

WARRINGTON Borough Council



CHILDRENS Home
Catterall House



STATEMENT OF PURPOSE

Catterall House

Responsible individual: Russell Kelly

Registered Manager: Andrea Marshall

URN:

22.04.2025

This Statement of Purpose and Function is written in accordance with the regulatory requirements of the Care Standards Act 2000, Health and social care act 2008 and The Children's Home Regulations and Quality Standards 2015

Warrington Borough Council ensures that its policies, procedures and practices comply with the Quality Standards for Children's Homes, The Children's Home (England) Regulations 2015 and the health and social care act 2008. Warrington Borough Council has Corporate Policies but also specific policies and procedures relating to the Children's Homes.

Index

1. Quality and Purpose of Care

1. A statement of the range of needs of the children for whom it is intended that the children's home is to provide care and accommodation.
2. Details of the home's ethos, the outcomes that the home seeks to achieve and its approach to achieving them.
3. A description of the accommodation offered by the home a) the age range, number and sex of children for whom it is intended that accommodation is to be provided; and (b) the type of accommodation, including sleeping accommodation.
4. A description of the location of the home.
5. The arrangements for supporting the cultural, linguistic and religious needs of children.
6. Details of who to contact if a person has a complaint about the home and how that person can access the home's complaints policy.
7. Details of how a person, body or organisation involved in the care or protection of a child can access the home's Working Together to Safeguard Children policies or the behaviour support policy.

2. Views, Wishes and Feelings

8. A description of the home's policy and approach to consulting children about the quality of their care.
9. A description of the home's policy and approach in relation to— (a) anti-discriminatory practice in respect of children and their families; and (b) children's rights.

3. Education

10. Details of provision to support children with special educational needs.
11. If the home is registered as a school, details of the curriculum provided by the home and the management and structure of the arrangements for education.
12. If the home is not registered as a school, the arrangements for children to attend local schools and the provision made by the home to promote children's educational achievement.

4. Enjoyment and Achievement

13. The arrangements for enabling children to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills.

5. Health

14. Details of any healthcare or therapy provided, including — (a) details of the qualifications and professional supervision of the staff involved in providing any healthcare or therapy; and (b) information about how the effectiveness of any healthcare or therapy provided is measured, the evidence demonstrating its effectiveness and details of how the information or the evidence can be accessed.

6. Positive Relationships

15. The arrangements for promoting contact/ family time between children, their families and friends.

7. Protection of Children

16. A description of the home's approach to the monitoring and surveillance of children.

17. Details of the homes approach to behavioural support, including information about— (a) the home's approach to physical intervention in relation to children; and (b) how persons working in the home are trained in physical interventions and how their competence is assessed.

18. Details on how the homes policy and procedures are accessed.

8. Leadership and Management

19. The name and work address of — (a) the registered provider; (b) the responsible individual (if one is nominated); and (c) the registered manager (if one is appointed).

20. Details of the experience and qualifications of staff, including any staff commissioned to provide education or health care. 20. Details of the management and staffing structure of the home, including arrangements for the professional supervision of staff, including staff that provide education or health care.

21. If the staff are all of one sex, or mainly of one sex, a description of how the home promotes appropriate role models of both sexes.

22. Any criteria used for the admission of children to the home, including any policies and procedures for unplanned admissions.

Staffing information

Staffing absence contingency plan

The home combines a defined culture and practice with a range of targeted intervention and looks to support multi agency working, support and accommodation. The Home provides placements/ a home for a maximum of 4 young people ages 11-18 of either gender at any one time ensuring that they receive positive intervention and support built upon nurturing relationships. The home aims to provide an environment that is as much like a family home as possible. The home will be able to support children subject to DOLs. As part of the offer to families the home will have an outreach base as well as dedicated move on accommodation for children and young people transitioning in to supported accommodation.

1:1 Quality and Purpose of Care

What is our vision?

We support our children and young people to be *happy, safe and achieve*. Residential care is a short-term intervention not a long term solution. From the moment young people enter the home there will be robust care planning taking place to step the young person down to a less specialist provision or to a community placement, but we recognise that some young people will require the support of the home longer than others and that is why there is no set time a young person can live in the home between the ages of 11 and 18.

