was an HCA in a Care Home locally in Whitstable, supporting older people with dementia and decline in health.</p> <p>I decided that he really enjoyed looking after people, however, would like to work with younger people who were just beginning out in life. I applied for Ethelbert Children's Services in 2014 and worked in a remote home locally in the Faversham area, which specialised in children that suffer from mild to moderate learning difficulties and complex emotional needs. I found this job, my passion in life, which was seeing young people come into the home and flourish. I Became one of the Homes Seniors in 2017 and had completed his Level 3 Residential childcare.</p> <p>I decided that he would like to further broaden his working experience and decided to work with adults with severe disabilities in 2019. I worked in one of the local homes of strode park foundation, which was a 15 bedded home, caring for adults with extreme learning, physical disabilities. I was afforded the opportunity to apply for Senior position after five weeks of employment, to work with a dedicated management and staff team.</p> <p>In June -2022, I applied for a Peripatetic deputy Manager position at Benecare Children's Services and was offered the position. I now work within the company, supporting the RI and homes Managers across all of the homes in the company. I felt the need to return working with younger people once again, as this is something that I have always had a passion for.</p> <p>I have eight years of Experience from working with young people, I feel that I can continue to learn at Benecare, cut also bring some new ideas and ways of working to give the best outcomes for our young people and organisation.</p>

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<p>Janice Reynolds-Burford</p>	<p>Deputy Manager</p>	<p>Level 3 NVQ in Health and Social Care Children and Young people</p> <p>Mental Health First Aider</p> <p>Foundation and Certificate in Welfare Studies</p> <p>Foundation Management for Care</p> <p>Medication Level 2</p>	<p>Janice has been working within children's social care for the last 24 years and in that time has amassed a wealth of knowledge. Janice has worked in previous roles as a Deputy Manager, Team Co-ordinator, and as an acting Manager. Working in these past roles has given Janice a deep insight into the day to day running of a children's home and the skills to work with young people with traumatic life history.</p> <p>Janice has also supported staff teams in their professional development through training. Janice has also assisted the settings where she has worked, through Ofsted inspections and has a good understanding of the inspection process.</p> <p>In 2006 Janice completed, and was awarded, her certificate level 3 in Health and Social Care. Janice is a qualified as a Mental Health First Aider, (MHFA). Janice completed Foundation Management for Care in 2001. This studying helped Janice to develop a good understanding of safeguarding within a residential children's home. Janice is a firm believer in continuous learning and development and undergoes all training that is available.</p> <p>Janice is passionate when it comes to her work and is a strong believer of supporting young people through difficult periods to help them achieve and prosper.</p> <p>Janice became the Deputy Manager for Roseland House in July 2021.</p>
<p>Michelle Potton</p>	<p>SRSW</p>	<p>Level 3 Diploma in Health and Social Care Children and Young people</p> <p>Level 3 NVQ in Health and Social Care Children and Young people</p> <p>Medication Level 2</p>	<p>Michelle is an experienced senior residential worker with over 16 years' experience. She states that she is empathetic and understanding with a strong dedication to caring for others. Michelle has worked in residential and educational settings with children who are diagnosed with Autism, Asperger's, EBD, mental health, ADHD, learning disabilities, SEN and many other complex needs.</p> <p>Michelle has previously worked confidently with CAMHS and Social Workers to gain the best outcomes for the young people she has worked with. She states that she is able to relate and engage with the young people and plan and run a shift, ensuring the needs of the young people are paramount.</p> <p>Michelle feels that she is able to confidently de-escalate potential crisis situations and is confident with supervising staff within the team and highlighting any further training or support they require. Michelle has experience of being a key worker and ensuring the young person's files are up to date with all relevant documents and can confidently supervise family contacts and write up the required reports following this.</p>

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			<p>Michelle states that she has worked under the Children's Home Regulations 2015 in previous roles and has a good knowledge of the Quality Care Standards and feels confident in implementing the quality standards.</p> <p>Michelle has completed an NVQ level 3 Promoting independence along with the NVQ level 3 Child Care.</p>
Sue East	SRSW	Enrolled on Level 4 Diploma in Health and Social Care Children and Young people	<p>Sue is passionate about working in the care sector; her experience of over 20 years has been varied across a range of settings. Sue has previously worked with both adults and children in different settings and is confident in her working practice with the person/child central to her practice.</p> <p>Sue is extremely passionate about meeting the needs of the children to enable them to achieve to be the best they can be. Sue has recently been nominated for the children awards</p>
Charlie Morris	Sessional RSW		<p>Charlie has experience supporting people through challenges in their lives and within a prison setting. Charlie is passionate about bringing her life experiences into the home and supporting the children to grow and meet their full potential.</p> <p>Charlie is really energetic and loves to be active whether that be playing games or games consoles, loves a good movie she often enjoys day trips out going for walks and connecting with nature on trails or going to trampoline parks for a bit of fun and exercise.</p> <p>Charlie shares</p> <p>"I'm a caring, hardworking, enthusiastic person &amp; will give my all into the job &amp; learning new things. I've worked in challenging &amp; stressful situations."</p>
Tony Salter	RSW	Work towards L3 after 6 months probation	<p>Tony was employed as a Residential Care Worker commencing on 2<sup>nd</sup> April 2024. Tony has a background predominantly and most recently with Serco where he was employed in various roles in the Prison Escorting Contract for 23 years. This includes the transportation of Adults and Children to and from court and between establishments, the management of Court Cells and was promoted to Deputy Vehicle Base Manager in July 2021, managing the day-to-day running of the vehicle base, some 44 staff and 17 vehicles.</p> <p>The Prison Escorting Contract is heavily focussed on the welfare and safety of those in its care, nurturing an understanding of and dealing with challenging behaviour,</p>



