



# The Willows

## Statement of Purpose

**INVESTORS IN PEOPLE®**  
We invest in people Platinum

Restraint  
Reduction  
Network  
Member

August 2024

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## **STATEMENT OF PURPOSE**

Anderida Adolescent Care was established as a semi-independence resource for the 16+ age group. In revising this statement of purpose and function of our individual support homes, it is hoped that this will give a clearer outline of our aims and objectives to users and providers of the service.

It is intended that this be used as a working document which can be added to and amended as we grow and develop as an organisation that strives to meet the needs of the individual young men and women in the homes and for those who move on, whether to independent accommodation or to return to their home area.

## **THE ORGANISATION**

We aim to monitor our own standards of practice and we therefore positively encourage any input from residents, their parents/mentors, social workers and local authority placement officers in any area where it is felt that more clarity or emphasis should be placed. We welcome visits from prospective residents, their families, social workers and representatives from local authorities. As stated above, our original concept was in supporting the 16+ age group in their move from the care environment to independence. However, a considerable need has been identified for specialist services for all age groups; we are confident that our facilities and services can address the needs of this client group by offering resources for young people in our homes and registered DfES EBSD School.

Both Anderida homes and the school have staff with expertise and training in working with children and young people particularly at risk, and vulnerable to child sexual exploitation (CSE).

## **INDEPENDENT REGULATION 44 VISITS**



### **Jo Docherty**

I have been working with children and families in residential care for over 10 years, starting as a mentor and progressing through various roles including Registered manager. I am currently at University pursuing my passion to become a midwife. Alongside this, I am now the Independent Regulation 44 visitor and visit several homes across the Organisation. My extensive knowledge of the Standards and Regulations and experience in leadership and management enables me to undertake these independent visits with great integrity, scrutinising how the home is supporting the young people to enjoy and achieve and to be satisfied that the home has an effective approach to behaviour management. I am not afraid to challenge, with my number one priority is the well-being of the young people. My visits routinely examine records of restraint, logs of missing young people and safeguarding records to check that the home provides stable, safe and secure care.

Where possible my visits will include private interviews with the young people living at the home and, if appropriate, their parents, relatives or carers, and staff employed at the home. I will produce written reports on the conduct of the home after the visit that will be made available to the HMCI, registered manager and anyone else with responsibility for the management of the home.

# The Willows



## **HOME MANAGER – Stacey Armour**

Level 3 Diploma in residential childcare, Level 5 Diploma management and leadership. NVR-Non-violent resistance/Partnership Projects.

The purpose of The Willows is to create a nurturing, stable and healthy environment for our young people to feel safe within and thrive. A place where they are able to reflect on their life challenges and be supported and cared for while they find ways to cope with trauma and take steps moving forward positively and healthily. Our ultimate aim is providing our young people with the tools and support they require to cope effectively from now through until adulthood.

The highly trained team at The Willows are coached in CBT (Cognitive Behavioural Therapy) and NVR (Non-Violent Resistance) these models provide young people and ourselves with as much opportunity as possible in supporting all our resident with the opportunities they deserve to reach their full potential and help empower them as they embark on their journey to independent lives and positive futures.

“We as a team will continue to persist, resist and reconcile in the best interests of all the young people we care for. We will come together and resist harmful behaviours and draw in on significant others to influence positive change”.

The Willows is a large four bedroom bungalow located in rural Burwash

(Etchingham). It is equipped to house two residents plus up to four mentors with three mentors sleeping in overnight on a daily basis, dependant on the resident’s needs. It has two bathrooms and a large garden with a decking area at the rear, overlooking beautiful fields. Its location in a sleepy village, provides an ideal environment for young people who require the space and time to work on overwhelming feelings and challenging patterns of behaviour whilst still being within a 30 minute drive to the nearest large town. Our residents get a generous budget when they move in to decorate and personalise their bedrooms.

Our primary aim is to provide a safe environment for which young people in our care can develop both physically and emotionally and to provide them with the opportunity to enjoy a level of nurturing into independence that might otherwise have been denied to them.

Our experienced team have an exceptionally high level of clinical and therapeutic supervision to aid them in delivering a service that is second to none, and the home benefits from leadership and guidance from therapeutic directors who have an excess of 15 years of experience of working in this field at Anderida.

The team have a wide knowledge of the facilities and activities which are available in the local areas such as youth clubs, leisure centres and sporting facilities. Our young people are encouraged to take full advantage of these activities. The train station is a short drive away, which is helpful in reducing any temptation which residents may have to cope with problems by running away from home.

Anderida also have a log cabin in the Highlands of Scotland which is perfect for a summer holidays or respite. Some of our young people are encouraged to take advantage of a two week ‘getting to know you’ activity holiday there before commencing their placement at The Willows, so that they can meet some of the staff team whilst having some fun.

All young people moving into the home will be supported with a 1.5:1 or 2:1 staffing ratio, and this will be assessed depending on the young person’s needs.

Wherever possible we aim to include the young people into mainstream education but in the cases where this is not appropriate, we can offer a bespoke education package at our education centre in Eastbourne to suit the resident's needs from GCSE to A 'levels to vocational qualifications.

The assessment and reviews are an ongoing process; if continued support at this level is required, the placement can carry on until such a time the young person is confident and ready to move on.

Anderida take their responsibilities to safeguard young people and mentors seriously. The home has an alarm system on all exits that will be triggered when adults and or young people exit or leave the building, this makes a low-level beep in the day and is put to a louder setting to alert mentors in the office at night. We also have CCTV placed on entrance and building exits. During periods of low risk this will not be turned on, however if there are concerns about safety in the neighbourhood, young people running away, or intruders, CCTV will be left running. Sometimes in order to keep the young person safe, it may be risk assessed as necessary to lock the internal doors at night, if this is felt to be required the situation will be regularly reviewed in consultation with the young person's social worker.

## **ETHOS AND PHILOSOPHY**

In recognition of a lack of adequate provision for the more problematic adolescent, we aim to provide an innovative solution to the placement difficulties encountered with children and young people, whose disturbed and disruptive behaviour limits the options available to them. Anderida has adopted the values of community, compassion, innovation, respect, responsibility and empowerment in their approach to 'investing in people and nurturing change'. We feel that every child has the right to be part of a family and one family does not preclude another. Where there is no agreement, but young people wish to see relatives, Anderida endeavours to find a safe way for families and significant others to have some level of communication and time together.

Anderida has a long history and experience of supporting young men and women who have suffered early physical, sexual and emotional abuse, deprivation and inconsistent or inadequate care and control as a result display emotional, behavioural and social difficulties. These difficulties may present as extreme challenging behaviour, mental health difficulties, persistently being missing from home, education refusal, substance misuse, attachment difficulties, or being more vulnerable/subjected to Child Sexual Exploitation and Child Criminal Exploitation. Often our young people have diverse and complex needs and will have an additional diagnosis, such learning difficulties and others on the Autistic Spectrum. Many will have experienced a number of failed placements, have unrealised vocational or educational abilities, have difficulty in forming positive relationships and be unable to separate historical causes from the consequent presenting problems.

Our aim is to work in partnership with families and other agencies to provide high quality, flexible programmes of care and support to young people who, for whatever reason, are being looked after by a local authority.

We acknowledge that the circumstances under which a young person may be placed with us may often be accompanied by considerable trauma and disruption to their family, social and educational networks. During the time that a young person is living here, the staff aim to provide an experience of care that is sensitive to their individual needs and in particular, supports their racial / gender / cultural / sexual and religious identity.

The staff team are committed to provide an environment that facilitates the young person's growth, maturation, self-respect and responsibility and the development of age-appropriate skills and behaviour. This is within the context of the need to provide young people with positive adult role models, guidance and boundaries, achieved within a manner which respects their rights, individuality and dignity. As part of this process, staff will always ensure that the wishes of the young person, their mentors and other involved parties are sought, and that their participation in the care planning process is enabled.