Building and maintaining relationships with children are central to the ethos in our home. The home will look to maintain and build upon relationships that are important to our young people. This recognises and values that children with the right support can benefit greatly from relationships with their own family and community.

We look to create stability for children who have experienced a number of changes in their lives.

We look to serve as a launch pad for independence bringing together a range of services and professionals to holistically meet children's needs to support them. We aim to provide children with the stability, skills and support they need to successfully manage this transition to young adulthood but stretch our thinking and theirs beyond a transition point to what kind of adult they and we aspire for them to be, and to support the development of functional emotional regulation strategies for all young people.

What the range are of needs of the children that we provide care for?

We provide care to meet the needs of children and young people between the ages of 11-18 years who display emotional and behavioural difficulties as well as complex mental health/neurodiversity, these are specific needs that fall just below the threshold for specialised day and inpatient mental health services (tier 4 services) but not limited to. Many of our children have experienced trauma from a young age, and therefore find it difficult to understand, regulate and articulate their emotions. As a result of these experiences, they often find it difficult to build and maintain positive relationships with adults and peers.

Whilst all the children we are working with have experienced loss, some have experienced multiple and overwhelming losses from a young age, including bereavement. Some of our children need support around substance misuse; some around alcohol; some need extra support to access education; some are in the criminal justice system and have experienced custody, and need support around offending and restorative justice; some have specific health needs, including mental health needs, some children and young people may present a risk to themselves and others and all need support to regulate their emotional responses.

Some of our children may have specific diagnoses; for example, they may be assessed to have ADHD, ODD or similar conduct disorders. They may have additional speech and language needs.

In summary, our children's home cares for children with many differing, complex needs and each child is treated accordingly. All children are recognised as unique individuals whose diverse needs we strive to meet.

We look to offer a dynamic response to support our children, and we appreciate that children may be at very different stages on their journey to permanence

All stays have the relevant plans agreed before placement commences and these plans are fluid and dynamic. The placement plans have high aspirations, support and goals for each child, tailored to their needs. Wherever practical and possible, placement plans are informed by the "Childs Journey meeting" - a reflective tool which enables key professionals to explore the child's history and learn together what has worked and what might have been done differently? This informs how the multi-agency/multi-disciplinary team plan to support the best outcomes both now and for the future.

What is the legal basis for our service?

Children using the service may belong to one or several of the following categories:

- Section 17
- Section 20 Accommodated (where Regulation 48 applies)
- Section 20 Accommodated (where Regulation 48 does NOT apply)
- Full Care Orders (Section 31)

Depending on the legal status of the child (following the Care Planning, Placement and Review Regulations 2010 and subsequent Short-Break Guidance 2010) using the service, it will determine how the use of the short-stay is reviewed and whether an Independent Reviewing Officer will need to be appointed.

The legal status will also determine whether a Child In Need Plan, a Care Plan or a Short-Break Care Plan will be required. This in turn identifies whether or not a child is 'looked after' or not – in line with current procedures. **(See Appendix A)**

The home may also care for children who are 'deprived of their liberty' under inherent jurisdiction.

1:2 What is our ethos, and how do we achieve best outcomes?

As a multi-disciplinary team, we ask ourselves the friends and family test "Would the care we provide be good enough for my child?"

We are aspirational and forward looking for our children, what we do now will influence them into their twenties, thirties and beyond.

Our ethos is based around building strong, trusting relationships with the children in our care. We value and respect our children as individuals, with their own thoughts, feelings and experiences. We strive to care for our children to the standard we would want for our own child cared for. We want them to be happy, safe and achieve their dreams.

Staff adopt a solution focused 'can do' attitude to caring for individual needs and the staff team strive to ensure that the children are valued and nurtured in such a way as to promote the best possible outcomes.

Our vision is to provide a safe and stable environment where children can voice their opinions, develop their skills and improve their prospects. We aim to achieve this vision using a systemic relation-based approach to care; by harnessing the principles behind a core offer, which is to:

- Reduce high risk behaviour
- Empower children to build and restore relationships
- Maximise opportunities for planned transitions
- Support achievement
- Develop self-esteem, self-worth and resilience
- Ensure children in crisis receive well organised and appropriate support

At the heart of our care is the belief that:

- Children should participate in making decisions about their lives and the services provided to them.
- Children have a right to be protected from abuse.
- Children who are cared for have a right to social care, health and education services during and after their time in care.
- Assessment and support services will be needs led and will address the specific needs of individual children.
- Our responses will be proportionate to the needs of the individual.