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			mental health concerns and an understanding of complex history and circumstances. Whilst here, Tony has gained invaluable knowledge in dealing with the many issues facing young people today and is keen to gain experience in having more long-term contact with our children at Roseland Lodge.
Liam Edwards	RSW	Work towards L4 after 6 months' probation	Liam was employed as a residential care worker commencing on the 7 <sup>th</sup> of May 2024. Liam has background experience working with adults and young people working with Serco as an Escort Custody Officer Transporting young people to and from court and between establishments ensuring their safety and welfare was maintained. Liam has 7 years of experience working within the care industry working with adults with learning difficulties this role included administering medication, ensuring their dietary need were met and maintained, and promoting independence. Liam has gained a lot of different experiences that build up to have knowledge that will help him start his career with Benecare, Liam also is looking forward to expanding his knowledge and building professional relationships with both the staff and young people, using his transferable skills to care and nurture for the young people at Roseland House.

## 10. TRAINING

We ensure that all adults have regular face to face and online training in accordance with the homes Training Matrix Requirements. This includes mandatory training, training in line with current themes, patterns, and trends, and also in relation to each child's/young person's needs.

The company ensure an initial four-week induction period which is followed by a three month and then six-month probation review. Mandatory training available to all staff includes (this list is not exhaustive and for a full list of training and qualifications our training matrix is available upon request):

- PRICE training (Physical Intervention) (transitioning to Team teach)
- NVQ – Children and Young People Practitioner Level 3-5
- Medication Awareness and Safe Handling of Medicines
- Medication Competency Test
- Whistleblowing
- Safeguarding
- Fire Safety Awareness
- Food Safety Awareness
- First Aid
- Health and Safety

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- GDPR – Core for Staff

All training is provided by an appropriately accredited organisation or individuals. Each member of staff has a training profile and a training development plan to ensure continuous professional development. Training needs are reviewed monthly according to the needs of the children and young people. The home also has access to specialist training to ensure that adults are able to meet the needs of the young people that may be outside their normal training and experience.

All staff are enrolled on the Diploma Level 3/5 in Children and Young Adult Work Force Children's Residential Home, after completion of induction training and successfully completing their probation period.

## **Bespoke Training**

Any additional training can be commissioned from external sources.

## **Staff supervision, appraisals, and team meetings**

### **Supervision**

The objective of supervision is to monitor individual performance against identified standards, support adults in their day-to-day work and develop them within their role. Supervisions are child focused where the children's/young people's development, support needs, and targets are discussed, and within each discussion there is reflection on safeguarding and any concerns the staff member may have relating to their job role. Supervisees have 'supervision, appraisals and managing staff' training and can offer advice, guidance and identify training and development opportunities for each staff member.

Supervision is completed every two weeks for adults within the three-month probation, and then every six to eight weeks thereafter. *Please see Benecare's Policy and Procedure 'Staff Supervision and Appraisal (Performance Management)' for more information.*

### **Types of Supervision;**

#### **Safeguarding Supervision**

Within our supervision agenda includes 'Safeguarding' and we believe that regularly discussing safeguarding within supervision brings many benefits including, improving the staff members confidence in safeguarding practice, opportunities to learn from experiences and develop on better working practices, a chance for professionals to seek emotional support and also a chance for employees to share any concerns that could lead to potential safeguarding matters if not identified early.

It's the supervisor's role to ensure that staff are being supported emotionally so that their safeguarding responsibilities can be completed.

#### **Adhoc Supervision**

In between scheduled supervisions there is the opportunity for the staffing group to ask for additional supervision. There may also be times that the manager feels an additional supervision is required. This will be recorded on an adhoc supervision record template and will be additional to the scheduled supervisions.

#### **Debrief Supervision**

After an incident takes place there will be a debrief completed with the staff member, this is then recorded on a debrief template and is a chance for the staff member to reflect on the incident with their line manager.

#### **Clinical Supervision**

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We offer clinical supervision to our staff teams via a trained psychotherapist, this can be group supervision where we focus on case formulation of one of our young people. We can also offer one to one supervision for our staff teams who require additional support.

## **Appraisals**

The aim of appraisals for staff is to have their general work performance formally evaluated in the context of the home's requirements, for staff personal and career development, to receive a formal evaluation and feedback of work performance, and to plan future training needs. We use a 360 degrees approach during appraisal and collate feedback from the children, the team, and other professionals, relating to the staff members performance.

Supervision and appraisals are used to enhance professional development and reflect on safeguarding strategies and is always practised in a non-oppressive and non-discriminatory manner.

Staff receive a three-month probation review which is recorded in supervision, and a six month probation review in the form of an appraisal, where they will either be signed off on their probation period or given an extension based on performance. Appraisals take place annually.

## **Team Meetings**

Our team meetings are held monthly, the team meetings are child focused and each month we discuss each child's progress, development, targets, health, and plan any future support plans for them. We focus on safeguarding, regulation 44, Ofsted and research informed practice.

## **9. SKILLS AND COMPETENCIES OF THE TEAM**

At Roseland House the staff team have support to develop their skills and competencies by completing face to face and online training, workshops and engagement with scenarios which are observed by managers and senior staff. Feedback and support are provided to each staff member in supervisions and team meetings.

The feedback will include discussions about the staff members knowledge of managing different scenarios and any shortfalls will be addressed with further training or support from line managers. This is to ensure the staff members are fully aware of the homes policies and procedures, risk assessments, children's placement plans and relevant children/young people's regulations. We feedback on any observations, helping the staff member learn and grow. Where good practice is noted staff receive good work recognition letters.