## **THE AREA**

Burwash is a thriving rural community with many attractions for visitors, good shops, post office, and a host of well supported clubs and societies. The Parish of Burwash lies 42 miles southeast of central London, and 15 miles north of Hastings and Bexhill, Burwash is located in an Area of Outstanding Natural Beauty in the Sussex Weald.

Burwash itself is perhaps best known for its association with Rudyard Kipling who lived at Bateman's, a grand house with beautiful gardens, less than half a mile from the village, and now one of the National Trust's most popular visitor attractions in southern England.



## **ROUTINE**

Anderida recognise that many of the young people they are caring for would have experienced a lack of stability. Routine is an important part of us providing safe, containing care. We want to ensure young people have a nice home, where they know what to expect on a daily basis. This means; getting up on time during the week for education and employment; eating a home cooked dinner every night around 6pm and going to bed early enough to get a good night's sleep between 9pm - 11:30pm. (depending on how old they are and if they have education or employment the following day.) There are lots of activities they can do in the holidays, after school and at weekends. Each Sunday, mentors will help the young people plan their week so they know what their commitments are and what things they can look forward to.

## **ANDERIDA LEARNING CENTRE**

Anderida Learning Centre (ALC) is an independent school based in East Sussex for students aged 11-18. It is an alternative option to mainstream education where it is expected that students are more able to gain qualifications. The ALC team are friendly and experienced specialists, equipped to work alongside young people with behavioural, emotional and social difficulties as well as special educational needs.

The educational provision at ALC is based on the premise all young people are at different learning stages regardless of age. The curriculum is delivered on a 1:1 basis or in small classes of 2 or 3 students where core subjects are delivered by a fully qualified teacher with a range of experience. Students have the support of a learning mentor and are given a high level of support throughout each lesson.

Included in their curriculum, the Anderida Learning Centre offers a wide range of additional learning, such as; accredited qualifications, vocational skills, independent learning skills, rich life experiences and opportunities. Alongside academic pursuits there is an emphasis on social learning and development as well as creativity and play. Students are provided with a tailor-made timetable to meet their individual needs. Within this timetable they receive 1:1 mentor support across all subjects.

The key principles of the Anderida Learning Centre provision are:

- Personalisation
- Creativity
- Appropriateness

Through a detailed needs analysis, Anderida Learning Centre encourages students to build the confidence and self-esteem required to take ownership of their own learning. Where students can make healthy, informed



choices about their future in a place which is warm and friendly and where they feel valued and respected.



Please find the [Education Policy here](#)

## **PROMOTION OF RECREATIONAL ACTIVITIES**

Anderida recognises that extra-curricular recreational activities are an invaluable enriching part of a young person's life, building self-esteem, establishing a healthy peer group, improving quality of life and widening horizons. Anderida will ensure that the young people within their care are not in any way disadvantaged in accessing a diverse range of activities. Each child's talents and interests will be nurtured, and their personal preferences and abilities will be taken into consideration. Young people will be introduced to a wide range of activities within the community to ensure that they have experience of what is available to them. Mentors will ensure that they facilitate young people's attendance at all groups, clubs, activities and ensure that they are enabled to develop their hobbies and interests.

When a young person moves into the home, the manager will ensure that the designated authority documents are completed in order that permissions are in place for the appropriate activities and where not covered will request permissions to ensure that young people are not prevented from experiencing new things.

All mentors, along with the significant others will celebrate the achievements of the young people, attending awards ceremonies and open evenings.

### **Anderida support young people and encourage new interests by:**

- Having lots of fun!!!
- Mentors participating in activities the young people choose/enjoy.
- Giving a weekly activity allowance.
- Exploring the young people's interests at point of placement and integrate their interests and activities into their care plan.
- Recognising the cultural needs of the young person and how this may relate to recreational and cultural activities.
- Rewarding positive behaviour through our activity points system (A-points).
- Providing unlimited membership to local gym & swim.
- Providing a wide range of free and normally cost prohibitive activities through the A-points site.
- Offering taster sessions in new and unusual activities.
- Providing activity holidays in the UK and abroad.
- Exploring and helping young people to identify activities that they may enjoy.

- Ensuring all homes have comprehensive details of all youth clubs, youth activities and youth support in the area.
- Contributing to the cost of structured activities if they are part of a weekly timetable.
- Providing transport to and from activities.
- Paying a contribution or covering the costs of healthy sporting activities.
- Enabling a young person to pursue long term sporting goals and commitments through ongoing financing, providing equipment, organising travel arrangements etc.
- Networking with youth activity providers and ensuring a good level of support from all parties with a young person's anxieties are a barrier to engagement.
- Checking activity providers have adequate risk assessments, safer recruiting for staff and appropriate insurances.
- Purchasing insurance for young people where they are undertaking higher risk activities.

## **RELIGIOUS AND CULTURAL POLICY**

### **YOUNG PEOPLE**

A young person's cultural needs may be identified as part of the referral process, however if this is not the case, their cultural needs will be ascertained throughout the care planning process at the beginning of their placement and ongoing throughout the placement. The staff team/key worker will discuss how their cultural needs can best be met and assist the young person in finding the appropriate resources to suit their needs. A young person's religious requirements may also be identified as part of the referral process. Should this not happen, then individual interests and requirements will be ascertained throughout the placement. The staff team/key worker will endeavor at all times to encourage and facilitate a young person pursuing their religious beliefs.

### **SUPPORTING PROCEDURES**

- Equality and Diversity
- Anti-Discrimination

## **CONSULTATION WITH YOUNG PEOPLE**

Every young person is regularly consulted around the arrangements for their care. Care plans are collaborative working documents negotiated with young people through key hours and daily conversations. Young people are encouraged to voice their opinions on how the homes are run in weekly house meetings and through CHAT reviews. All young people's opinions are recorded and logged in the home. Independent Regulation 44 Inspectors visit the home on a monthly basis and always ensure that there is an opportunity for young people to give feedback on their care and the running of the home. Young people are also asked their views of mentors' support and contribute to staff appraisals.

## **THERAPEUTIC NON-VIOLENT RESISTANCE POLICY AND PROCEDURE**

Anderida works within a Non-Violent Resistance (NVR) therapeutic framework. Non-violent resistance advocates that rather than relying on the use of consequences and trying to develop insight into the young person, we aim to raise our presence as care givers. Different models of raising presence give adults the opportunity to challenge behaviour and by doing this the adults create a stronger and more positive internal



representation of themselves in the child's mind. Raising presence primary focus is not to change the child but to change the relationship with the child.

Trying to control young people is self-defeating and means the adults are operating within the same logic as the child – control or be controlled. Many harmful and at-risk young people refuse to be controlled the result is 'symmetrical escalation'.

NVR actively promotes working alliances between care givers, parents, local authorities and adults who support young people. Anderida requires the support and participation of young people's social workers in delivering NVR interventions.

**To support NVR approaches Anderida may also enlist the help of:**

- Family
- Young People's Peers/Friends and their families
- Teachers
- Independent Reviewing Officers
- The Police (PCSO's)
- Youth Offending Teams
- The local community/neighbours
- Mentors from the wider Anderida team
- Victims of incidents involving the young people
- Therapists

**CORNERSTONES OF NVR**

- Refusal to give in and breaking taboos – adult disobedience
- De-escalate
- Develop support
- Raise presence through organised protest
- Reconcile with the child/young person

**NVR METHODS**

**Deferring response until the incident is de-escalated or when arousal is lowered**

This enables adults and young people to lower their psycho-physiological arousal and enables emotional self-regulation in the care giver. Giving enough space to become pro-active rather than re-active, carefully planning the action we will take and drawing on support networks.

