



# Tomorrow House

## Statement of Purpose



August 2024

## Contents

1. Statement Of Purpose.....	3
2. The Organisation.....	3
3. Tomorrow House .....	4
4. Ethos And Philosophy .....	5
5. The Area.....	6
6. Routine.....	6
7. Anderida Learning Centre .....	6
8. Promotion Of Recreational Activities .....	7
9. Religious And Cultural Policy .....	8
10. Consultation With Young People .....	8
11. Therapeutic Non-Violent Resistance Policy And Procedure.....	8
12. Therapeutic Approaches And Clinical Psychology Services .....	11
13. Arrangements For Visits With Family Between A Child And Their Parents, Relatives And Friends.....	15
14. Positive Holding Policy .....	16
15. Complaints .....	18
16. Equality, Diversity And Inclusion Policy .....	18
17. Staffing And Organisational Structure .....	23
18. Area Location Risk Assessment.....	25
19. The following policies can be found on our website (click on the policy to read)	
• <a href="#">Behaviour Management Policy</a>	
• <a href="#">Safeguarding Policy &amp; Procedure</a>	
• <a href="#">Missing Persons Procedure</a>	
• <a href="#">Anti-Bullying Policy</a>	
• <a href="#">Education Policy</a>	
• <a href="#">Health Policy</a>	
• <a href="#">Sexual Health Policy</a>	
• <a href="#">Admissions Policy</a>	
• <a href="#">Outreach Policy and Procedure</a>	
• <a href="#">Supervision Policy</a>	
• <a href="#">Recruitment Policy and Procedure</a>	
• <a href="#">DBS Procedure</a>	

## **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 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 to support 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**



### **Elena Balzer-Harwood**

Elena has worked at Anderida since 2003, starting as a mentor and progressing through various roles. She is now the Centre Coordinator and qualified to assess and quality assure at all levels. As Elena's role sits outside of the care structure and is to specifically scrutinise competency, best practice and quality assurance (to care diplomas standards), she is perfectly placed to also undertake independent Regulation 44 visits in our homes.

Everyone who has seen the rigour of her reports will recognise the integrity in Elena's practice and that she is not afraid to challenge, with the young person's well-being being her number one priority.

# Tomorrow House



## **HOME MANAGER – Dave Ridehalgh**

I joined Anderida in 2008 and thoroughly enjoy working for an organisation who are passionate and committed to supporting young people whose life traumas have led to negative and challenging behaviours. As a manager at Anderida, I am committed to people and achieving the highest possible standards of care. I am dedicated to the professional development of my fellow colleagues and enjoy supporting every member of my team to the best of my ability.

The ethos at Tomorrow House is to inspire young people, to develop their skills and to help them achieve independence so they can leave care with the skills needed to continue to develop and succeed in the outside world and throughout the rest of their lives. I am passionate about ensuring that young people in our care have every opportunity available to enable them to enrich their lives and to reach their full potential.

Here at Tomorrow House, we see residential care as a positive choice and as a therapeutic intervention. Our team are qualified in childcare and intensively trained and supervised in therapeutic methods; primarily drawing on Cognitive Behavioural Therapy (CBT) and Non-Violent Resistance (NVR).

The house itself offers a warm homely environment, which promotes family values and cares about its local community. The resilience of the team and each mentor enables us to persist with some of the most troubled, traumatised and vulnerable young people in our society, enabling them to overcome self-defeating and destructive patterns of behaviour. Within the home, mentors raise their presence to resist harmful behaviours, rather than attempting to control young people. In doing so, they can facilitate emotional and social growth in the young person. This growth leads to our young people choosing to make positive and life-affirming changes to their coping styles, relationships and lifestyles.

We care for young people who are in crisis, guiding them through to independence, or reintegration back into a family home. Detailed and regularly reviewed support plans focus on independence, education, healthy living, emotional resilience, and self-esteem-building activities to equip them with the necessary skills, knowledge, confidence and experience which they can take forward with them into the next phase of their lives.

The home itself is registered for just one young person, generally providing a 2:1 staffing ratio to ensure that safety, support, and guidance are always available.