We assess the skills and competencies of each staff member by using a baseline assessment tool, and we then link the targets from this to supervisions where further training and support is scheduled.

Adults at Roseland House are skilled in:

- Safeguarding.
- Risk Management.
- Advocating for Children.
- Supporting Children to Make Complaints.
- Communication and Listening.
- Supporting the Child's Voice to be Heard.
- Partnership Working.

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- Promoting Children's Rights.
- Inclusion.
- Supporting Children with Education.
- Low use of Physical Intervention.
- Creating Positive Relationships

## **12 ADMISSIONS**

Roseland House accepts planned and same day placements. Most children placed at Roseland House will preferably be planned placements, but sometimes we recognise this may not be available for some children and young people.

When children are considered for matching, we will look at the current children in placement and assess their wellbeing and safety and their needs will be at the centre of the decision making process, which will be led by the Registered Manager, Responsible Individual and Deputy Manager.

The admissions process is as follows:

- Initial enquiries for referrals made by local authorities should be made to Head Office Benecare Ltd, The Thatch, Stockers Hill, Boughton-Under-Blean, Faversham, Kent. ME13 9AB. Tel: 01227 7517583. E-mail [headoffice@benecareltd.co.uk](mailto:headoffice@benecareltd.co.uk)
- Head Office then passes the information to the Registered Manager of the home that potentially fits with the needs and requirements of the referral, the referral is also copied to the Responsible Individual for oversight.
- If the Registered Manager feels the placement is suitable then they will discuss this with the Responsible Individual for possible matching and impact assessment to take place.
- If a planned placement, it will be arranged for the young person to visit the home with support from their social worker and or current placement, foster family or birth family. This may include an overnight stay if possible.
- When visiting the home children will be given a copy of the young person's guide and our home expectations will be discussed with the child.
- Current children in placement will be encouraged to meet the child visiting so we can assess social interaction, and also so the children can get to know each other and feel comfortable.
- Visits to the home will form part of the matching and impact assessment.
- Where visits are not possible, we will complete further consultation with the social worker and supporting professionals and family members to gain additional information about the child, which will count towards our matching and admissions process.
- Upon placement acceptance, the matching and impact assessment will be completed by the Registered Manager and signed off by the Responsible Individual.

Following admission to placement, a placement planning meeting is arranged where professionals get together to discuss the needs of the child and placement plans will be put together. We have our own agenda for this meeting based on the children's quality standards, and we ensure that all discussions and risk management strategies are recorded in the child's placement plan, behaviour support plans and risk assessments.

Post admission we make every effort to obtain the full chronology for the child, additional documents required to create risk management strategies, and care plans to support the child.

### **Same day placements:**

Roseland House will consider same day placements in line with the needs of the young people already in placement. During office hours these will come through the normal admissions procedure via head office, out of hours these will

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be handled by the out of hours manager on call and passed on to the relevant home's manager for review and discussion with the Responsible Individual.

Usual matching and impact risk assessing takes place with the Responsible Individual signing off acceptance with the Registered Manager. Any decision to place a child out of hours or by same day admission will be reviewed at 72 hours to ensure a thorough matching process can be completed.

Initial information about the child is gathered over the phone as to the reasons why the placement is required the same day. Where possible we request additional documents to be emailed to the home such as care chronology, risk assessments, pep and EHCP reports and care plans from the local authority.

Where information is not available for the child immediately, we have a range of policies and procedures addressing behaviours such as missing from care, CSE, radicalisation, e-safety, and physical intervention. We would use these policies to ensure the initial safeguarding of the child, staff, and peers in the home.

Post admission we make every effort to obtain the full chronology for the child's additional documents required to create risk management strategies and care plans in order to support the child.

If a child is placed on the same day and there is a training shortfall, we identify the additional training required and schedule this as a matter of urgency. However, if we feel the training shortfalls will lead to the team not being able to support the child, we will not accept the placement.

## **Respite Care:**

Roseland house will consider respite care in line with the needs of the young people already in placement.

Usual matching and impact risk assessing takes place with the Responsible Individual signing off acceptance with the Registered Manager.

- If a planned placement, it will be arranged for the young person to visit the home with support from their social worker and or current placement, foster family or birth family. This may include an overnight stay if possible.
- When visiting the home children will be given a copy of the young person's guide and our home expectations will be discussed with the child.
- Current children in placement will be encouraged to meet the child visiting so we can assess social interaction, and also so the children can get to know each other and feel comfortable.
- Visits to the home will form part of the matching and impact assessment.
- Where visits are not possible, we will complete further consultation with the social worker and supporting professionals and family members to gain additional information about the child, which will count towards our matching and admissions process.

Upon placement acceptance, the matching and impact assessment will be completed by the Registered Manager and signed off by the Responsible Individual.

If this is an emergency same day respite placement Usual matching and impact risk assessing takes place with the Responsible Individual signing off acceptance with the Registered Manager. Any decision to place a child out of hours or by same day admission will be reviewed at 72 hours to ensure a thorough matching process can be completed.

Initial information about the child is gathered over the phone as to the reasons why the placement is required the same day. Where possible we request additional documents to be emailed to the home such as care chronology, risk assessments, pep and EHCP reports and care plans from the local authority.

Where information is not available for the child immediately, we have a range of policies and procedures addressing behaviours such as missing from care, CSE, radicalisation, e-safety, and physical intervention. We would use these policies to ensure the initial safeguarding of the child, staff, and peers in the home.

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Post admission we make every effort to obtain the full chronology for the child's additional documents required to create risk management strategies and care plans in order to support the child.