We put children at the centre of our work and ensure best outcomes through relationship building, robust risk assessing, clear, appropriate and achievable target setting, and creative care planning.

We offer a programme of 52-week, 24hr care, and support for children.

The home will adopt a multi-agency/multi-disciplinary need led systemic approach. The approach helps the team to work with safe uncertainty, to try different approaches to see what works and is the most effective in reducing risk and harm. Risk assessments and risk management plans are developed, reviewed and agreed with the multidisciplinary team.

Our approach understands that any move into a residential environment for a child can be a traumatic experience and that every effort is made to welcome and reassure them prior to admission. They are given opportunities to familiarise themselves to the building, to personalise their own bedroom and are given the Children's Guide and information about how to complain.

Transitions are planned and are paced to the child's needs. Tailor made support is provided to parents, carers and the children.

1.3 Describe the accommodation offered, including— (a) how accommodation has been adapted to the needs of children

The home is a six-bedroom detached property with a front and back garden. Within the home downstairs there is 1 staff bedroom, 1 children's bedroom, a communal toilet, shower room, laundry room, medical room, staff office, small meeting room, a kitchen, lounge and dining room and a room known as 'the chill out room' for relaxing, activities watching TV and socialising with others. There is an outreach office attached to the main home; however, it is not accessible through the home. There is a downstairs toilet and a well-equipped kitchen where children will be supported to prepare meals and develop their independent living skills.

Upstairs there are 3 children's bedroom, 1 staff sleep in room and a staff office, the office and sleep room is connected by a bathroom for staff. There are two shower rooms upstairs for the children to use.

The home is well decorated with a very modern look. Young people will be encouraged to develop the interior of the home and have their say on decoration and accessories. The home will look to ensure it is part of the wider community and has good relationships with its neighbours as part of this co production the name was chosen by young people.

The home has internal lockable doors and windows and an intruder alarm that would be found in most residential properties, the external doors also lock to prevent intruders from entering the home. Children can move freely around the house with the exception of the office / medical room / staff bedrooms where confidential information and medication is stored, unless they are subject to a DOLs order and restricting the environment is deemed legally and ethically appropriate to keep young people safe. The home has fire alarms and smoke detectors in line with current legislation and regulation to protect the children and team.

1.4 Location of the Home.

The home is located in a small residential community. The home is not far from a main road in Warrington and is only a short walk from the bus stop and short bus ride into the centre of Warrington. Local amenities include shops, parks, library, cinema, swimming pool, bowling, local schools etc. There is a wide variety of leisure activities available in the near vicinity and the staff team are skilled at identifying any clubs or groups that children may wish to engage in.

1.5 Supporting Cultural, Linguistic and Religious Needs

Each child staying in the home is enabled to attend the services, receive instructions in and observe any dietary requirements and any religious rituals they may wish to partake in. Children will be encouraged to thrive culturally. Their own culture will be encouraged, and they will be offered opportunities to experience

others through film and music, dance and drama, art and food. We welcome children from all backgrounds and faiths. Children are encouraged to follow the requirements (such as dress, diet and prayer) which are a part of their cultural needs. Staff will also consult with those in the wider community who have knowledge about ethnic or cultural groups when necessary.

1.6 Arrangements for dealing with Complaints?

We welcome all views about the services we provide. Minor complaints may be dealt with in-house by staff members or Managers. Initially children are encouraged to talk through issues with staff, their social worker or and independent advocate.

Any child or their carer can make a complaint in confidence via the Advocacy service if they feel they have been treated unfairly. Issues that are not able to be informally resolved will become a formal complaint. Any complaint of a serious nature will automatically be investigated as a formal complaint and children and their families made aware of the process.

Ofsted:

Concerns/complaints can also be passed on to OFSTED:

**Piccadilly Gate
Store Street
Manchester
M1 2WD**

Telephone Number: 0300 123 1231

Children's Commissioner for England:

Dame Rachel De Souza is the Children's Commissioner for England.

Dame Rachel de Souza has vowed to 'play her part' as the Children's Commissioner for England in helping 'level up' opportunities for children and ensuring their welfare. She took up her post in 2021, Dame de Souza replaced Anne Longfield, who had held the post since 2015.