Tomorrow House is ideally situated within a central locale with convenient access to local amenities and services. Tomorrow House is a small home very close to the centre of Eastbourne, East Sussex and 5 minutes' walk from the seafront. There are excellent transport links close to the home. It is a single occupancy home for one young person of either gender up to 19 years of age. The home comprises two staff bedrooms/office, a cosy communal lounge, a bright dining room and a large modern kitchen breakfast room. There is a sunny courtyard back garden with lots of potted plants and flowers. The young person has a large bedroom, tastefully furnished, and is given a generous decorating allowance to personalise their room to their unique taste when they first move into the home.

Anderida takes its responsibility 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 during the day and is put to a louder setting to alert mentors in the office at night. We also have CCTV placed on the 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 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 its 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 extremely 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 as learning difficulties and others on the Autistic Spectrum. Many will have experienced several 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.

We aim 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, supports their racial / gender / cultural/sexual and religious identity.

The staff team are committed to providing 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 in 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**

Eastbourne is a picturesque seaside town with a beautiful Victorian seafront which hosts one of the UK's largest annual air shows every August. Eastbourne is also home to a popular international tennis tournament. The town has many amenities, including three theatres, several cinemas, a large leisure centre, spacious parks and a large beach. Beachy Head and Seven Sisters National Park are a short drive from the town centre and are famous for their white cliffs and beautiful views over the area. London is less than 2 hours away by train.

## **ROUTINE**

Anderida recognises 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 daily. This means; getting up on time during the week for education and employment; eating at a home-cooked dinner every night around 6 pm and going to bed early enough to get a good night's sleep between 9 pm - 11:30 pm. (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 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, and 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 so 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 supports young people and encourages 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 the point of placement and integrating 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.
- Contributing 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 insurance.
- Purchasing insurance for young people who 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 always endeavour 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 about 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 every month 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 about their views of mentors' support and contribution 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 caregivers. Different models of raising presence allow adults 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's 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 caregivers, 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 young people
- Therapists

### **CORNERSTONES OF NVR**

- Refusal to give in and break 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 caregiver. Giving enough space to become proactive rather than reactive, 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, and neutral and outlines, the child’s strengths, our concern for their harmful behaviour and the intention of the group to act. The announcement ends with 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 upon 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 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 messages on social media
- Writing a letter
- Video messages
- Other creative and appropriate forms of communication

The supporters need 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 is 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 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 who 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 coordinator 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 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 with which first step and which subsequent steps break the control of the young person. This can be:

- Not giving in to 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 has 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 are 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 an action plan for helper support, including e.g., witnessing at sit-ins, taking part in campaigns of concern, and acting as a stress buffer, mediator, or support person for peers/siblings/other residents.

### **Training**

The management team undertake training in NVR with Partnership Projects to the Certificated Practitioner Level. The mentoring team undertake training in NVR to the 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, and 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 the 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 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 help young people 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

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

Anthony is a BACP Trained integrative Counsellor, with advanced training in Transactional Analysis, Gestalt and person-centred Therapies, Anthony can 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.

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

Anthony is trained in non-violent resistance and Suicide intervention.

Anthony 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.

Anthony is supervised by Kerry Shoesmith, under Anderida Care.

Anthony 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 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's 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 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 practitioners must 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 support 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 recognises the importance for all young people of safe contact 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's 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 contact 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 the agreed contract 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 by the 'Children's Homes Regulations 2015' which state:

*'No measure may be imposed by the registered person under 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 techniques and 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 is currently registering, voluntarily, for accreditation with the Restraint Reduction Network, we have devised a 12-month 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 as 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 home – for example, a child who is putting themselves at risk of injury by leaving home to carry out gang-related activities, use drugs or 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 frequently the child should have their care plan reviewed to consider 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. Before 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 of 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 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 on the ground wherever possible.
15. Mentors' safety awareness and communication are key to positive effective physical intervention.
16. Individual and team approaches to managing difficult behaviour should be always employed.

**Restraint should be 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 allowed to 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 the registered manager has 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 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 takes equality and diversity within the workplace seriously.