**Announcements**

Developed by key people in the child's life to include caregivers, extended family, peers, and professional networks. The announcement is problem specific, concrete, neutral and outlines, the child's strengths, our concern for their harmful behaviour and the intention of the group to take action. The announcement ends on a description of a preferred future.

**Sit-in**

An agreed number of adults/peers in the young person's life visit the home of the young person. They enter the young person's environment (often the bedroom). The supporters and key adults explain:

- They will no longer accept the problem behaviours (and describe specifically what these are)
- They are here to find a way to solve the problem or 'put things right'
- They will wait until the child suggests a solution or a way to repair the harm caused

The adults will then sit calmly and wait and support each other if they feel threatened, without escalating the situation. Methods to do this will have been agreed in the planning stages of the sit in.

If young people suggest a positive solution, the group will explore that in an open-minded way, before leaving the room and stating they will give the idea a try.

If the child does not put forward any genuine positive idea about what they the child will do to put things right and prevent further occurrences, the group will wait until the agreed sit in time is up. The group will decide in advance of the sit in how long it should last if the child does not put forward a realistic suggestion of how to make things better.

### **Campaign of Concern**

The identified support network for each child will respond when a child puts themselves or others at risk. They will communicate their concern in a variety of ways once informed about harmful incidents by key adults. This may be:

- Visiting the child
- Phoning the child
- Emailing
- Instant messaging
- Texting
- Private message on social media
- Writing a letter
- Video messages
- Other creative and appropriate forms of communication

It is important for the supports to know that this is about making a statement outlining their concern for those affected and the young person. They are instructed not to be drawn into a two-way communication/conversation with the child as it may lead to justification or escalation – neither of which are helpful.

### **Tailing**

This approach is utilised when a child is missing from home. When tailing a child, adults will make use of information they have gathered in order to be physically present in places that they know the young person to frequent. They will build a picture of the young person's activities and those that are involved with the young people; this will enable adults to reach out to those who can become allies.

### **Telephone Round**

The telephone round is a method of manifesting parental presence and showing the young person the resistance when they run away from home, refuse to tell adults where they have been, or if they are coming home. This involves contacting all the people who relate to the child, such as their friends and friend's parents. The adults are encouraged by the NVR co-ordinator to collect as many of their child's friend's numbers as

possible, and other acquaintances who know them. The parents call several people on the list, asking them to inform their young person that the parent is concerned for him/her and would like to get in touch with them. Adults cease calling after a reasonable period and resume calling the next day. It is not the object to ensure that the child comes home under all circumstances (although this would be a desired outcome) as this is not possible. Instead, the object is to make adults presence felt in the dangerous environment the child moves in, and to reach out the message of adult presence to the unsafe people connected to the child.

The adults use these telephone conversations in order to gain information about who their young people are associating with, find out about parents of other young people, etc. This process and gathering of information, support the process of 'tailing'.

### **Breaking Taboos**

Adults agree which first step and which subsequent steps to break with the control of the young person. This can be:

- Not giving into demands.
- Doing things within the normal routine of the home or the young person's care plan that adults/peers/siblings have been avoiding for fear that they will respond aggressively.

### **Refusing Services**

Adults refuse services that the young people are misusing; examples are refusing to drive the child somewhere when he or she have been abusive in the car. Shutting down internet access and some phone access when this contributes to harmful behaviour. Refusal of services is not to punish the child it is just parents and caregivers taking reasonable steps to protect themselves and their child.

### **Helpers Meeting**

Helpers meetings are chaired by an adult training/trained in NVR. The child's support networks are invited to the meeting. The following is discussed;

- What the child's violent, aggressive, dangerous and harmful behaviours are.
- How these behaviours affect others.
- What action has been taken so far?
- What has changed in the family/home so far?
- What the key adults need support from their helpers for.
- Any progress with the child.
- Develop action plan for helper support, including e.g., witnessing at sit-ins, taking part in campaigns of concern, acting as stress buffer, mediator, or support person for peers/siblings/other residents.

### **Training**

The management team undertake training in NVR with Partnership Projects to Certificated Practitioner Level. The mentoring team undertake training in NVR to foundation level. This is updated through clinical individual supervision, group child focused supervision sessions and management peer NVR supervision.

## **THERAPEUTIC APPROACHES AND CLINICAL PSYCHOLOGY SERVICES**

### **KERRY SHOESMITH (MSC CBT & MENTAL HEALTH)**

Kerry Shoesmith is a qualified Cognitive Behavioural Therapist (CBT) and delivers several in-house therapeutic sessions to include:

- Group child focused workshops

- Individual therapeutic supervision
- 1-1 therapy with children and young people
- 1-1 CBT supervision/therapy sessions for staff

Kerry had an early professional background in youth and community work, which included working at youth clubs, drop-in centres for young people and foyers. Kerry also worked as a volunteer for victim support and youth advocacy. In 2001, she began working in residential care, progressing through various roles and qualifications. In 2006, as an A1 Assessor, Kerry took on responsibility for the organisation's training and development of staff. She also undertook NVQ assessments. Now Director of Training and Care, Kerry facilitates and delivers training and sessions to the staff team and is an IQA for Anderida Assessment Centre; where staff complete their Level 3 and 5 Diplomas.

Kerry developed an interest in Cognitive Behaviour Therapy (CBT) in 2010, as a tool for understanding the complex needs of the young people.

Kerry supports the Care Team, to utilize a CBT model to identify underlying thoughts and feelings to maladaptive patterns of behaviour. With this understanding, the team is better equipped to develop effective strategies to helping the young people to cope in healthier ways and overcome barriers to achieving their goals.

Kerry holds the following qualifications:

- NVQ3 CCYP
- NVQ4 CCYP
- NVQ4: Management, A1 Award, V1 Award
- Certificate in CBT
- MSc in CBT and Mental Health
- NLP Practitioner
- NVR Accredited Practitioner and holds a Diploma in Re-Attach.

Work with young people is informed by Dyadic Developmental Therapy. Kerry also receives monthly supervision from Dr Peter Jakob, Clinical Psychologist or Julie Oates Specialist Systemic Family Therapist.

### **ANTHONY CORBY**

- Diploma in Integrative Humanistic counselling
- Diploma in Equine assisted Therapy
- Diploma Level 3 in Residential Childcare
- Certificate in Trauma
- Emotional Freedom technique practitioner
- Foundation Course, Awareness in Bereavement care
- NVR Training
- Suicide Intervention

Ant has been a part of Anderida for 3 years, working as a mentor. During Ants time at Anderida, he developed a staff wellbeing programme and has provided Equine Assisted therapy to our young people.

Ant is a BACP Trained integrative Counsellor, with advanced training in Transactional Analysis, Gestalt and person-centred Therapies, Ant is able to offer counselling in these models. He is also recently trained in ReAttach and completing case studies using this intervention; ReAttach is a multi-sensory model of non-talking therapy.

Ant is a qualified bereavement counsellor, Emotional Freedom technique practitioner and has specialist training in Trauma".

Ant is trained in Non- Violent Resistance and Suicide intervention.

Ant provides:

- Therapeutic Intervention in the workplace 1-1 support to staff, to assist them in their mentoring role
- 1-1 counselling and Equine assisted Therapy to young people.

Ant is supervised by Kerry Shoesmith, under Anderida Care.

Ant receives supplementary BACP Accredited clinical supervision under the Humanistic model outside of Anderida.

### **DR PETER JAKOB**

Anderida Adolescent Care works closely with Dr Peter Jakob, a Consultant Clinical Psychologist (PHD in Clinical Psychology, equivalent of BA Hons in Social Work, Int Baccalaureate, Systemic/Family Therapist, Accredited Clinical Psychologist-Psychotherapist).

Dr Jakob is chartered with the British Psychological Society and Registered Practicing Psychologist HCPC, and has worked in the United Kingdom, Germany and the United States of America. He has worked extensively within NHS child and adolescent mental health services (CAMHS) and in private practice, and specialises in working with young people in care, who present with complex emotional and behavioural difficulties.