If a child is placed on the same day and there is a training shortfall, we identify the additional training required and schedule this as a matter of urgency. However, if we feel the training shortfalls will lead to the team not being able to support the child, we will not accept the placement.

## **Emergency Departures:**

We will make every effort to maintain placements and meet each child's needs but where this is not achievable, we will consider seeking the closure of a placement and a child moving on as soon as possible. This only occurs where we feel the child, other children in placement, or staff, are in immediate risk of harm if the placement continues. Examples of this could include:

- Serious sexual incident involving the child.
- Persistent violence resulting in injury to adults or other children.
- CSE concerns which pose immediate danger to the child, adults and other children.
- Following medical advice where a child or young person is at risk from serious self-harm or suicide.
- A high level of damage to property.
- Severe bullying to other children.

The decision to close a placement is made by the Registered Manager in consultation with the Responsible Individual for Benecare.

Placement closures must be agreed with the local authority and a clear plan is to be put into place to ensure the child has a new placement to go to. Where this cannot be achieved within 24 hours children will be supported to remain in the home with additional support and plans in place to ensure all parties are kept safe.

The Registered Manager reviews the placement closure by completing Benecare's Lessons Learnt document, and this is shared.

## **13 CONTACT ARRANGEMENTS BETWEEN CHILDREN AND THEIR FAMILY AND FRIENDS**

We actively promote and support arrangements for communication between young people and significant members of their family and friends. At the placement agreement meeting a list of permitted visits and the level of supervision required are agreed. This will be added to the child's placement plan and risk assessments. Arrangements are reviewed at statutory reviews or as deemed necessary.

We facilitate visits between family and friends and a room will be made available. Activities can also be arranged and this will be based on how the child would like their visit to look. We only ensure that visits take place to the home if it is safe to do so for the young person, their family, staff and other children/young people in the home. Where possible we schedule for the child's key worker to be on shift during visits and contact sessions so they can discuss the young person's progress and update family and friends on any information required.

Children and young people can have private access (where appropriate) to a telephone and can send and receive mail in accordance with their placement plan. For those children who do not have contact or support from their family,

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Roseland House will explore the child/young person having the option of regular visits from an independent visitor or advocate if this is what the child wishes.

We understand that upcoming visits from family and friends can be worrying for children, so we complete pre contact key workings to see how the child is feeling and offer a support plan to them. We may need to share how the child is feeling with their social worker and family or friends to ensure that everyone knows how to support the child in the way that they require. We then complete post contact key working to check how the child is feeling and to ascertain whether there is any further support they need. We can facilitate contact out of area and have supported contact at selected activity centres such as zoos.

We actively promote children seeing their friends, and ensure a risk assessment is in place to support the child with any time away from the home seeing friends or when having overnight stays when agreed. We encourage, where appropriate, friends to visit the home and the benefit of having such a large house is that there are two lounges to choose from so children can have some nice quality time with friends. We monitor children and their friends when required and contact is only permitted in the main areas of the home and not in the children's bedrooms.

## **Coronavirus and visits**

Due to Coronavirus some family visits may not be able to go ahead as planned. We will continue to support the children with their family relationships and will encourage video calls and increased phone calls due to government advice regarding not using public transport and having visitors to the home. We ensure children are still able to see their families in accordance with government guidelines.

## **14 COMPLAINTS PROCEDURE**

On arrival, all children are given the 'Children's Guide', which contains information on how to comment upon or complain about the care they are receiving. Each child's key worker goes through the Children's Guide with them, ensuring the complaints procedure is understood. In addition, children's rights and advocacy are discussed, along with the contact details of relevant persons or agencies such as Childline.

There is a complaints folder within Roseland House which contains Benecare's complaints policy and the local authorities' complaints procedure, with blank complaint forms for the young person to access at any time. Staff will, as far as is possible and/or appropriate, considering their safety, respect the confidentiality of the young person. As with children's complaints, we treat external complaints very seriously. If a professional, parent of a young person or a member of the public wish to make a complaint then they can speak with the Home Manager Mark Hoo, or Deputy Manager Janice Reynolds-Burford. If they feel that they would like to discuss the complaint with someone outside of the home, they are able to contact one of the following via email;

Lauren Walczak – Responsible Individual for Benecare Children's Services – [lauren@benecareltd.co.uk](mailto:lauren@benecareltd.co.uk)  
Ofsted – Regulating body – [enquiries@ofsted.co.uk](mailto:enquiries@ofsted.co.uk)

### **All complaints are treated very seriously:**

- All correspondence will be copied to the social worker, IRO and other person(s) where appropriate.
- Our Complaints Process is explained within the young person's complaints forms. These are freely available to the children throughout the home to support those wishing to make a complaint.
- Children wishing to complain have a range of options. They can complain to their Social Worker, Independent Reviewing Officer, Registered Manager, Advocate, Independent Visitor or whomever the child wishes to.

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- We ensure that children have access to a phone if they need to make a private phone call (with appropriate numbers of various organisations available (see below).
- In the case of a serious complaint, Ofsted will be notified in accordance with Regulation 40 of the Children's Homes Regulations 2015.

## **Advocacy service**

**0808 164 0096**

<https://ylf.org.uk>

## **Children's Commissioner Help at Hand**

**0800 5280731**

<https://www.childrenscommissioner.gov.uk/help-at-hand/>

## **Childline**

**0800 1111**

<https://www.childline.org.uk>

## **Ofsted**

**0300 123 1231**

<https://www.gov.uk/government/organisations/ofsted>

## **15 ACCESS TO CHILD PROTECTION POLICIES**

Benecare Ltd has robust, comprehensive, and carefully implemented policies, these are available to all stakeholders. We aim to ensure that support and clarification is readily available to adults and children who experience difficulties in accessing our policies.