Anderida has 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 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, and 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 offence to another individual.

The objective of Anderida Adolescent Care is for all groups within the community to have 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 practices, we are fully committed to providing equal access for every member of the community to all our services and resources. Employment disadvantage can be experienced for several 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 makes 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 to the employment of such groups in our 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 its employment responsibilities laid down in the Race Relations Act 1976.

### **Age Discrimination**

- Examine our own practise and develop policies that will remove the barriers to 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 workforce.

#### **We will:**

- Examine our own practise and develop policies that will remove the barriers to the employment of women and redress the balance of disadvantage through our policies/procedures.
- Consider the demands of childcare and care of other dependants.
- Provide opportunities for the equal employment of women in the full range of occupations.
- Act 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 and procedures and undertake risk assessments to protect women 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 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 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 concerning 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 looking 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 based on 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 forms 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 to address and act 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 meet 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)

### **Tomorrow House Core Team**

#### **Home Manager:**

Dave Ridehalgh (NVQ3 in Care of Children and Young People, OCR Level 5 Diploma Leadership (HSCCYP), Partnership projects Certificate Course in NVR Advanced Certificate, NCFE Level 3 Education and Training Award, PRICE Instructor, Accredited NVR Practitioner with the NVR Association (NVRA) Level III, Reattach Diploma - completed).

#### **Senior Mentors:**

Rachael Vallas (Induction Training, NVQ3 in Care of Children and Young People, A1 Award, OCR Level 5 Diploma in Leadership for Health and Social Care Services, NCFE Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice – completed).

#### **Supporting Home Manager:**

Emma Parslow (NVQ3 in Care of Children and Young People, OCR Level 5 Diploma in Leadership (HSCCYP), Level 3 Award in Education and Training, Partnership Projects Certificate Course in NVR, Reattach Diploma - completed).

#### **Deputy Manager:**

Lacey Homewood (NCFE CACHE Level 3 Diploma in Residential Childcare, NCFE CACHE Level 5 Diploma Leadership and Management for Residential Childcare - current).

**Mentors:**

Brett Lawrence (Induction Training, Pre AAC-BSc Honours in Diagnostic Radiography, OCR Level 3 Diploma in Residential Childcare - completed),  
Ben Ketch (Induction Training, OCR Level 3 Diploma in Residential Childcare - completed),  
Omo Atenaga (Induction Training - completed)  
Georgia Blaber (Induction Training - 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 09.03.2024.

### Access to Services

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Access to a range of services may be needed, hospitals, doctors, dentists, sexual health clinics, YOT	Young Person	There are all these services within two miles of the home; most of them within walking distance.	LOW	NONE REQUIRED	ONGOING

### Local Community

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Disruption in the community	Young people, neighbours, and local businesses.	The home has the potential to disrupt the local community through activities within the home e.g. fire alarm tests, young person's music, conflict with the young person inside and outside the home, and police attendance especially during antisocial hours.	MEDIUM	<p>Young people to sign a term of residency which includes a contract for behavioural management. This sets out the rules and ensures that young people are aware of the risk of disturbing the neighbours and the possible consequences of this.</p> <p>All ASB incidents are logged in an ASB log on the computer desktop, which provides easy access to incident chronology and makes it easier to identify patterns of behaviour to help inform strategy/CBT/NVR sessions.</p>	Every young person signs the Terms of Residency when they arrive at their Anderida home.
		Complaints from the neighbours could jeopardise the running of the home and ultimately have the home closed.	LOW	<p>Strategies to be put in place should the young person not follow the terms of residency guidelines.</p> <p>NVR approaches to build on a community approach and understanding. Home to maintain the homes and grounds to show pride in the community.</p>	
		Poor ongoing relationships with the neighbours could impact multiple residents.	MEDIUM	<p>Simplantex has left and it is now new flats being built. Anderida will work with any residence to minimise risk or disturbance</p>	ONGOING