Just get in touch via email at help.team@childrenscommissioner.gov.uk. If you'd rather speak to us on the phone, you can call us free on 0800 528 0731. Alternatively, a letter can be sent to her at:

Children's Commissioner for England
Sanctuary Buildings
20 Great Smith Street
London
SW1P 3BT

Tel: 020 7783 8330

1.7 How can people access the home's child protection policies or behaviour management policies?

As a frontline service supporting children we recognise that the welfare and safety of every child is paramount. All children have a right to be protected and live in an environment that is free from abuse. The home aims to provide a safe environment for all the children who live with us.

All our staff receive training on recognising and responding to abuse and are aware of the safeguarding procedures regarding child protection. All staff have access to the necessary Corporate policies and procedures online using Warrington Borough Council's intranet and the Local Safeguarding Children's Partnership and also have access to the designated Children's home's Policies and Procedures all any partner staff who do not have access will be given access to paper copies.

All staff working from the home understand their responsibilities and duties in respect of safeguarding children using the service.

The team and management will ensure that policies are fit for purpose, up-to-date and relevant to the work we undertake. We also work closely with the contextual safeguarding team regarding safeguarding and child protection issues.

Notifications are sent to OFSTED if Child Protection issues or a significant risk event occurs (Regulation 40).

We are committed to challenging all forms of bullying. Our approach is zero tolerance and “nip it in the bud”. It is in this environment of mutual respect children are better able to achieve their true potential. We are committed to supporting both the victims and perpetrators of bullying in order to reduce further risk of harm. All victims of bullying are offered advice and support, including independent advice through Advocacy service.

Children in care are vulnerable each time they go missing. Each case will be different, the nature of risk will be different, they may not be in immediate danger but can be in the long term. The risk for young people accessing the home is likely to be higher given the complexities of risk they are experiencing to have been referred to the service.

We have a clear policy for staff to adopt when a child goes missing. Staff will attempt to prevent them leaving the home through relational practice and staffing ratios for each child will be dependent on individual need and risk assessments, contact will be made to the child via mobile phone and attempt to contact friends. Staff will also physically look for the child around the locality, visiting addresses that have been recorded and mapped for that specific child were able to do so. Staff will follow the Pan Cheshire Missing from Care Protocol and look to affect the safe return of all children who go missing. Staff will have a preliminary chat with children upon their return and then ensure Safe and Well checks and Return Interviews are undertaken by independent agencies.

2. Views, Wishes and Feelings

2.1 The Children’s Home’s approach to Consulting Children about the Quality of their Care.

Children staying in the home are encouraged and empowered to have a voice and can exercise some degree of control over their lives and future plans. Children living with us are actively encouraged and supported to influence their care and the way the home is run.

No child is assumed to be unable to communicate their views. The team will help children to express their views. Children’s views are sought around all aspects of care planning. Ad hoc conversations are undertaken by staff and managers and children are able to attend and sometimes chair their reviews. Feedback is sought from them about the quality of care they receive from regular meetings, CIN meetings and Children in care planning meetings and reviews.

As part of our co-production with our children, we routinely ask them how we can improve feedback at our meetings.

We also seek and encourage birth families and carers to give feedback.

2.2 Our policy and approach in relation to—

- (a) anti-discriminatory practice in respect of children and their families;
- (b) children’s rights

We are committed in our opposition of all forms of discrimination based on age, race, beliefs, class, disability, ethnic origin, gender or sexual orientation. This commitment applies both to children and employees placed within and working alongside us in line with the approach adopted by Warrington Borough Council.

We support and advocate for the rights of every child placed with us in accordance with the United Nations Convention on the Rights of the Child and the Children Act 1989, and our commitment to providing care that would be good enough for our own family.

Within our home, children have a right:

- To be listened to
- To be treated fairly
- To be physically well cared for in relation to health, clothing, food and a safe home.
- For friends and family to be made welcome in accordance with daily living routines.
- To make mistakes and expect new chances.
- To have their views encouraged and considered.
- To be supported in following any religion they may choose.
- To expect choices wherever they are available
- To read what we write about them and have their own copies of their care plan and statutory review minutes. (Copies of additional documents can be provided)
- To receive care which is planned and reviewed regularly.
- To be supported to complain if unhappy with the care offered/received.