Dr Jakob's last two positions in the NHS were Head of East Kent Clinical Psychology Services for Children, Adolescents and Families, and Lead for Complex Cases, East Sussex CAMHS. Dr Jakob has been credited with introducing Non-Violent Resistance to the United Kingdom.

Dr Jakob offers our homes a range of clinical psychology services, and a tailored package of psychological input is developed at the start of a young person's placement; in close liaison with the home manager and the young person.

Our in-house clinical psychology service includes:

- Clinical consultation for the developing fostering service
- Psychological assessment of the young person as required and appropriate – of therapeutic needs, mental health, IQ, learning disability, educational needs, risk to self and others, offending behaviour, developmental disorders, and personality
- Weekly individual therapy for the young person as required and appropriate (including cognitive behavioural therapy, trauma-focussed therapy, EMDR, solution-focussed therapy/narrative therapy and integrative psychotherapy)
- Systemic (family) therapy - where appropriate.
- Attendance and consultation at relevant professionals' meetings
- Assessment, progress and discharge reports are made available to the unit manager and social worker
- Training, promotion and facilitation of Non-Violent Resistance (NVR)

Dr Jakob receives his own clinical supervision monthly, from a consultant clinical psychologist, this includes reciprocal supervision arrangements with associates at Partnership Projects and with international colleagues.

## **REATTACH POLICY**

### **Introduction**

ReAttach was developed by Dr Paula Weerkamp and is a transdiagnostic intervention for children and young people with mental health problems. ReAttach therapy can optimise the development of our vulnerable young people, as well as adults who are hindered by mental health difficulties.

During ReAttach, a therapist will provide tactile stimuli by gently tapping on their clients' hands, increasing, and decreasing arousal to allow clients to process information and create brain connections that will change old patterns.

ReAttach is a convenient and accessible non – verbal therapy.

### **What We Offer**

ReAttach training:

Training facilitator – Kerry Shoesmith:

- ReAttach trainer and practitioner
- Working in specialist residential therapeutic childcare since 2001
- Accredited NVR (New Authority) Practitioner, Supervisor and Trainer
- Master qualification in Mental Health and Cognitive Behavioural Therapy (2013)
- Private therapy practice overseeing adults and young people
- Operational Director and Head of Therapies at Anderida Adolescent Care - holding responsibilities in overseeing homes, providing staff and team therapeutic interventions, and young people individually for therapy

ReAttach training takes place over 3 days, and upon completion trainees will be able to obtain a certificate of attendance for basic ReAttach. Trainees will then complete a theoretical exam and will carry out ReAttach on 5 case studies, once a week for 5 weeks and may then be entitled to a Diploma in ReAttach, providing there is a decrease in symptoms in at least 3 weeks.

Mentors across the organisation may then be able to practice routinely in supervision, when working with their NVR families, and to generally support our young people and each other.

### **Ethical Considerations**

ReAttach therapists:

- Should explain what the therapy is and be fully led by their clients
- Will practice in their role of competency and will be expected to signpost should deeper issues come from ReAttach
- Should work within their remit, unless trained in specific therapies to support with trauma
- Should maintain confidentiality unless there is a legitimate reason for sharing information, such as safeguarding concerns
- Should be mindful of the relationship with their clients (family/friend relationships) to ensure that standards of therapy are upheld, and psychological safety is provided

Clients may experience vulnerability during ReAttach sessions, so it is vital that practitioners ensure the environment is calm, with no distractions in a place, where confidentiality can be maintained.

### **How ReAttach Can Be Helpful**

ReAttach can:

- Improve emotional regulation
- Improve self-control
- Reduce feelings of fear
- Improve motor skills and motor control
- Help people stay focused
- Allow people to become more self-confident
- Help people with ASD and other complexities by activating multiple sensory integration
- Reduce psychological distress and supports personal growth

### **WARA For Young People**

ReAttach can be used with our young people, but the WARA (Wiring Affect ReAttach) can be a preferred method.



WARA is a sub element of ReAttach and can be used to support young people who experience emotional dysregulation.

ReAttach therapists will need to support young people to think of the bad feeling, while simultaneously bringing up positive concepts in down-regulation.

The WARA can act as a distraction and can support young people in regulating their emotions.

## **ARRANGEMENTS FOR VISITS WITH FAMILY BETWEEN A CHILD AND THEIR PARENTS, RELATIVES AND FRIENDS**

Anderida recognise the importance for all young people of safe visits with families and significant others. It is essential that there is an agreed plan in place when young people are placed at Anderida and that this agreement is regularly reviewed to ensure young people are supported to see loved ones.

Where it is safe, appropriate and within the relevant care order for significant others to be involved in the young person's care, Anderida will endeavour to support contact and promote participation by:

- Inviting significant others to attend care reviews/meetings.
- Providing weekly telephone updates.
- Ensuring significant others are informed promptly regarding significant incidents.
- Providing summaries to give an overview of the young person week.
- Providing 6 monthly CHAT reviews.
- Ensuring young people have access to telephone and email (within suitable risk assessments).
- Facilitating regular visits both in and out of the home.
- Supporting supervised contact.
- Arranging suitable facilities for visits.
- Providing transport for visits.
- Providing family mediation.
- Supporting young people to manage their thoughts, feelings and behaviour around their relationships.
- Advocate for the young person and request a review if the young person's contacts needs are not being met.
- Ensure young people are made aware of their legal rights and advocacy services to support them in addressing concerns with the local authority.
- Request a review of agreed contact if it is leading to difficulties in the young persons' care.

Contact needs to be agreed with the local authority and Anderida may require a suitable timescale for permission to be sought. Anderida will not, under any circumstances, use contact as a form of punishment. However, there may be some situations where a young person/significant other's behaviour is deemed unsafe, therefore affecting contact arrangements. In these circumstances Anderida will act in accordance with the 'Children's Homes Regulations 2015' which state:

*'No measure may be imposed by the registered person pursuant to paragraph unless—*

*(a) the child's placing authority consents to the imposition of the measure; or*

*(b) the measure is imposed in an emergency, and full details are given to the placing authority within 24 hours of its imposition.*

*This regulation is subject to the provisions of any relevant court order relating to contact between the child and any person.'*

## **POSITIVE HOLDING POLICY**

All staff at Anderida are trained in de-escalation, positive holding and restraint methods. Anderida uses the PRICE model (Protecting Rights in a Care environment) to train staff and provides a two-day theory and de-escalation training course as well as a four-day practical course. In line with legislation, staff are trained every 12 months. Staff are assessed by a qualified PRICE instructor, to ensure their confidence and competence in de-escalation and positive holding. In addition, training sessions are run 6 weekly and core staff teams attend on rotation.

Staff are assessed for competency on a 3-point scale by the assessor throughout the training to identify contributions to the training in both technique and in the scenarios. Following the training the staff are signed off by the trainer who will refer the staff members to the training co-ordinator as:

- Competent
- Would benefit from more frequent training
- Requires immediate additional training

This is in-line with the BILD guidance.

Anderida are currently registering, voluntarily, for accreditation with the Restraint Reduction Network, we have devised a 12month programme for meeting the accreditation framework requirements, which will give the organisation Gold Standard Accreditation.

Restraint will only be used in the following circumstances, in line with the guidance from Children's Homes Regulations 2015 and BILD.

- **Preventing injury to any person (including the child who is being restrained)**
- **Preventing serious damage to the property of any person (including the child who is being restrained)**

Injury could include physical injury or harm or psychological injury or harm. This may mean removing electronic devices such as mobile phones if there are strong suspicions and some evidence of exploitation and physical or psychological injury to the child. Serious damage would be defined by causing harm to another individual e.g., another's child's belongings or a level of damage whereby the young person would be criminalised.