		The police are being called and young people are being criminalised	MEDIUM	Policies around excessive noise from stereos are to be followed. NVR approaches involve the community in a way that they can resist and reconcile and be part of the support network.	Before test
		Damage to neighbours' and local businesses' property	MEDIUM	Neighbours are to be notified, if necessary, should the fire testing prove to be a disturbance.	When required
				Anderida to ensure that there is always a representative at community meetings.	When required following an incident
		Young people were loitering outside the front of the home and engaging in antisocial behaviour.	MEDIUM	Young people to be encouraged to engage in restorative/reparation processes.	Ongoing
				Mentors to maintain a high presence to minimise antisocial incidents of our residents or other young people in the community.	
				In times where antisocial behaviour is a likelihood, the home is to keep a log of public disturbances involving young people associated with our young people so that the police/ASB team can build up a picture.	
				The home to keep in regular contact with both immediate neighbours to keep apprised of any issues they are having with the resident or their peers that frequent the home.	
				The residents' friends and peers are not to commune outside the front of the home - they are to be moved on if they gather and the police are to be called if they resist moving away from the home.	

## Online Risk

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>The internet and online risk</b>	Young Person	The location of the property could be discovered by outside agencies through the statement of purpose.	LOW	No details of the location of the home are included in the Statement of Purpose.	ONGOING
		Young people could give the address of their home away through networking sites such as Facebook.	HIGH	Use of networking sites to be monitored from within the home.	ONGOING
				Young people to be educated about the risks of broadcasting their contact details through media such as BBM and sites on the internet.	ONGOING
				Qustodio put in place to minimise the use of the internet.	ONGOING
				All staff are to have training on digital safeguarding and understand the risks online and the use of the dark web and social media in recruiting and exploiting young people.	TO BE COMPLETED
				CSE and PREVENT work to be done with the residents to inform them of the dangers of grooming and exploitation.	ONGOING

## Risk of Sexual Exploitation

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Sexual Exploitation</b>	Our residents and other young people in the community	The risk from our residents exploiting or sexually grooming other young people and children in the community.	LOW	A point of referral would be to check the likelihood of a young person being sexually dangerous or being highly vulnerable to sexual exploitation.	ONGOING
		Risk of our residents being groomed for sexual exploitation or trafficking in the local community.	HIGH	Management to keep in regular contact with the local police and safeguarding teams, Wise and Misper Coordinator in the police and to stay up to date with where the high-risk areas are in town and places to avoid.	ONGOING
		There is a lot of soliciting activity locally, especially along Seaside Road and Susans Road, Grove Road, Crawley Crescent, Gildredge Park, Italian Gardens Holly Well, (identified by the WISE project, Missing Persons Police and CEOP) and these areas are known hotspots for trafficking and sexual		Education is to be provided for each resident through online programs developed through CEOP as well as educating residents on healthy relationships through available materials provided by home and school.	ONGOING

		<p>exploitation.</p> <p>There is a local sex shop which could also be a potential risk for exposing our young people to sexually explicit material. Several local operating brothels in the area are known to police.</p>	<p>Mentors are to be trained in spotting indicators of sexual exploitation and therapeutic approaches to helping young people identify concerns.</p>	ONGOING
			<p>Mentors are to report all concerns to missing persons and safeguarding teams and use CSE soft intel reporting forms.</p>	ONGOING
			<p>The home to follow stringent procedures around free time where possible.</p>	ONGOING
			<p>The mentors to listen out and observe if our young people are visiting any of the known hotspots for CSE and drug-related activity. If so, talk to young people about the risks there, maintain a high adult presence visiting these areas if the young person is out with or without permission and form a parent patrol if the young person continues to frequent and we have concerns.</p>	ONGOING

### Transport Links

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Access to public transport to abscond</b>	Young people	<p>The home is situated 10 minutes from a train station and bus stops which are easy access to abscond.</p> <p>The platforms at the train station are barrier most of the time, so a young person would need money or a ticket to board the train however the barriers are left open on occasion, and it is possible that the young person could jump the fence and gain access to the platform.</p>	HIGH	<p>Young people followed if they absconded and were deemed vulnerable, mentors to board public transport with them.</p>	ONGOING
				<p>Mentors to always carry appropriate ID cards so they can intervene and evidence of who they are.</p>	
				<p>The home will contact train station security guards to be on the lookout for missing young people and prevent them from boarding the train. We will work to build a relationship with Train station staff to educate them about what we do.</p>	
				<p>When following young people who do not wish to be followed and are threatening allegations, liaise with on-call staff/colleagues so they can support you appropriately and evidence that you followed procedure.</p>	

