



ANDERIDA ADOLESCENT CARE  
Investing in People, Nurturing Change

# Woodlands

## Statement of Purpose

**INVESTORS IN PEOPLE**<sup>®</sup>  
We invest in people Platinum

**Restraint  
Reduction  
Network**  
Member

October 2023

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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 as well as the support and function of our individual 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 alongside our growth and development as an organisation that strives to meet the needs of the individual young men and women in the homes. This includes the young people who move on, whether that be to independent accommodation or to return to their home area.

## **THE ORGANISATION**

We aim to monitor our standards of practice and we therefore actively encourage any input from residents, their parents/mentors, social workers and local authority placement officers. Feedback in any area where it is felt that more clarity or emphasis should be placed, helps us to look at the service we provide and ways to continue to build on this. 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) and Child Criminal Exploitation (CCE).

## **Woodlands**



### **MANAGER – Emma Parslow**

L3 NVQ in Health and Social Care (Children and Young People) (L3 HSCCYP), L5 Diploma in Leadership for Health and Social Care and Children and Young People's Services (L5 HSCCYP), Advanced Certificate in Non-Violent Resistance (Accredited by Partnership Projects).

As a manager at Anderida, I have committed myself to achieving the highest possible standards in line with my fellow managers.

I am passionate about ensuring young people have all the opportunities they need to grow and reach their full potential. In addition, I am extremely proud of the team's hard work with supporting our young people through the development of emotional health and practical life skills and envision being a part of the success of the Anderida team for years to come.

Woodlands is a log cabin, situated in a beautiful forest environment in the highlands in Scotland. The home, ideal for one young person at a time, is a calm and tranquil place for those who require some time out, respite and safety without the distractions of other young people or community pressures. The young person will spend time with our highly experienced and qualified mentors, that draw on their therapeutically trained methods. Our aim for the young person is for them to return home to their families, foster families, other care provisions,

or to move to one of our own Ofsted registered homes in East Sussex.

This remote and rural respite home has the aim of providing therapeutic support to a young person who is at high risk within their county or placed area, and/or if their placements are breaking down. A young person who is not able to be contained within their community will find respite and comfort within our home. It is our aim to give them time to reflect and develop ways in which to keep themselves safe on their return to community living.

This respite home is registered with the Scottish Care Inspectorate and is rated as Very Good. A young person will complete a 12-week placement at this home. Relevant care assessments can be completed or supported by the team. For an additional fee, psychological assessments may also be available.

During this time, the young person will be enrolled in an intensive but exciting programme which will include a huge amount of adventurous activities for the young person to embrace. There are also many workshops the young person will participate in;

- Outside the Box workshops (which explores sexual health, relationships, identity and Child Sexual Exploitation)
- PREVENT workshops (for supporting individuals vulnerable to recruitment by violent extremists)
- Smiling Mind (mindful meditation sessions)
- Life and Living Skills
- Substance and Drug Awareness sessions
- County Lines
- CSE and CCE

The programme will be tailored to the individual needs of each young person placed with us.

The Woodlands team take full advantage of the wonderful surroundings in the area to guide and support young people reintegrating within the community, to gain confidence, build on their self-esteem and actively strive to reach their full potential.

During their stay with us, the young person will be provided with therapy sessions which are included in the programme. These can either be with our in-house Therapist Anthony Corby, who is a qualified Integrative and Humanistic Therapist, offering holistic wellbeing and support, or Kerry Shoesmith, who is a fully qualified Cognitive Behavioural Therapist and is also the Director of Care at Anderida. Both of these experts have many years' experience in therapeutic work with troubled children and young people. All of the meetings are strictly confidential, will be done via Skype and the sessions are one to one, unless the young person would like support.

We aim to provide a structured and secure base by encouraging the young people to make full use of the adrenaline filled, self-esteem building, and exciting programme. Here they will begin to form solid and trusting relationships with their mentors, who will help teach them to better understand and regulate their emotions as well as find healthier outlets. This, in turn, helps young people grow and mature into emotionally stable and confident adults, thereby enabling them to enjoy a level of independence that might otherwise have been denied to them.

The Woodlands team consistently work 2-1, within the required boundaries. This enables mentors to work closely together, drawing on each other's strengths, in order to provide the physical and emotional support needed to promote a young person's positive development. We believe this, in turn, provides the emotional stability necessary to empower a young person to make positive choices.

We recognise the lack of choices young people have had in their care career, and so commit to involving all young people in the decision-making process that directly affects their lives. This is assisted by a staff team who are firmly focused on promoting children’s rights while holding the need for guidance and advice. We hope to achieve a level of flexibility that can meet the varied requirements of a modern multi-cultural society.

Details of the programme and examples of this can be found in this Statement of Purpose.