There may be circumstances where a child can be prevented from leaving a home – for example a child who is putting themselves at risk of injury by leaving the home to carry out gang related activities, use drugs or to meet someone who is sexually exploiting them or intends to do so. Any such measure of restraint must be proportionate and in place for no longer than is necessary to manage the immediate risk. This would not be a long-term intervention and if this was happening on a frequent basis the child should have their care plan reviewed with a view to considering a different setting.

## **UNDERPINNING PRINCIPLES**

1. **PHYSICAL INTERVENTION MUST BE A LAST RESORT** and should be used as part of a wider strategy for managing challenging and violent behaviour.

2. Prior to physical restraint mentors should consider the risk of physically intervening and the risk of not intervening.
3. Mentors should be familiar with the child's risk assessment.
4. Mentors should have read their positive holding plan and be aware the child's previously sought views on strategies that they considered might deescalate or calm a situation.
5. Mentors should consider the relevance of any disability, health problem or medication to the behaviour in question and the action that might be taken as a result.
6. All other methods must have been exhausted. Physical restraint used for the wrong reason could be seen as personal assault or, at the very least, would be against any care policy and practice.
7. Physical intervention upholds the client's rights and dignity.
8. Physical intervention acknowledges the responsibilities inherent within a duty of care.
9. Physical intervention avoids the use of pain and of holds against joints.
10. A level of response within a physical intervention must be a minimal use of force and the least intrusive intervention for the shortest possible time.
11. There must be no sexual connotation within the technique.
12. No harmful techniques either physically or psychologically.
13. Techniques are to be phased up if necessary, phased down as soon as is safe to do so and held for the minimum duration.
14. Physical intervention should avoid the use of restraint upon the ground wherever possible.
15. Mentors safety awareness and communication are key to positive effective physical intervention.
16. Individual and team approaches to manage difficult behaviour should be employed at all times.

**A restraint should be clearly logged on the following documents:**

**Restraint form**

**& checklist:** Held on the young person's file, copied to the social worker and significant others and our PRICE instructor. This form gives the young person the opportunity to add any comments they wish to make and is filled in as part of the debrief session. Any child who has been restrained should be given the opportunity express their feelings about their experience of the restraint as soon as is practicable, ideally within 24 hours of the restraint incident, taking the age of the child and the circumstances of the restraint into account. In some cases, children may need longer to work through their feelings, so a record that the child has talked about their feelings should be made no longer than 5 days after the incident of restraint.

All mentors are to be trained in restraint within their induction period. Refreshers will happen between three to six months, with each mentor and this will be facilitated by Anderida's in-house qualified PRICE instructors. Should the training lapse past six months it is the duty of the registered manager to refer the mentor for an immediate refresher. This training will be regularly reviewed to assess the effectiveness of the restraint training and the appropriateness of the training to the needs of the children in the home.

Mentors are responsible for using their PRICE training and applying it correctly in order that they minimise the possibility of an assault on them. Should a mentor's member be struck by the young person when physically intervening in a situation where a young person is attempting to harm themselves or cause criminal damage, this would not in most cases be considered assault and charges are unlikely to be brought. However, should a mentor be struck by the young person when physically intervening in a situation where a young person is attempting to harm others, this would in most cases be considered assault and the manager alongside the team would decide what action to take.

Records of restraint must be kept in a confidential area and should be completed to enable the registered person and mentors to review the use of control, discipline, and restraint to identify effective practice and respond promptly where any issues or trends of concern emerge. The review should provide the opportunity for amending practice to ensure it meets the needs of each child. PRICE Instructor and Restraint Reduction Lead receives copies of all debriefs following a physical intervention.

#### **ANDERIDA PRICE CONTACTS:**

Dave Ridehalgh – PRICE Instructor and Lead for Restraint Reduction  
Catherine Nightingale – Restraint Reduction Quality Assurance  
Kerry Shoemith – Restraint Reduction Governor

#### **COMPLAINTS**

In the event of a complaint, please contact Lucy Wright, who will provide you with our complaints procedure: 01323 410655 / Lucy Wright [lucy.wright@anderidacare.co.uk](mailto:lucy.wright@anderidacare.co.uk)

#### **EQUALITY, DIVERSITY AND INCLUSION POLICY**

Anderida take equality and diversity within the workplace seriously.

Anderida have formed a task force to address these issues and bring around positive change.

#### **Our Mission Statement:**

Here at Anderida we accept and respect all individuals and are committed to an inclusive environment for all.

We will:

- Challenge all discrimination including nationality, gender, ethnicity, colour, sexual orientation, disability, culture, language, religion, marital or parental status and age.
- Not promote unhealthy stereotypes.
- Take meaningful action and open up dialogues that are uncomfortable but vital.
- Take extra time to be inclusive socially and practically.
- Promote British values.
- Assist people to overcome any barriers.
- Support people to recognize their potential and abilities.
- Take care in all aspects of social graces, like making a conscious effort to pronounce and record people's names correctly, asking if we are unsure.

We will challenge all forms of discrimination inclusive of:

- Communication and promotion of racist ideologies.
- Stereotyping because English isn't someone's first language.
- Generalizing when it comes to someone's sexuality.
- Humour that is inappropriate and may cause offense to another individual.

The objective for Anderida Adolescent Care is for all groups within the community to have an equal treatment in recruitment, training, career development and promotion. Our workforce, at all levels and in all work areas, should reflect broadly the composition of the local community and residents. Although this policy is directed at our employment practises, we are fully committed to providing equal access for every member of the community to all of our services and resources. Employment disadvantage can be experienced for a number of reasons, including race, colour, creed, ethnic or national origin, disabilities, age, sex, sexual orientation or marital status.

### **Equalities Act 2010**

protects people against discrimination. Under the Equality Act, there are nine protected characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Under the Equality Act you are protected from discrimination:

- when you are in the workplace
- when you use public services like healthcare (e.g., health and education services)
- when you use businesses and other organisations that provide services and goods
- when you use transport
- when you join a club or association
- when you have contact with public bodies like your local council or government departments

In line with the Equality Act, Anderida make considerable efforts in the areas below.

### **Ethnic Minorities**

We believe that recruitment of ethnic minority staff is fundamental to ensuring an equal share of services and resources for ethnic minority communities.

#### **We will:**

- Examine and review our policies and practises to remove barriers in the employment of such groups in our own workforce, by developing comprehensive policies/procedures in the fields of recruitment, promotion and training.
- Provide education, training and welfare facilities to improve the employment prospects for all workers.
- Adopt the code of practice produced by the Commission for Racial Equality and fulfil all of its employment responsibilities laid down in the Race Relations Act 1976.

### **Age Discrimination**

- Examine our own practises and develop policies that will remove the barriers to the employment or equal treatment in the workplace, for employees of all ages.
- Aim to recruit across a range of ages recognising the qualities of having a range of ages within our service in all aspects of the organisation.
- Ensure that we offer appropriate support and aim to overcome any age-related barriers to fulfilling relevant roles.

### **Sex Discrimination**

We recognise that women face direct and indirect discrimination in many aspects of employment. This has led to women being concentrated in a narrow range of low-grade occupations with limited career opportunities within the work force.

#### **We will:**

- Examine our own practises and develop policies that will remove the barriers to the employment of women and redress the balance of disadvantage through our policies/procedures.
- Take into account the demands of childcare and care of other dependants.
- Provide opportunities for the equal employment of women in the full range of occupations.
- Take action on any behaviour that constitutes discrimination or harassment.
- Give opportunities for flexible working arrangements so that women who choose to work part-time have access to a wider range of jobs and more senior posts.
- Provide policies procedures and undertake risk assessments to protect woman through pregnancy and maternity.