We believe that with rights come responsibilities, and therefore we expect children:

- To work with us towards identified goals
- To treat themselves, other children and staff at the home with respect
- To value and look after the physical environment of the home, since at the moment this is their home and that of other children
- Not to bring into the home any drugs, alcohol, equipment or devices which may be perceived as physically or psychologically threatening to themselves or others
- Not to hurt, threaten, bully or frighten anyone in the home
- To take part in daily routines and respect house rules, for instance about bedtimes, use of TV and sharing household tasks
- To attend and participate in children's meetings
- To learn to accept responsibility when in the wrong and make recompense where possible using restorative principles

We also expect parents, carers and families:

- To work with us toward achieving the child's goals
- To continue to offer care, support and encouragement to the child
- Wherever possible and appropriate to attend meetings about the child.

3. Education

3.1 Details of Provision to Support Children with Special Educational Needs.

We work in collaboration with secondary schools, academies, pupil referral units, the Virtual school and local colleges to support the specific learning needs of the children in our care. Any SEN will be identified through EHCP's and PEP's and advice will be sought accordingly as to how best to support each child to achieve their potential.

3.2 What are the arrangements for children to attend local schools and how does the home promote children's educational achievement?

Educational achievement for children is crucially important to aiding their personal development and all children are encouraged to continue with their education, whether in school, alternative provision, college, training or work placement. We actively support children with homework/coursework and strive to maintain our children's placements in schools and, when necessary, their successful reintegration back into education including mainstream schooling.

Staff attend and support the parents and carers of those using this service to attend all school meetings which promote our children's education (from parent's evenings to PEP meetings.)

We will actively look for creative and effective ways to support all our children to achieve academic success, utilising the knowledge and skills of the virtual school and other partners to support doing so.

4. Enjoyment and Achievement

4.1 How do we enable children to enjoy and achieve and how do we enable them to develop and reflect their creative, intellectual, physical and social interests, including promoting their participation in cultural, recreational and sporting activities.

Participation in appropriate recreational, sporting and cultural activities is recognised by us as a positive approach in the development of self-esteem, relationship building, physical health, emotional wellbeing and resilience. It is a positive tool for engaging children with family, peers, professionals, and with the wider community.

The home will support the interests of our children and introduce them to new experiences – from cookery to visiting museums and places of interest.

We provide children with age-appropriate opportunities to take part in activities and leisure interests which take account of their race, culture, language, religion, interest, abilities and skills. We try to introduce them to local activities and youth groups whenever possible so that opportunities are affordable and sustainable. The children using the service are consulted upon activities which they tell us they are interested in as groups and as individuals.

In the provision of both supervised and unsupervised activities, staff will take into account the safety of children at all times. Where substantial or unusual risk is involved a written risk assessment is made. Any high-risk activity provided, or arranged for children, would be supervised by persons holding relevant certifications/training.

5. Health

5.1 Details of any Health Care or Therapy provided,

Each child whose substantive placement is at the home is registered with a Local G.P. A full Child in Care medical examination is offered to all children and we encourage our children to take this offer up.

With regards to dental and optical health, staff ensure that the child receives a check-up whilst living at the home if they have not received one in the previous 6 months. All children have access to our Children in Care nurse who provides general health advice.

The home will have 3 registered mental health practitioners (MerseyCare NHS Foundation Trust Staff) so children will have access to planned mental health care and support. This may be ongoing assessment/review of the mental health needs and risks alongside care planning and delivering any mental health treatment/support. Safety plans will be completed with young people as will clinical outcome measures to monitor the impact and evidence the care provided.

Any psychological therapy offered by the Clinical Psychologist and/or Family (systemic) Practitioner will be evidence based and NICE guided intervention that is trauma informed. The healthcare staff will liaise with the community CYPMHS teams and CYPMHS Crisis Response Team regularly to support the community offer.

All children admitted to the home will be referred to the CYPMHS Response Team (CRT) who will provide Out Of Hours crisis mental health support (unplanned care) as required with a focus on admission avoidance. CRT can also advise on risk management.

For any Out of Area child placed in the home, the routine mental health care and treatment should continue to be provided by the place where they were born and the appropriate provider (likely CYPMHS).