				<p>If a missing young person boards the train, then the transport police should be contacted to remove them and hold them until they can be collected by the home.</p> <p>YP's photos are to be shared with transport police and security at the train station if a young person is particularly at risk/regularly responding.</p> <p>Strategies to be in place in advance with the police for young people who are at risk of absconding.</p> <p>Mentors to ask bus drivers not to take young people when they do not have permission to go out unsupervised/travel - however to board the bus if the bus drivers do not help support our request.</p> <p>Use NVR tailing methods - this is when we accompany a young person who is going out without permission - not to prevent them from running away but to meet their network, familiarise ourselves and put faces to us and others, gain the info etc. Mentors are to also post at the train station when a young person is out with permission, but we have reason to be concerned they may travel further afield without permission.</p>	
<b>Unlicensed Taxi Drivers</b>	Young people	It has become known that some taxi drivers are sharing the same license. It could therefore be difficult to track the individual.	LOW	Mentors to provide young people with contact numbers of reliable local taxi companies. If a young person is getting taxis from unknown companies a cash-in-hand ban could be needed.	ONGOING
<b>uber Ride</b>	Young People	Young people have access to mobile phones and could therefore arrange pickups without mentors knowing	LOW - Never happened or been talked about	Mentors are vigilant when YP voices that she wants to leave the premises. Mentors are always ready to leave with YP should they leave the home. Uber is not in Eastbourne	ONGOING

## Substance Misuse

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Illegal drugs being sold in the area</b>	Our residents	There are several known hotspots in the area for drug dealing including local kebab shops and street dealers on Langney Rd, Susans Rd and Pevensey Rd, Bourne St, Ceylon Place, Gildredge Park, Holywell Gardens and accommodation in Grove Road.	HIGH	Mentors to remain vigilant and report any suspicious activity in the area. Mentors to keep a high presence if our young people are frequenting those areas, using tailing and parent patrol methods. Mentors to complete a soft intel report for the police if they witness any drug dealing.	ONGOING
		Young people are being pulled into drug dealing or running for local drug dealers.	LOW	Residents are to be given the drug policy and Mentors are to follow procedures following 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 therapists as well as local groups.	ONGOING
				The home is to notify the police of any suspicions that members of the community are dealing or selling drugs to residents.	ONGOING

## Local Business

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Risks from Local Businesses</b>	Our residents	Late-opening businesses such as takeaway shops provide places for young people to spend time after curfew. There are a few businesses in the area which have been flagged up by police as drug/sexual exploitation hotspots.	MEDIUM	The home to keep up to date with which businesses are flagged up as hotspots for criminal activity.	ONGOING
		Some shops have been known to sell cigarettes and alcohol to underaged young people.		Mentors are to report any concerns regarding local business to the police/safeguarding teams and also complete CSE soft intel forms.	
		Some local newsagents have been known to sell paracetamol and other over-the-counter medicines to young people.	HIGH	Mentors to report such incidents to the police and make the newsagents aware they are selling to an underage person.	ONGOING
<b>Building behind the home</b>	Our residents	Simplantex has sold the site behind the home and is currently renovating this into	LOW	The back door is to have an alarm should this become high risk.	ONGOING

		flats. The gate still exists and they lock their gates at night to protect the building site. Young people have been known to climb over these when absconding so there is a risk of injury. Staff have spoken with the builders and there are currently no issues.		Mentors to liaise with builders and new residents once building work is completed and ask for feedback if there is a young person who starts climbing into their yard.	QUARTERLY
In the past, some local shops have been suspected of dealing drugs	Our residents	Currently, there are no known shops dealing drugs	Low	Home to monitor shops and speak to residents if they suspect they are using it to deal drugs	ONGOING
				Mentors will work closely with Police and Local businesses to protect young people	
Building work by the side of and at the back of the home	Our residents	There is building work that has been ongoing to the side and behind the home. Some signs have been put up as well as temporary fencing to ensure minimal risk to the public. Builders are coming on and off-site.	LOW	The Front Door has a thumb lock which can be used for extra security	ONGOING
				Mentors stay present with young people at this time so there is no concern of builders. Mentors to liaise with builders and new residents once building work is completed and ask for feedback if there is a young person who starts entering their premises.	ONGOING