### **Disability (including health issues and mental health)**

#### **We will:**

- Where required, act to provide a barrier free environment to facilitate the mobility of disabled people.
- Where necessary, provide special aids to allow a person with disabilities the opportunity of training and education.
- Examine and review our own attitudes to the employment of people with disabilities and other health related issues within appropriate risk assessments, to ensure that they are positive and enabling.

### **Sexual Orientation and Gender Reassignment**

We recognise that many will face discrimination in many aspects of employment, particularly those who are open about their sexuality.

#### **We will:**

- Act to eliminate discrimination and employment disadvantage experienced due to gender, gender reassignment and sexual orientation, within our own employment practice.
- Recognise that this minority often have an awareness and experience of discrimination, which can be used to the advantage of our services.
- Ensure that our employees will not discriminate in their working practice.

### **Programme of Positive Action**



As well as paying particular attention to the needs identified in the individual statements above, Anderida will include the following common features in relation to all disadvantaged groups.

### **Employment Opportunities**

A review of employment practices, policies and conditions to ensure that at all stages there is greater objectivity and the removal of obstacles facing minority groups, including looked after children to secure an equal share of employment opportunities in terms of recruitment, career development and promotion.

### **Training**

Anderida will within their induction make staff aware of the equal opportunities policy and anti-discriminatory practice. Anderida will ensure all staff receives equal training opportunities, within the remit of their role and that training is based on the principles of equal opportunities policy and anti-discriminatory practice.

### **Grievance and Disciplinary Procedures**

Procedures are to be revised to ensure that they lead to the remedy of any breaches in the equal opportunity policy and treat discrimination and harassment as a disciplinary offence.

### **Harassment**

Anderida will not allow any form of harassment. This is defined as any repeated and unwanted comments, looks, suggestions or physical contact that you find objectionable or offensive and causes you discomfort in your job. Anderida will take steps to stop and prevent harassment on any grounds, whether physical or verbal, covert or overt and provide education on how it affects employees. Discriminatory material will be regarded as a form of harassment (see anti-discrimination policy).

### **Monitoring**

Monitoring procedures will be implemented to report regularly on the success of the policy. This will depend on improved employee records including information on the ethnic origin of employees and candidates for employment based on self-classification. All such data will be strictly confidential and no individual information will be identifiable in public reports.

### **Racism**

There are two main forms of racism: personal racism and institutional racism, which also overlap. Personal racism includes personal abuse, prejudice, assumptions or hostile actions directed at another person or group on the basis of their colour, race, culture or nationality. It can be displayed in an open or hidden way, whether by attitude or behaviour.

Institutional racism is less easy to recognise but is by no means less important. It includes structures, policies and practices which restrict access to jobs and services to black and ethnic minority people.

### **Anderida Pledge**

- Is opposed to discrimination in all its form and will give the highest priority to promoting racial equality throughout the service.
- Deems discrimination – whether directed towards staff or clients as unacceptable in any circumstances.
- Expects its staff to be aware of discrimination and to tackle it wherever it occurs.
- Will support staff and clients who challenge discrimination as well as the victims of discrimination.
- Will examine every aspect of our own structure and service provision in order to address and take action when recognise areas of discriminatory practice.

- Will provide training to make staff aware of discrimination and ways of working with clients from different cultural groups.
- Will draw on the principles of NVR as well as meeting their legal and moral responsibilities in responding to all forms of discrimination.
- Will make available a copy of this policy to all members of staff and job applicants.

Please also see

[ANTI DISCRIMINATION POLICY](#)

[STAFF CONDUCT POLICY](#)

## **STAFFING AND ORGANISATIONAL STRUCTURE**

Registered Provider

**Managing Director**

Brian Thompson

Acting Managing Director:

Mathew Thompson

**Operational Directors:**

Erica Castle

(Responsible Individual)

**Management Team:**

Emma Parslow – Manager

Dave Ridehalgh – Manager

Dawn Dunkley – Manager

Kaz Erridge - Manager

Stacey Armour- Manager

Maz Macmillan – Manager

Anderida Adolescent Care Ltd, Neville Mews,

6a Neville Road, Eastbourne, BN22 8HR

**Company No: 2722183**

Tel: (01323) 410655

[info@anderidacare.co.uk](mailto:info@anderidacare.co.uk)

[www.anderidacare.co.uk](http://www.anderidacare.co.uk)

### **The Willows Core Team**

#### **Home Manager:**

Stacey Armour (Induction Training, OCR Level 3 Diploma in CYPW, OCR Level 5 for Leadership & Management in Residential Childcare, Partnership Projects Certificate Course in NVR Advance - completed).

#### **Deputy Manager:**

Natalie Hughes (Pre AAC NVQ3 Early Years), Induction Training, NVQ4 in Care of Children and Young People, OCR Level 3 in Assessing Competence in the Work Environment, NVR Advanced Level 2 Certificate, Reattach Diploma, Accredited NVR Practitioner with the NVR Association (NVRA) Level III - completed).

#### **Mentors:**

Anthony Corby (Pre ACC – NCFE Level 2 Certificate in Counselling Skills, Induction Training, Diploma Level 3 in Residential Childcare - completed),

Sophie Downard (NCFE CACHE Level 3 Diploma for Residential Childcare - completed)

Richard Barham (Induction training, NCFE CACHE Level 3 in Residential Childcare - completed).

Caroline Short (Pre AAC BA Hons in Applied Social Sciences, DBA Applied Social Science), Induction Training, OCR Diploma Level 3 in Residential Childcare - completed),

Ysabel Cook (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare - current)

Tina Durnford (Foundation NVR, NCFE CACHE Level 3 Diploma for Residential Childcare - completed).

**Bank Mentors:**

Andrei Morosanu (Induction Training - completed),  
Leanne Wilkes (Introduction Training, NVQ3 in Children's Care, Learning & Development, OCR Level 3 Diploma in Residential Childcare, NCFE Level 2 Team Leading Award - completed),  
Elicia Draper (Induction Training – current),  
Jade Smyth (Induction Training – completed),  
Tim Reading (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare - completed),  
Ivita Ivanova (Induction Training, Pre AAC- BSc Psychology with Clinical Approaches, NCFE CACHE Level 3 Diploma for Residential Childcare, NCFE Level 3 Certificate in Assessing Vocational Achievement, Reattach Diploma - completed),  
Sara Winter (Induction Training – completed),  
Joe Fletcher (Induction Training, L3 in Residential Childcare, Foundation Diploma in NVR - completed),  
Matt Tupper (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare - current),  
Jennie Hoey (Induction Training, Pre AAC NCFE-Level 2 Counselling, NCFE Level 1 in Interpersonal Skills, Foundation Degree in Human Science, NCFE CACHE Level 3 Diploma for Residential Childcare, NCFE CACHE Level 5 Diploma Leadership and Management in Residential Childcare, Reattach Diploma - completed),  
Carley Hawkins (Pre AAC-City and Guilds NVQ Level 3 in Health & Social Care (Children and Young People), Induction Training – current),  
Cathy Tuica (Introduction Training, British Bachelor's Degree in Sociology and Psychology, NCFE CACHE level 3 Diploma in Residential Childcare - completed),  
Natasha Gower (Pre ACC-NCFE CACHE Level 3 Diploma for Residential Childcare, Induction Training – completed),  
Wolfgang Weis (Induction Training – completed),  
Sadie Nicholas (Induction Training – current),  
Nathan King (Induction Training – current),  
Nick Bolt (Induction Training – current),  
Oluwaseun Oyebola (Induction Training – current),  
Molly Mcloughlin (Induction Training – current),  
Milowslawa Kalahurska (Induction Training – current),  
Francis Makoni (Induction Training – current),  
Juliet Kelly (Induction Training – current),  
Benjamin Brittain (Induction Training – current).