Cheshire and Mersey CYPMHS providers support the 20-mile radius principles (child specific) which support continuity of care as the provider will remain responsible up to the placement moving within 20 miles. There is an expectation that OOA providers will travel and maintain input/responsibility for care and work with the home to deliver the enhanced offer whilst the child is there.

Where possible and following what is detailed in each child's Care Plan, direct work and/or appropriate professional advice may be sought/provided including:

- Substance Misuse
- Smoking Cessation
- Sex Education
- Personal Hygiene
- Healthy Eating
- Lifestyle/life skills
- Sexual Health
- E-Safety including online grooming, sexting and internet safety
- Self-Harm
- Emotional wellbeing,

All medications are stored and dispensed in accordance with Warrington Borough Council's Children's Home's policy and procedures taking account of current good practice. Thorough record keeping is carried out and over seen by management. Should any further advice be needed in relation to medication, staff will consult with the prescribing doctor, pharmacist or NHS direct for guidance.

The team will receive PACE training and will have understanding of developmental trauma

5.3 information about —

(i) How the children's home measures the effectiveness of its approach; and

(ii) The evidence referred to by the children's home to demonstrate the effectiveness of its approach, and how this information can be accessed.

The home measures its effectiveness around health through a number of audit tools, including appointments kept such as health assessments, Regulation 45 recordings, Children's Plans and accidents.

6. Positive Relationships

6.1 What are the arrangements for promoting contact/family time between children and their families and friends?

Children and their parents have a right to maintain contact/family time. The home recognises that healthy 'family time' (as our children wish 'contact' to be referred to) is essential for a child's sense of self, identity and belonging. Children's family time with parents, family and significant others is positively encouraged and every effort is made to facilitate family visits to the home and child's visits to the family home (where and when appropriate). We believe that this 'family time' is vital to enable children to maintain positive links with their family and build lasting relationships now and for the future.

Children are encouraged to maintain contact with family and friends, and staff will actively organise and support children to do so. We regularly contact family members also and work from the belief that they ought to be involved in their child's life at the home as much as possible and when safe to do so.

Any 'family time' arrangements are in accordance with the child's legal status, care plan and placement plan. When a child is first admitted, the 'family time' arrangements are detailed in the placement plan. Any restrictions are also recorded and regularly reviewed. Staff involve themselves in planning and facilitating visits to enable family time to be positive for the child and family.

Staff respond positively and provide support when children cannot have family time with their parents, members of their family or significant others to help them understand and come to terms with this.

Where it is stipulated in the child's care plan, some family time visits may have to be supervised. In these circumstances, staff ensure the following:

- Where at all possible, and as appropriate, only one member of staff should supervise.
- Staff should explain to all parties how the family time' visit will be supervised.
- The child is not left alone with the person(s) they are having family time' with.
- Staff discreetly monitor the family time' visit and ensure that all parties are in sight of practitioners at all times.
- Staff should clarify and agree with the Social Worker the arrangements for supervised visits and ensure that this information is clearly detailed in the child's placement plan.

7. Protection of Children

7.1 Our approach to the Surveillance and Monitoring of Children accommodated at (Name).

We offer a programme of 52-week, 24hr care and support for up to 4 young people. Staff on shift monitor children through personal supervision and telephone contact, staffing levels for each child will be dependent on individual need and risk assessments, whereabouts are monitored and recorded to ensure their safety.

Staff also talk to friends and parents of friends in order to build relationships. There may be time when children in placement have a restriction of liberty, or where a child is subject to an 'electronic monitoring order' imposed by the courts, this will be accommodated.

There is limited access to certain areas of the building to ensure safety and confidentiality. The main areas affected by these measures are specific staff areas, such as offices, sleep in rooms and medication room. These measures are not assessed as a deprivation of liberty as our children have access to all areas relevant to their care within a typical home environment. Bedroom windows have restrictors on them as a safety measure for all to prevent anyone entering or leaving via the window during the night without care staff being aware.

Door alarms may be fitted to children's bedrooms and sound in the staff bedrooms only. Bedroom door alarms are only activated when deemed necessary to keep children safe through care planning and judiciary systems and this is identified in their individual risk assessments. These are to alert staff if children leave their room after going to bed. This allows staff to adequately supervise children and prevent MFH episodes, risk to self and/or others and the child being impacted by such risk. Consent for door alarms are sought from the relevant social worker/person.