Our policies provide advice, guidance, and direction for staff. They aim to be informative, with clear instruction on what action is to be taken, when, how, and by whom.

All policies relating to this home are:

- Written in a clear and easily understandable way.
- Publicised, promoted and distributed to the relevant and appropriate persons and organisations, as well as partners and individuals as is appropriate and necessary.
- Mandatory for staff and volunteers.
- Available upon request at the staff office in hardcopy format, and for distribution via email, in Portable Document Format (PDF).
- Kept under review.
- Benecare Ltd's policies and procedures can be accessed any time on the internet via Tri-X on <https://www.proceduresonline.com/benecare/contents.html>

### **Key child protection ('The Protection of Children') and related policies:**

- Relationships and Physical Contact with Children Policy
- Recognising Abuse and Neglect Procedure
- Referring Safeguarding Concerns Policy
- Countering Bullying Policy
- Safeguarding Children and Young People from Sexual Exploitation Policy
- First Aid, Home Remedies and Medication Policy
- Missing Children Policy
- Safeguarding Children and People from Radicalisation Extremism Policy
- Recruitment and Selection
- Safeguarding Handbook
- E-Safety Policy
- Fire Safety Procedure
- Whistleblowing Policy

### **Key behaviour management ('Positive Relationships') policies:**

Reviewed April 2022



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Our behaviour management policies are based upon the need to establish positive relationships within the home and wider community.

We have a separate Physical Intervention Policy. The policy emphasises the use of physical intervention as a last resort, and not a behaviour management technique. The Roseland House staff team are trained in the Price training model which has equipped the team with the skills, knowledge and confidence to respond to traumatised children who present behaviours of concern.

## **Child Protection:**

The staff team are given yearly face to face training in Safeguarding, Whistleblowing and Child Sexual Exploitation. Each child has a CSE toolkit in place and any risks highlighted will generate a CSE risk assessment which all adults will follow. We ensure that all vulnerability risk assessments are shared with Kent Police in order to ensure that we personalise plans to protect each young person.

Each staff member has the autonomy to act as an advocate for children and to act fast to safeguard them. The staff team ensure that the welfare of the children living with us is paramount and are clear about their role in relation to safeguarding. We discuss a different scenario each month relating to safeguarding and discuss procedures adults are to follow to protect children at risk such as missing from care, e-safety, CSE and physical interventions. The scenarios we use link to our Benecare policies and procedures and children's risk assessments.

We ensure that adults are aware that all concerns about children, no matter how small, must be reported via Benecare's safeguarding procedure. Adults are aware of their responsibility to notify other professionals of any safeguarding concerns such as LADO, the front door service, and/or Kent Police.

**Safeguarding strategies are detailed in our policy and procedures online and are available as hard copies in the homes office.**

## **Benecare's safeguarding officer:**

Lauren Walczak (Responsible Individual) is Benecare Ltd's Safeguarding Officer and has Designated Safeguarding Lead and Advanced Safeguarding Level 3 Training. Lauren should be contacted if you have a safeguarding concern at [lauren@benecareltd.co.uk](mailto:lauren@benecareltd.co.uk) or on 07951 720032.

The Local Authority Designated Officer (LADO) can be contacted on 03000 410 888.

## **16 CONSULTING ABOUT QUALITY OF CARE**

We believe that gaining the children's views, wishes and feelings by a variety of means, is crucial to keeping children safe, developing positive relationships, informing the development of our care, and ensuring we continue to promote effective, child-centred practice. Every aspect of the home's purpose has the facility to ascertain and appropriately act upon the views, wishes and feelings of the children who live in the home.

We support children to express their own views, wishes and feelings at all times, and promote active participation in making decisions about their lives.

Children are encouraged to be involved in their own care by engaging with:

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- Key working sessions.
- Manager's Consultations.
- Monthly Reviews of their care planning.
- Debriefing following incidents.
- Inclusion when documents are updated such as Fitness of Location Reviews, Young Person's Guide, Reg 45 and Development Plans.
- Pre and Post Discussions relating to meetings such as PEPs or LAC reviews.
- Development and Target Discussions.
- Children's Consent.
- Participation in the recruitment process of new staff.
- Personalised bedrooms .
- Complaints, Compliments and Ideas box for the children is accessible.
- Visits to the home from advocates or independent visitors.
- Consultations with Reg 44 and Ofsted visitors.

## **Young People's Meetings/Consultations:**

All children are encouraged to take place in a weekly meetings or consultations (dependent on their preferences), and we support children to chair the meeting or take the minutes. The meetings are there to encourage and support the children to speak to each other about their week and any issues they may have with each other, we also focus on progress and development.

Children are reminded of the complaint's procedure for the home and if they need to make a complaint after the meeting in private, we support them. Children are encouraged to discuss improvements to the home, their daily care, what meals, mood, and activities they would like for the following week. We also discuss house expectations and different topics to support the children's knowledge of safeguarding such as CSE, Substance Misuse, Bullying, Gangs and County Lines, and E-Safety. We encourage the children to work together to complete research and help prepare presentations.

## **Child Focused Team Meetings:**

Our meetings focus on the children and their progression and targets. Key workers then discuss the outcomes of the meeting with their key child including the progress they have made and positive comments that adults have said about them. The next month's targets are discussed, agreed and planned with the children.