## AREA LOCATION RISK ASSESSMENT

Updated 13.01.2023

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>The home is situated near a seaside town</b>	Young person and mentors, visitors	The home is situated near a seaside town, The beach is within a 30-minute car journey.	MED	<p>Mentors to make sure the young people are aware of the danger if visiting the seaside.</p> <p>Mentor to make sure that all young people have contact numbers to phone if they get separated or need help.</p> <p>Mentors to arrange for a meeting place if get separated, like back at the car.</p> <p>Mentors to ensure all take appropriate clothing and footwear, have sun protection with them, towels and change of clothing.</p>	On- Going
Swimming in the sea		The young person will have an individual RA done around being able to go swimming in the sea, this will look at the ability of the young people whether they can swim, weather conditions, and other safety measure like lifeguards on the beach.	MED	<p>Cooden and Normans Bay beaches are unsupervised.</p> <p>Mentors would take a non-swimmer where lifeguards are available. the closest lifeguarded beach is located at Bexhill central, by the De la Warr Pavilion during July and August.</p> <p>Mentors can get advice by speaking to our Coastal Team for further information on 01424221407 or by emailing <a href="mailto:bexhillcoastaloffice@rother.gov.uk">bexhillcoastaloffice@rother.gov.uk</a> .</p>	On- Going
		Cuts, bruises and breakages. You're most at risk when walking to or into the water or if you jump or dive in without checking the depth. Sharp stones or broken glass are	LOW	<p>Mentors to encourage all to wear flip flops to the water's edge and consider neoprene socks. Pay attention where you put your feet and always look before you leap. Be careful of waves breaking onto rocks. First aid kit to be taken with mentors.</p>	On- Going

		common hazards.			
		Cramp Cramp occurs when your muscles go into spasm. It can be very painful and disabling. Some people are more prone to it than others and it seems to be more likely if your muscles are tired, for example if you've been running before swimming.		Mentors to minimise the risk by learning what triggers cramp (e.g. sudden changes of pace, swimming butterfly). Swim with other people so if you do get cramp, they can help you. Consider using a tow float to rest on in case of emergency.	On- Going
		Seaweed Getting 'dragged down by seaweed' is a common fear for beginners but is extremely unlikely. Nevertheless, seaweed and other plants can impede your swimming and possibly induce panic, which may result in drowning.	LOW	Mentors and young people to be made aware that, If they swim into seaweed, to stay calm. Seaweed does not try to pull you down. In most cases you can gently extract yourself. It is usually preferable to swim in deeper water where you have fewer contacts with plants.	On- Going
		Getting stuck in the water. It's not unheard of for people to start swimming and only later realise they can't get out – for example, if they have swum from one place to another without checking their exit point.	LOW	Mentor to be aware of their exits, Always plan your exit before you get into the water. Be aware of local conditions and how tides and changes in water level might affect your exit from the water. Before you enter the water, check for ladders, steps or alternative exit routes if you planned exit becomes unavailable.	On- Going



		<p>Waterborne illnesses</p> <p>Any time we enter the water we run the risk of picking up a parasitic, viral or bacterial infection. In the UK, the most common are bugs that cause vomiting and diarrhoea. These are usually mild and self-limiting.</p>	LOW	<p>Mentors who take the young people swimming In the sea, to use beaches that meet bathing water standards.</p> <p>Mentors to avoid taking young people near beaches that are close to contaminants or sewage into the water.</p>	On- Going
		<p>Collision / being run down.</p> <p>Swimmers are hard to spot in the water, especially if the light is poor and they are wearing black wetsuits.</p> <p>Rowers, kayakers, jet ski riders and boat pilots often don't expect to come across swimmers and may not particularly be looking out for them. A collision will almost certainly be worse for the swimmer.</p>	LOW	<p>Mentors to stay alert and know where young people are at all times.</p> <p>Consider swimming where there's less traffic. Consider Swim in areas that don't allow, rowers, kayakers, and jet skiers. Wear a bright coloured cap. Drag a tow float behind you if swimming in busy traffic areas.</p>	On- Going
		<p>Jellyfish.</p> <p>Beautiful sea creatures that can give you a nasty sting.</p> <p>Usually painful rather than dangerous but multiple stings can be debilitating and some people have allergic reactions.</p>	LOW	<p>Avoid if you can. Some sun creams include an anti-jellyfish ingredient.</p> <p>The initial pain usually eases after a few minutes if you keep swimming.</p> <p>Mentors to seek medical help if you sense any difficulty in breathing.</p>	On- Going

		Sharks Beautiful, intelligent, endangered, deadly. Actually, very few species of sharks are dangerous to people and many more sharks are killed by people than vice versa. Shark attacks are extremely rare but still preferably avoided.	LOW	Mentors not to take young people for a swim where sharks feed (e.g. next to seal breeding colonies).	On- Going
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IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Risk of radicalisation via grooming either online and/or in the community.</b>  <b>Radicalisation may be instilled by individuals, community groups and/or peer groups. People with radicalised views may communicate their message in the name of a particular 'cause' i.e. against mainstream society, particular groups of people, in the name of a religious or cultural cause, against the</b>	Risk to young people and those in the wider community.  Particular risk to vulnerable adults and young people.	There is no known major risk of radicalisation in the local area. However, the internet is a hotspot for grooming activity and there are many social media apps that pose differing levels of risk to young people's safety. Internet access is generally available anywhere; however, risk may be reduced where internet access for the young person is prevented. Although this would not prevent grooming via non-internet based communication (i.e. texting/phone calls/non-internet-based apps). Recent research into radicalisation suggests it often occurs in a similar process to grooming, with young people being befriended via social media, and radicalised into developing extreme views which may lead to	LOW	Mentors to be aware of risks or indicators that a young person is being groomed and/or developing radicalised views. Mentors to be able to have Key Hour chats with young people on this issue and to refer the right support. Mentors to prepare young people in order to help them to recognise suspicious behaviour relating to this issue either from another individual or a group, and to have the confidence in reporting it.	ONGOING
			LOW	Mentors to all complete PREVENT training. <b>Mentors to report to police prevent or community safe East Sussex should they have concern directly or indirectly in relation to radicalisation.</b>	

<b>government etc.</b>		harmful activities that put themselves and others at risk.	LOW	Mentors to have access to a resource folder to help explain and share ideas with young people around radicalisation.	
			LOW	Anderida Learning Centre curriculum to cover religions / culture and radicalisation.	
			LOW	Mentors to stay aware of local influences and extreme groups.	
			LOW	Mentors to use PREVENT resources and refer young people to MASH if they are noticing the signs/risk factors around radicalisation.	
			LOW	Mentors to monitor young people's internet use and check browser history regularly through Qustodio.	

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Access to a range of services may be needed, hospitals, doctors, dentist, sexual health clinic, YOT</b>	Young Person	Although the home is relatively rural, there is a hospital within 30 mins either in Hastings or Tunbridge Wells.	LOW	NONE REQUIRED	ONGOING
		There are doctors and dentist services within 15 minutes of the home.			
		Mentors have direct Contact to CAMHS in regards to YP who reside here if needed.			
		YOT and sexual health clinics in Hastings approximately 35 mins drive away. Or Sexual health nurse BC.			