### Weather Elements

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Weather conditions	Staff and young people	Heavy snow could impact on public transport which could become a problem for Staff getting to work. Snow and icy conditions could make it more dangerous for the young person to walk to school or town/shops.	LOW	Organisation to provide a 4 x 4 vehicle pick-up service for staff affected by adverse weather conditions to drop and collect staff to/from the homes. Mentors accompany the young person when it is icy and difficult to walk and provide lifts when needed.	ONGOING

## Youth Services

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Availability of youth clubs	Young People	There is a high availability of youth clubs and other youth services in the area that the young person has access to.	LOW	Staff to keep apprised of available youth services such as youth clubs, Scouts, Guides, Sports clubs etc. Risk assessments and liaisons with clubs to be in place before young people attend unaccompanied.	ONGOING

## Licensed Premises

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Licensed Premises	Residents	There are several local pubs and other licensed restaurants in the area, which could serve our young people.	LOW	<p>If residents are found to be going to local pubs then staff are to inform licensed premises that their young person is under age. If the behaviour continues then staff are to report the establishment to the police.</p> <p>A cash-in-hand ban is to be put in place if a young person is found to be drinking.</p>	ONGOING

## The Local Population

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Crime in the Local area	Young Person	There have been 103 reported crimes shown on <a href="https://www.adt.co.uk/crime-in-my-area">https://www.adt.co.uk/crime-in-my-area</a> centre area of Eastbourne in the last 12 months down from 165 national average.	LOW	The home will check the local crime figures regularly to regularly evaluate risk. The house is alarmed and has CCTV front and back. Mentors check doors and windows. Mentors will work with local police.	ONGOING
Violence and Sexual offences make up the majority of crime in the local area.	Our residents		LOW	There is a general team available on either 101 or 999 for any queries/reporting of incidents in the local area. However, for a specific enquiry, ask for the Duty Sergeant.	ONGOING



		<p>There is ongoing monitoring of the street drinkers in the town centre by the police who have been known to use our young people to commit petty crimes to fund their alcohol and drug problems (although this was several years ago).</p> <p>There is also a danger of young people becoming involved in the frequent fights that break out between street drinkers.</p> <p>There are no concerns here regarding our current resident</p>		<p>All concerns are logged with the police and Child Protection. Young people considered at risk will have free time closely monitored.</p> <p>The 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 town centre police contacts - either the general police team at any one time for the local area or the Duty Sergeant.</p>	
<p><b>There are three primary schools in the vicinity and two mainstream senior schools</b></p>	<p>Primary school children at school in the area</p>	<p>Pupils at these schools could be at risk from some of our residents due to their age, especially those of our residents who have been known to be sexually harmful to other young people. <i>(Not applicable for current resident)</i></p>	<p>LOW</p>	<p>Risk is to be assessed for each resident at the home individually.</p>	<p>ONGOING</p>
<p><b>Local hotspots for CSE and drug use</b></p>	<p>Young person</p>	<p>There are a few hot spots related to drug use in a few areas of the town centre (train station, Hyde Gardens and Gildredge Park) where drug gangs are working, possibly involved in county lines.</p>	<p>MED</p>	<p>The home is to monitor residents and report to the police if they suspect that they have become involved in the local drug scene. Any intel to be passed to the police/mash teams.</p>	<p>ONGOING</p>