## **17 CHILDREN'S RIGHTS AND ANTI-DISCRIMINATORY PRACTICE**

### **Promoting Equality and Diversity:**

We are committed to anti-discriminatory practice. We aim to ensure equality of opportunity for everyone regardless of their race, nationality, religion or belief, gender, sexuality, disability, age, or marital status. We are committed to promoting equality and diversity, which embraces a broader definition than equal opportunities. This broader definition recognises that everyone has a contribution to make and that services can be improved by promoting the skills and contributions from all sectors of the workforce and community.

All employees are expected to behave in a professional, tolerant and responsible way that is exercised with respect and without prejudice. Everyone involved with Roseland House has the right to be treated with consideration, dignity

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and respect and to work in an environment free from sexual or racial intimidation. The expectations are underpinned by the Equality Act 2010.

## **Children's Rights:**

We are committed to promoting equal opportunities for the children and believe children, whatever their background, ethnicity or gender, have the right to be treated fairly, equally and with respect.

We encourage children and young people to follow the house expectations to educate them of valuing themselves and others and to respect property.

We promote equal opportunities by:

- Regular discussions in key workings and/or children's meetings about children's rights.
- Children being aware of the homes complaints procedure and who they can talk to about their concerns.
- Supporting children to make complaints to outside partners if they feel their needs are not being met.
- Advocating for children on their behalf and making representations when required.
- Supporting self-identity by recognising a child's ethnicity, religion, culture, sexuality and identity needs.
- Community integration.
- Providing training to the staff team regarding safeguarding, equal opportunities, equality and diversity, LGBT, and by supporting the children to also understand these topics.
- As part of promoting diversity children and young people are free to practice the faith of their choice and are encouraged to do so. Where necessary, appropriate support and advice will be provided by adults or from recognised sources within the young person's chosen faith.
- Children and young people will partake in various workshops, individually and as groups, to raise awareness and in order to educate them of their rights and what discrimination may look like.
- Key workings and weekly children's meetings are scheduled to discuss topics such as racism, children's rights, culture, charity and volunteering.

Children who feel their rights are not met will be encouraged to complain and we act as advocates for them, ensuring that they are supported to complain and raise their concerns. If this is something children struggle with, the staff offer to advocate for children on their behalf and make representations for them. Complaints procedures will be followed, and any outcomes will be shared with children.

## **Sanctions and consequences:**

Sanctions and consequences are used as a last resort as we believe in promoting restorative justice and in children taking ownership for their behaviour. On occasion, children will behave in a way that may result in a consequence of their behaviour, however, prior to this occurring we will complete a key working with the child discussing ways to rectify the situation. We encourage the child to come up with a solution to the problem independently, whether this be by an apology or replacing a broken item.

When consequences do occur, they are applied fairly and in line with regulations. Children are fully included in the consequence process and we ensure a key working session is completed with them explaining why the consequence was given. Consequences will be shared with the child's social worker and parents as appropriate. The effectiveness of the consequence is assessed during managers weekly and monthly monitoring of the home.

## **18 PROTECTION OF CHILDREN**

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We are committed to ensuring that the children and young people in our care live safely free from harm by promoting warm and positive relationships where children are able to feel safe and express how they are feeling. All staff are aware of their responsibility to challenge and manage any harm to children to ensure that they are suitably safeguarded.

## **Safeguarding:**

### **Safeguarding is Everyone's Responsibility**

Everyone who works with children has a responsibility for keeping them safe. Roseland House is fully committed to safeguarding the welfare of all children who use our services. The company is clear that this expectation is the primary duty of all staff, agency, and volunteers. This duty is also managed in partnership with other relevant agencies.

We are clear in our responsibility to take the views, wishes and feelings of children placed in the home into account, particularly in relation to matters affecting their care, welfare, and their lives. Children have the right to be respected, have their views heard, and to have stable relationships with professionals built on trust and respect.

### **At Roseland House we promote the following:**

- **Vigilance:** To have staff members notice when things are troubling the children.
- **Understanding and action:** To understand what is happening; to be heard and understood and to have that understanding acted upon.
- **Stability:** To be able to develop an on-going stable relationship of trust with those helping them.
- **Respect:** To treat children with respect.
- **Information and engagement:** To be informed about and involved in procedures, decisions, concerns and plans.
- **Explanation:** To be informed of the outcome of assessments and decisions, and reasons when their views have not met with a positive response.
- **Support:** To be provided with individual support and as a member of their family.
- **Advocacy:** To be provided with advocacy to assist them in putting forward their views.

## **Aims:**

**Our aim is to ensure every child in our home is kept safe and protected from harm or potential harm.**

This means harm (or potential harm) from:

- Emotional, physical, neglect, institutional and domestic abuse, or substantiated indications of bullying, self-harm, and faltering growth.

**This means we will always work to ensure that our children are consistently:**

- Protected from any form of maltreatment arising from harm or potential harm.
- Prevented from suffering impairment of health or development.
- Given every opportunity to grow up in circumstances consistent with the provision of safe and effective care.
- Given every opportunity to have optimum life chances and enter adulthood successfully.

**This means that there will be:**

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- Safe recruitment practice through checking the suitability of staff, agency and volunteers who work with our children.
- A consistent awareness of child protection issues, which will involve equipping children with the skills necessary to keep them safe.
- Sustained development and implementation of procedures for identifying and reporting cases, or suspected cases, of abuse.
- Support for any child who has been abused in accordance with individual needs, plans and effective and collaborative working practice.

Our safeguarding policies give clear direction to staff about expected behaviour and our legal responsibility to safeguard and promote the welfare of all children resident at our home.