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
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<b>Disruption in the community</b>	Young People, neighbours and businesses behind	The home has the potential to disrupt the local community via activities within the home eg; fire alarms tests, young person's music, conflict with the young person inside and outside the home & police attendance (especially during antisocial hours)	MEDIUM	Young people to sign a terms of residency which includes a contract for behaviour management. This sets out the rules and ensures that young people are aware of the risk of disturbing the neighbours and the possible consequence of this. All ASB incidents are logged in an ASB log on computer desktop to provide easy access to incident chronology make it easier to identify patterns of behaviour to help inform strategy/CBT/NVR sessions.	Every young person signs this when they join Anderida.
		Complaints from the neighbours could jeopardise the running of the home and ultimately result in the home being closed down.	LOW	Strategies to be put in place should the young person not follow the terms of residency guidelines. Community meeting to take place in 2021 with no attendance however the home do everything they can to repair and respond to any community complaints. Many complaints came through from neighbours which also attacked characters of those living in the home making the home feel discriminated against and NVR announcement was written in June 22 to neighbours and since has settled incredibly Many neighbours have offered gestures chats and kindness	ONGOING
		Poor ongoing relationships with the neighbours which could impact multiple residents.	MEDIUM	Policies around excessive noise from stereos to be followed.	ONGOING
		The police being called and young people being criminalised.	MEDIUM	Neighbors to be notified if necessary should prove to be a disturbance.	Prior to test when done in

					antisocial house.
		Damage to neighbour's and local businesses property.	MEDIUM	Anderida to ensure that there is always a representative at community meetings.	WHEN REQUIRED
				Young people to be encouraged to engage in restorative/reparation processes.	WHEN REQUIRED (following an incident)
		Young people loitering outside the front of the home and engaging in antisocial behaviour	MEDIUM	The police are to be called each time that an antisocial incident occurs.	ONGOING
				In times where antisocial behaviour is a likelihood, the home is to keep a log of public disturbance involving young people associated with our young people so that the police/ASB team can build a picture.	ONGOING

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>The internet and online risk</b>	Young People	The location of the property could be discovered from outside agencies through the statement of purpose.	LOW	No details of the location of the home is included in the statement of purpose.	ONGOING
		Young people could give the address of the home away through networking sites such as Facebook	HIGH	Use of networking sites to be monitored from within the home Via Qustodio.	ONGOING
				Young People to be educated about the risks of broadcasting their contact details through media such as messaging and sites on the internet.	ONGOING
				Qustodio to be put in place to minimise risky use of the internet.	ONGOING
		CSE workshops to be carried out with all new residents where appropriate. Covered		ONGOING	

				in school curriculum and KH in the home.	
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IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Sexual exploitation - Risk from our residents exploiting or sexually grooming other young people and children in the community</b>	Our residents and other young people in the community	The community is relatively small, with a village feel to it. This makes it easier to network with the local community and keep tabs on the activities of our young people. The risk is lower that it would be towards a town centre.	LOW	Imperative at referral of resident be to check the likely hood of a young person being sexually dangerous or to be highly vulnerable to sexual exploitation so that the appropriate monitoring and strategies can be put in place.	ONGOING
		Risk of our residents being groomed for sexual exploitation or trafficking in the local community.	LOW	Management to keep in regular contact with the local police and safeguarding teams, Wise and Misper coordinator in the police and stay up to date with where the high-risk areas are in town and places to avoid.	ONGOING
		The Willows is relatively rural, so there is unlikely to be the same level of risk in the area for children being groomed into trafficking or exploited as there are less people.		Manager and team to liaise with all professionals including those such as therapists who will express any concerns around CSE.	
				CSE workshops and details of CEOP to be made available to all residents. Through online training and or KHS.	ONGOING
				Mentors to be trained in spotting indicators of sexual exploitation and therapeutic approaches to helping young people identify concerns.	ONGOING



				Mentors to report all concerns to catch 22 and safeguarding teams and also WISE project.	ONGOING
				The home to follow stringent procedures around free time where possible.	ONGOING

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Access to public transport to abscond</b>	Young people	The home is nearly one hours walk from the nearest train station, which has links to London Charing Cross and Tunbridge Wells. The distance from the train station should act as a deterrent for young people absconding. There is a second train, Stongate, which is about 90 mins walk away.	MEDIUM	Young people tailed if they abscond and where deemed vulnerable, Mentors to board public transport with them.	ONGOING
<b>The roads around the area are narrow and windy in places</b>	Young people and mentors	There was significant danger when YP was violent towards Mentors whilst trying to run off down the narrow country lanes. This was a danger due to oncoming traffic and at times there was a requirement for restraint due to the young person being violent towards mentors and trying to push them into oncoming traffic.	MEDIUM	Mentors have been advised not to follow young people to the Archway leading to Burwash highstreet or train station in high conflict situations in future and are asked to just call the police if they warrant the risk to be high enough for the young person.	ONGOING

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Illegal drugs being sold in the area</b>	Our young people	As a rural setting, there is less likelihood of residents meeting up with known	LOW	Mentors to remain vigilant and report any suspicious activity in the area.	ONGOING

		drug users or dealers, compared to in a town centre.		Residents are to be given the drug policy and Mentors are to follow procedures and act on any suspicion that the young person is using illegal drugs.	ONGOING
				The home is to hold details for drug support groups and make referrals where appropriate to CAMHS or in house therapist as well as local groups and substance misuse team if any concerns.	ONGOING

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Risks from local businesses</b>	Our Young People	There are only a few shops in Burwash. One being a Londis and there is a small chance that they could sell our young people alcohol or tobacco products.	LOW	The home to monitor this and build up relationships with the people in the small local shops so that they know any young people with mentors will be underage.	ONGOING
				Mentors to report any concerns regarding local business to the police / safeguarding teams.	

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Weather Conditions</b>	Staff and Young People	Heavy snow could impact on public transport which could cause problems with staff getting to work. The rural setting could prevent mentors and residents from being able to access the local towns with ease. There is risk of significant power cut in storms leaving the home out of action and vital needs such as showering and or cooking able to be completed	LOW	Organisation to provide a 4 x 4 pick up service for staff affected by weather conditions to drop and collect staff to/from the units should this situation arise. Should there be significant and lengthy power cuts Manager and directors to be called and Contingency policy to be actioned.	ONGOING

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Availability of youth clubs</b>	Young People	There is a high availability of youth clubs and other youth services in Hastings which is approximately 30 mins away from the home by car. There are also youth clubs held in Heathfield which is approximately 15 mins down the road from the home - they have extensive youth programmes and activities that would be suitable for our resident. There is also a leisure centre and sports grounds in Heathfield.	LOW	Staff to keep apprised of available youth services such as youth clubs, scouts, guides, sports clubs etc.	ONGOING

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Social deprivation in the area - low crime rates only <a href="http://www.police.uk">www.police.uk</a> within 6 mile of the home since January 2022</b>	Young Person	The crime rate in Burwash is very low.  These numbers are again very low this year 2022 and will continue to be monitored through 2023.	LOW	The home will check the local crime figures regularly to constantly reevaluate risk	ONGOING
				The police have re-structured again and they currently do have a Police Liaison Officer for the area. The team are working with the police and have great relationships with Missing persons and points of contact there.	
				All concerns are logged with the Police and Child Protection and MASH (if risk is specific to young people). Any Young People considered at risk will have unsupervised time closely monitored. The Home Manager will keep apprised of ongoing investigations by looking at crime figures on <a href="http://www.police.co.uk">www.police.co.uk</a> and	

				liaising with the local Missing persons and police.	
<b>There are three primary schools in the vicinity of the home</b>	Primary school children at school in the area	There is one primary school close to the home, there could be a risk if our residents are assessed to be sexually or physically dangerous to other young people.	LOW	Risk to be assessed for each resident at the home individually	ONGOING

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Risk of contracting COVID-19</b>	Young people, mentors and visitors to the home	Anderida Adolescent Care will endeavour to manage the risk or possible impact of Coronavirus by taking precautions within the home to ensure minimum disruption to the service we offer	High risk of contagion; medium risk of adverse health effects	Ensure that all mentors adhere to the new Coronavirus Policy and to actively encourage all young people to do the same. (please see Coronavirus Policy for detailed action taken) This policy also includes actions to take if employees become unwell or become exposed to the virus or if they have been in contact with a confirmed case of COVID-19	Ongoing daily

				In line with government guidance released and ongoing monitored Mentors to wear PPE when needed and masks within shops and facilities when and if required to do so.	Ongoing daily
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