**Prevent**

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<p><b>Risk of radicalisation via grooming either online and/or in the community.</b></p> <p><b>Radicalisation may be instilled by individuals, community groups and/or peer groups.</b></p> <p><b>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 government etc.</b></p>	<p>Risk to young people and those in the wider community.</p> <p>Particular risk to vulnerable adults and young people.</p>	<p>There is no known major risk of radicalisation in the local area. However, the internet is a hotspot for grooming activity and many social media apps pose differing levels of risk to young people's safety. Internet access is generally available anywhere; risk may be reduced where internet access for the young person is prevented. However, 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 harmful activities that put themselves and others at risk.</p>	<p>LOW</p>	<p>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 refer the right support. Mentors to prepare young people to help them recognise suspicious behaviour relating to this issue either from another individual or a group, and to have confidence in reporting it.</p> <p>Mentors to all complete PREVENT training and management advanced training on radicalisation.</p> <p>Mentors to have access to a resource folder to help explain and share ideas with young people around radicalisation.</p> <p>Anderida Learning Centre curriculum to cover religions/culture and radicalisation, identity and PREVENT agenda.</p> <p>Mentors to stay aware of local influences and extreme groups.</p> <p>Mentors to use PREVENT resources and refer young people to MASH if they notice the signs/risk factors around radicalisation.</p> <p>Mentors to monitor young people's internet use and check browser history regularly.</p>	<p>ONGOING</p>

## Infectious Disease

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Risk of contracting COVID-19 or another Infectious Disease</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 actively encourage all young people to do the same. (please see Coronavirus P{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

## Beach

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>The home is situated in a seaside town</b>	Young people and mentors, visitors	The home is situated in a seaside town, The beach is within a 10 min car journey and over 30 minutes walk away.	MEDIUM	Mentors to make sure the young people are aware of the danger of visiting the seaside. Mentors to make sure that all young people have contact numbers to phone if they get separated or need help. Mentors to arrange for a meeting place if they get separated, like back in the car. Mentors to ensure all take appropriate clothing and footwear, have sun protection with them, towels and change of clothing.	On - Going
<b>Swimming in the sea</b>	Young people and mentors, visitors	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 to	MEDIUM	Cooden and Normans Bay beaches are unsupervised; Mentors would take a non-swimmer where there are lifeguards available. the closest lifeguarded beach is located at Bexhill Central, by the De la Warr Pavilion during July and August. Mentors can get advice by speaking to	On - Going

		swim, weather conditions, and other safety measures like lifeguards on the beach.		our Coastal Team for further information at 01424221407 or by emailing <a href="mailto:bexhillcoastaloffice@rother.gov.uk">bexhillcoastaloffice@rother.gov.uk</a>	
	Young people and mentors, visitors	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 common hazards.	LOW	Mentors to encourage all to wear flip-flops to the water's edge and consider neoprene socks. Pay attention to where you put your feet and always look before you leap. Be careful of waves breaking onto rocks.	On - Going
	Young people and mentors, visitors	Cramp A 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 cramps (e.g. sudden changes of pace, swimming butterfly). Swim with other people so if you do get cramps, they can help you. Consider using a tow float to rest on in case of emergency.	On - Going
	Young people and mentors, visitors	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 less contact with plants.	On - Going
	Young people and mentors, visitors	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 your planned exit becomes unavailable.	On - Going

	Young people and mentors, visitors	Waterborne illnesses 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.	LOW	Mentors who take young people swimming In the sea, to use beaches that meet bathing water standards. Mentors to avoid taking young people near beaches that are close to contaminants or sewage into the water.	On - Going
	Young people and mentors, visitors	Collision / being run down. Swimmers are hard to spot in the water, especially if the light is poor and they are wearing black wetsuits. 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.	LOW	Mentors to stay alert and know where young people are at all times. Consider swimming where there's less traffic. 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.	On - Going
	Young people and mentors, visitors	Jellyfish. Beautiful sea creatures that can give you a nasty sting. Usually painful rather than dangerous but multiple stings can be debilitating and some people have allergic reactions.	LOW	Avoid it if you can. Some sun creams include an anti-jellyfish ingredient. The initial pain usually eases after a few minutes if you keep swimming. Mentors to seek medical help if you sense any difficulty in breathing.	On - Going
	Young people and mentors, visitors	Sharks Beautiful, intelligent, endangered, deadly. 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