## **Designated Safeguarding Lead (DSL):**

Each registered children's home has a Designated Safeguarding Lead (DSL). Whilst the activities of the DSL can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection remains with the DSL. The DSL for the home is the Registered/Home Manager. In the absence of the Registered Manager, the Deputy Manager will assume responsibility in strict consultation with the Responsible Individual who holds overall safeguarding for the organisation in their role as Designated Safeguarding Officer.

## **Countering Bullying (Including Cyberbullying):**

We operate a zero tolerance to bullying in our home, whether in relation to children or staff. Bullying is unwanted, aggressive behaviour that involves a real or perceived power imbalance. The behaviour is repeated, or has the potential to be repeated, over time. Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally, and excluding someone from a group on purpose. One of the most challenging aspects of keeping children safe from bullying is 'cyberbullying.' Cyberbullying is using the internet, e-mail, online games or any digital technology to threaten, tease, upset or humiliate someone else.

We understand that children who are bullied and children who bully others, may be experiencing and/or go on to experience serious emotional difficulties. Being bullied can impact on a person's self-esteem, confidence and social skills.

## **In order to address bullying, all staff:**

- Comply with the conditions of the Company's anti Bullying Policy.
- Record any suspicions about bullying and attempt to address any concerns before the situation escalates.
- Take part in all relevant training provided or facilitated by the Company.
- Ensure the designated Bullying Champion completes regular key workings, workshops, and discussions with the children about bullying and protecting themselves.
- Have a good understanding of bullying behaviours among school aged children that involves a real or perceived power imbalance.
- Ensure that the conditions of monitoring and reviewing internet use are applied consistently. Staff are vigilant regarding the potential and real dangers of social media, as well as direct (face-to-face) bullying,
- Understand that under the Children Act 1989 a bullying incident should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.'

## **Our Commitment:**

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All children will be encouraged to speak up if they feel they are subject to any bullying, both in and out of the home.

- All children will be supported in the above process, including use of complaints.
- All actions will be recorded.
- Both the victim and perpetrator of bullying must be protected and made to feel safe.
- In all instances of suspicions relating to bullying behaviours, immediate action will be taken to protect the children concerned.

## **Children Missing from Care (MFC):**

There are times when a child may take it upon themselves to leave home without the due authority to do so. Staff are fully aware that the children for whom we provide care are particularly vulnerable. This means we aim to maintain a robust and fluid response to all incidents of children categorised as 'missing' from care.

The Registered Manager is responsible for ensuring that all Safety Plans include a MFC risk assessment and protocol that is based upon relevant information from the child's plans. This is reviewed regularly and communicated to all staff.

## **A MFC incident would be prioritised as 'high risk' where:**

- The risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or
- The child may have been the victim of a serious crime; or
- The risk posed is immediate and there are grounds for believing that the public is in danger; or.
- The child is at high risk of CSE.

A MFC incident would be prioritised as 'medium risk' where the risk posed is likely to place the subject in danger or they are a threat to themselves or others. This category requires an active and measured response by police and other agencies to trace the missing child and support the person reporting. This involves a proactive investigation and search in accordance with the circumstances to locate the missing child as soon as possible.

## **Our Approach:**

Our approach to minimising MFC incidents is multi agency working and providing a homely environment where children feel loved, safe, and secure and do not want to go missing. **Full details are available in our Missing Children Policy.** Staff understand that when a child goes missing, whether considered at 'medium risk' or at 'high risk,' that it is a priority. Children who leave the home premises without the knowledge of staff will be regarded as at immediate risk of potential harm. This is because the children for whom we provide care for are vulnerable. All staff are fully aware that however 'streetwise' the child may appear, s/he is a child and may be extremely vulnerable to multiple risks.

As soon as staff become aware that a child has gone missing or been missing, they will:

- Inform the Registered Manager (RM)/On call Manager and the Responsible Individual (RI) immediately.
- Contact the Police to report the child as missing and state clearly the child's risk category.
- Contact the child's social worker or the Out of Hours Social Worker (OOH) and child's parents (if applicable).
- Complete a search of the local area, and known addresses of contacts.
- Try to contact the child by phone, and/or known contacts and friends in order to locate the child.

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## **When a child is found, staff:**

- Welcome the child back into the home, ascertain if they came to any harm whilst missing (acting on information accordingly) and offer them food and drink.
- Ensure safe and well checks are carried out by the police as soon as possible after a child reported as missing has been found.
- Ensure measures are taken to complete an independent return interview within 72 hours.
- Review Safety Plans and Risk Assessments following every MfC incident. This will provide an opportunity to add any information gained through the Registered Managers de-brief.

## **A description of the home's approach to the monitoring and surveillance of children:**

**Door Alarms** (the following arrangements are subject to the approval of each child's social worker);

Each child's bedroom door is fitted with an alarm system when needed. This is to enable greater safeguarding capacity, particularly during the night. This is only be activated where it can be explicitly demonstrated (with the consent of the child's placing authority) that a door alarm system is necessary for protecting and safeguarding the child's welfare. The use of the alarm system is also agreed in the child's placement plan and a risk assessment will be in place to support this measure.

## **Bedroom Searches**

In accordance with Children's Regulations a child's bedroom should not generally be entered without their permission, though it may be necessary to establish routines to allow for rooms to be cleaned regularly. Usually, rooms should only be searched if the child has been informed or asked for their permission. Immediate searching may be necessary where there are reasonable grounds for believing that there is a risk to the child's or another person's safety or well-being. Benecare's Room Search Policy must be followed when completing room searches and a room search form must be completed and shared with the child's placing authority.