7.2 Details of our Approach to Behavioural Support;

In order to support positive behaviour, we take the time to understand and show respect to the unique individuals in our care. We ensure that each child receives the appropriate stability and security necessary in order to provide an environment based upon positive relationships where problems, issues and concerns are identified and worked on in a timely and supportive manner.

Each child receives positive reinforcement and unconditional positive regard to aid and assist in their development and to increase their self-esteem. Our home uses specific therapeutic techniques based on

relational and systemic models, for example, and include positive role modelling, crisis intervention and restorative practice. All staff are trained in Team Teach de-escalation and safe intervention.

We communicate with children about what is both acceptable and unacceptable behaviour. Consistency and fairness are paramount. This is offered by the development of professional frameworks of intervention committed to the philosophy of Restorative Practice offering children greater participation and personal accountability.

The homes ethos is that behaviour should be supported through good personal, professional relationships between the staff and children. Our home does not prescribe to the concept of controlling behaviour by restraint. Instead, a less invasive approach is taken with the capacity for 'physical intervention' only if the need arises. Before any form of physical intervention is used staff will have exhausted all alternative means of diffusing a situation. We also believe that 'criminalising' cared for children is hugely detrimental for their future as learning does not necessarily take place when a child is arrested. We strive to explore all alternative avenues and endeavour to not seek charges for criminal damage within the home committed when a child is emotionally distressed. Further additional information regarding managing behaviour can be found in our Positive Behaviour Support and Physical Interventions Policy.

7.3 Information about the children's home's approach to the use of physical interventions with respect to children accommodated there, and how persons working in the children's home are trained in the use of physical interventions and how their competence is assessed.

Physical intervention is used only in extreme circumstances where a child may be putting themselves or others at risk of harm and there is no other safe alternative. It is recognised that due to the complex mental health needs and self-harm behaviour of the young people staying in the home physical intervention may be necessary at times. However, the principles of team teach are still robustly applied.

All staff at the home attend Team Teach training delivered by a qualified corporate trainer which includes the use of physical interventions but has a primary focus on body language, prevention and de-escalation of incidents occurring in the first place. Staff attend refresher training every year to maintain and update their skills and knowledge in this respect.

Physical intervention is only used to prevent likely injury to the child concerned or to others and or to prevent serious damage to property when this will create a significant risk to the health and safety of the child or others. The proper use of physical intervention, as well as knowledge of verbal and non-verbal strategies, is essential.

It is recognised that some form of consequence/behaviour support measure may be necessary where there are examples of unacceptable behaviour. These will always be relevant and just and based upon restorative principles. Staff will discuss the behaviour and its consequences with the child. There must be clear learning evidenced, or the consequence/behaviour support measure will be dissolved.

The management team at the home are responsible for monitoring the behaviour support measures with the staff and children to ensure they are fair and effective. Behaviour support measures are recorded in line with regulations and are available for all auditing and inspection processes.

7.4 How to access the homes policies and procedures

Policy & Procedures Access

Warrington Council has a manual of policy and procedures in place that covers all areas of care and safeguarding for children. There are also additional corporate policies for Human Resources and Business processes. All policies and procedures are made available to the staff team, who as a part of their induction and probationary period are expected to read and familiarise themselves with these. As policies are also a reference point, staff will always have access to them in a folder on the computer system/drive.

In relation to any other person including children, parents/carers, social care or other professionals requiring or requesting any policies, these will be shared in the most suitable way for them, for example this could be secure email accounts.

8. Leadership and Management

Contact details:

8.1 The name and work address of the registered provider:

**Warrington Borough Council,
1 Time Square
WA1 2NT
Tel:**

Responsible Individual: Russell Kelly

Tel: 07355 803520

Email: Russell.kelly@warrington.gov.uk

Registered Manager: Andrea Marshall

Tel: 01925 443241

Email: andrea.marshall@warrington.gov.uk

8.1 Staffing Matters

Details of the experience and qualifications of staff working at the home, including any staff commissioned to provide health care.

Details of the management and staffing structure of the home, including arrangements for the professional supervision of staff employed at the children's home, including staff that provide education or health care.