**The child will be informed of the use of the measures and these will be kept under review.**

**Safeguarding Matters addressed through policy, procedures and within staff training and supervision include:**

- Admissions Process
- Allegations
- Behaviour Management
- Bullying (Including Cyberbullying)
- Missing from Care (MfC)
- Child Sexual Exploitation (CSE)
- Clothing and Appearance
- Confidentiality
- Drugs (Substance Misuse)
- Duty of Care
- Female Genital Mutilation (FGM)
- First Aid and Administration of Medication
- Hate Crime
- Internet Use
- One-To-One Situations
- Photography, Video, cameras and Images
- Physical Contact
- Physical Intervention
- Placement Matching
- Power and Positions of Trust
- Professional Judgement
- Public Confidence and Conduct
- Radicalisation and Extremism (inc. Prevent)
- Recruitment of Staff
- Safer care
- Self-Harm
- Sexting
- Trafficking
- Transporting Children
- Whistleblowing

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## **19 BEHAVIOURAL SUPPORT**

We provide a warm and caring environment and maintain consistent boundaries. We encourage children and young people to develop positive relationships which will allow them to gain a sense of personal worth within a nurturing and safe home. These positive relationships are the predominant means by which behavioural boundaries are maintained. The behavioural boundaries set are both appropriate and realistic. If a child/young person does not follow instructions, a reminder will be given. If this fails, the child will be advised to take time out in a safe space to calm down.

Children will be supervised by adults who will monitor their emotional well-being. The ethos of the home is transparent, safe environments where the young people are encouraged to talk openly about the feelings and concerns. Adults in the home monitor themes and patterns of behaviour and subsequently this is discussed in team meetings along with strategies/reward charts that can be put in place to help regulate behaviour.

The child and young person's identified needs and behavioural targets will always remain a central focus of the placement. Issues are discussed openly using a supportive and respectful approach. Our approach is geared towards enhancing motivation to change. Frequent monitoring of behaviour enables us to identify patterns and trends, to measure progress and change.

### **Physical Intervention:**

All adults are trained with Price Physical Intervention and De-escalation Techniques care and control awareness. This training is refreshed and maintained in line with government legislation by appropriately qualified personnel within the Company, providing certification for each adult's member as confirmation that they have successfully completed the course.

The use of physical intervention may be considered, and specific holds used as part of the child's individual behaviour management plans. This will be in line with Company policies and procedures and will always be used as a last resort. Our focus is to reward positive behaviours and not enforce the negative. Where possible we avoid physical intervention by using de-escalation based on the child's written support plans and behaviour guides.

Whenever physical intervention is unavoidable an incident report and the record of physical intervention log will be completed as soon after the incident as possible. Physical intervention is only used if the child, adults, or peers are in immediate danger of harm or there is a risk of damage to property. Copies of such will be forwarded to the placing social worker. A debrief is held with the adults and the child or young person involved in order to establish their feelings regarding the incident, and to offer a reflection and learning experience to all concerned. Learning points are drawn and key documents and relevant risk assessments updated. Any events that are deemed as serious by the Registered Manager will be shared with Ofsted via notification procedures.

All measures of control are monitored by management to ensure that they are in accordance with current legislation. We reflect in debriefs, supervision and team meetings about what worked well, and what did not, with each young person. Care plans and risk assessments are updated with new strategies that worked to ensure risk reduction is planned.



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## 20 STATEMENT OF PURPOSE AMENDMENT TABLE

Date Reviewed	Description of Amendments	Date Sent to Ofsted	Supporting Documents Reviewed and/or Updated
04.08.2021	Amendments have been made to staffing changes. Adding information to the RI being appointed to manage the home whilst we are recruiting for a Registered MANAGER. Adding information to complaints procedure. Adding information to emergency departures.	04.08.2021	Children's Guide.
14.09.2021	Adding information to complaints procedure. Updating Qualifications. Adding new member of staff	14.09.2021	Children's Guide
08.10.21	Updating manager details	08.10.21	Children's guide
16.12.21	Updated respite care detail as well as staffing details.	16.12.21	Children's guide.
21.02.22	Updated staffing.	21.02.22	Children's guide
13.03.22	Updated staffing	13.03.22	Children's guide
22.04.22	Updated staffing	22.04.22	Children's guide
19.05.22 By Mark Akers	No update needed	N/A	N/A
2.11.22	Updated staffing	2.11.22	Children's guide
17.11.22	Updated Staffing	17.11.22	Childrens guide
25.01.23	Added Bedroom searches statement and changed staffing	25.01.23	Childrens guide
15.02.23	Changed wording around Price training in Key behaviour	15.01.23	Childrens guide

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	management ('Positive Relationships') policies: Also added staff.		
03.03.23	Section 10 Training policy updated.	3.3.23	
18.04.23	Staffing Update	18.04.23	Children's guide
09.05.23	Staffing update	9.5.23	Children's guide.
22.05.23	Updated RI details	22.05.23	Children's guide
09.10.23	Update to Roseland House Staffing Structure, Qualifications and Experience	10.10.23	Children's guide
29.11.23	Updated RI and staffing	29.11.23	Children's guide
30.11.23	Updated head office telephone Number & RI contact details on P21	30.11.23	Children's guide
01.02.2024	Updated with change of home Manager and staffing structure	01.02.2024	Children's guide.
04.04.2024	Updates with adding Tony salter and changing Charlie Morris to sessional worker	04.04.2024	Children's guide
30.04.2024	Updates to staffing, to include Kieron McConkey. Change of homes pictures – interior/ exterior on this document.	30.04.2024	Children's Guide
08.04.2024	Update to staffing, the leaving of K. McConkey and new staff member Liam Edwards.	08.05.2024	Children's Guide
21.06.2024	Update to SE from RSW to SRSW	21.06.2024	Children's Guide