The Registered Manager and Deputy Managers, health management are responsible for ensuring that all staff receive regular supervision. Effective and recorded supervision is necessary to promote good practice and support individual practitioners. Supervision also ensures that staff understand their roles and responsibilities and it helps to identify training and professional development needs. Supervision supports work in the home and in the community and provides the opportunity for analysis and reflection of impact and progress towards meeting agreed goals and/or the barriers to progress.

All staff, and managers receive a minimum of one hour supervision on a regular basis. They also receive an annual appraisal which sets and reviews personal work targets and goals.

Casual staff will also be provided with supervision no less frequently than after every 10 shifts worked.

Staffing Absence Contingency Plan

Continuity of care is paramount at the home and as such we cover unexpected staff absence due to sickness by utilising our well trained and dedicated pool of casual staff. All of the present team are also employed on a casual basis to cover when needed. All our casual staff members work within Warrington social care and are well versed in building trusting and secure relationships with our children.

Our casual staff share our ethos of child-centred practice and are offered training in relevant areas in order to progress and learn.

Acronyms

DOLs - Deprivation of liberty
 ADHD - Attention deficit hyperactivity disorder
 ODD – Oppositional defiant disorder
 CIN – Child in need
 SEN – Special educational needs
 EHCP- Education health care plan
 PEP – Personal education plan
 G.P – General practitioner
 NICE- National institute for health care excellence
 CNH – Complex needs hub
 PACE - Playfulness acceptance curiosity and empathy
 MH staff – Mental health staff
 CYPMHS – Children and young people mental health service
 CRT – Crisis response team
 OOA – Out of area
 NHS – National health service
 MFH – Missing from home
 Ofsted – Office for standards in education children’s service and skills

(Staff) Staffing Structure March 2025

Registered Manager	Qualifications	A bit about me
Deputy Homes Manager	Qualifications	A bit about me
Deputy Homes Manager	Qualifications	A bit about me
Mental health practitioner	Qualifications	A bit about me
Mental health practitioner	Qualifications	A bit about me
Mental health practitioner	Qualifications	A bit about me
Mental health practitioner	Qualifications	A bit about me

Clinical psychologist	Qualifications	A bit about me
Family/Systemic therapist	Qualifications	A bit more about me
Senior Residential Care Worker	Qualifications	A bit about me
Senior Residential Care Worker	Qualifications	A bit about me
Senior Residential Care Worker	Qualifications	A bit about me
Senior Residential Care Worker	Qualifications	A bit about me
Senior Residential Care Worker	Qualifications	A bit about me
Senior Residential Care Worker	Qualifications	A bit about me
Senior Residential Care Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me

Residential Support Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me
Residential Support Worker	Qualifications	A bit about me
Wake Night Support Worker	Qualifications	A bit about me
Wake Night Support Worker	Qualifications	A bit about me

Wake Night Support Worker	Qualifications	A bit about me
Wake Night Support Worker	Qualifications	A bit about me
Wake Night Support Worker	Qualifications	A bit about me
Responsible individual	Qualifications	A bit about me

SUPERVISION/TRAINING & DEVELOPMENT OF EMPLOYEES

During their initial six-month probationary period, all staff receive a thorough and comprehensive induction programme of work. This is linked to procedures set out by the regulations and their own Personal Development Plan. Induction training is in place and new staff will be allocated priority places on the first available mandatory training dates. This includes courses on safeguarding, First Aid, Food Hygiene, Medication training and Team Teach (holistic approach to positive handling) Other training is regularly available and staff are linked into this via their training needs, which are identified through supervision, personal development plans and Staff Development Reviews. The individual training needs will inform the overall Residential Training Plan.

All new staff starting within the home Children's Home will be expected to obtain their Diploma Level 3 in Health & Social Care or equivalent and this will be done in conjunction with Warrington and NHS Learning & Development department.

All staff are entitled to formal, planned, professional, individual supervision, as per Regulation 33 of the Children's Homes Regulations (2015). A written record is kept in the Home detailing times and dates of each supervision session held. Further ad-hoc supervision will take place as required and where necessary, the level of supervision can increase as part of the staff members' development or individual needs.

Staff meetings regularly take place and include discussion of both the home's work in caring for individual children and the management of the current group dynamics. The home's practices are reviewed regularly. The meetings are planned with an Agenda and have Minutes.

There is a training matrix in place which underpins a robust strategy of therapeutic and mandatory training for staff

.....