## **The Scotland Programme First Two Weeks.**

						WEEK 1
<b>DAY 1</b>	09.00 GET UP 09.30 BREAKFAST	10AM - ANNOUNCEMENT 11 AM - GETTING TO KNOW YOU	12.15 LUNCH	1 PM - SIGN CONTRACT / FIRE DRILL 2 PM - SCAVENGER HUNT	DINNER	MAKING ROOM COMFORTABLE
<b>DAY 2</b>	09.00 GET UP 09.30 BREAKFAST	10 AM - ALL BASIC CARE PLAN DOCS ABOUT YOUNG PERSON 11 AM - CARE PLANNING – ABOUT ME ETC	12.15 LUNCH	1 PM - FUNCTIONAL SKILLS ENGLISH ASSESSMENT 2PM -	DINNER	CINEMA / MOVIE NIGHT
<b>DAY 3</b>	09.00 GET UP 09.30 BREAKFAST	10 AM - HIGH ROPES / TREE ZONE TEAM BUILDING	PACKED LUNCH	HIGH ROPES / TREE ZONE TEAM BUILDING	DINNER	WORLD FOOD NIGHT
<b>DAY 4</b>	09.00 GET UP 09.30 BREAKFAST	10 AM - FUNCTIONAL SKILLS MATHS ASSESSMENT 11AM – UNDERSTANDING THE CABIN	12.15 LUNCH	AIRPORT RUN	DINNER	POOL/BOWLING
<b>DAY 5</b>	09.00 GET UP 09.30 BREAKFAST	10 AM - GYM/SWIM INDUCTION	12.15 LUNCH	1 PM - OUTSIDE THE BOX – SESSION 1 2 PM - SKILLZ UNIT 1	DINNER	JOINT CHOICE OF ACTIVITY
<b>DAY 6</b>	09.00 GET UP 09.30 BREAKFAST	DAY ACTIVITY	PACKED LUNCH	DAY ACTIVITY	DINNER	DOWN TIME
<b>DAY 7</b>	10.00 GET UP 10.30 BREAKFAST	DOWN TIME	LUNCH	DOWN TIME	ROAST DINNER	MEAL PLANNING

							WEEK 2
DAY 8	09.00 GET UP 09.30 BREAKFAST	10AM – GYM 11 AM – CRISIS DEPENDENT WORK	12.15 LUNCH	AIRPORT RUN FOOD SHOP	DINNER	JOINT CHOICE OF ACTIVITY	
DAY 9	09.00 GET UP 09.30 BREAKFAST	10 AM - OUTSIDE THE BOX – SESSION 1 11 AM - CRISIS DEPENDENT WORK	12.15 LUNCH	1 PM - FUNCTIONAL SKILLS - MATHS 2 PM – FIRST TESTINONIAL - MUM	DINNER	POPCORN MOVIE NIGHT	
DAY 10	09.00 GET UP 09.30 BREAKFAST	10 AM - FYRISH MONUMENT	PACKED LUNCH	FYRISH MONUMENT	DINNER	WORLD FOOD NIGHT	
DAY 11	09.00 GET UP 09.30 BREAKFAST	10 AM - SUBSTANCE AWARENESS – SESSION 1 10 AM – CRISIS DEPENDENT WORK	12.15 LUNCH	AIRPORT RUN	DINNER	POOL / BOWLING	
DAY 12	09.00 GET UP 09.30 BREAKFAST	10AM – CRISIS DEPENDENT WORK 11 AM - LIFE STORY SESSION 1	12.15 LUNCH	1 PM - FUNCTIONAL SKILLZ - ENGLISH 2 PM - CRISIS DEPENDENT WORK	DINNER	NIGHT WOODS WALK	
DAY 13	09.00 GET UP 09.30 BREAKFAST	CLIMBING CENTRE	PACKED LUNCH	CLIMBING CENTRE	DINNER	HOT CHOCOLATE & CAKE	
DAY 14	10.00 GET UP 10.30 BREAKFAST	DOWN TIME	LUNCH	DOWN TIME	DINNER	MEAL PLANNING	

## **ETHOS AND PHILOSOPHY**

In recognition of the lack of adequate provisions for the more problematic adolescent, Anderida Adolescent Care aims to provide an innovative solution to the placement difficulties encountered with children and young people, whose disruptive behaviours may limit 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. In cases where there is no agreement, and young people wish to see relatives, Anderida endeavours to find a safe way and proportionate way for families and significant others to have communication and quality time together.

Anderida has a long history and collective experience of supporting young men and women who have suffered early physical, sexual and emotional abuse. Deprivation, inconsistent or inadequate care and control are all experiences of our young people that as a result lead to emotional, behavioural and social difficulties. These difficulties may present as extreme challenging behaviour, mental health difficulties, persistently being missing from home, refusal of education, 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 additional diagnoses, such learning difficulties and other disorders such as Autistic Spectrum Disorder. 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 as well as 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, all achieved within a manner which respects their rights, individuality and dignity. As a 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 encouraged.

## **ROUTINE**

Anderida recognises that many of the young people we are caring for will have experienced a lack of stability. Routine is an important part of the safe and containing care we provide. We want to ensure our young people have a nice home, where they know what to expect on a day-to-day basis. This entails; getting up on time during the week for education and/or employment; eating a home cooked dinner every night around 6pm and going to bed at a reasonable time to get a good night's sleep. This could be anywhere between 9pm-11.30pm, depending on how old they are and the following days commitments. Young people will have access to various activities after school, at weekends and during the holidays. Each Sunday, mentors will help the young people to plan their week, giving them input and onus over their commitments and help to look forward to their upcoming week.

## **PROMOTION OF RECREATIONAL ACTIVITIES**

Anderida recognises that extra-curricular recreational activities are an invaluable and enriching part of a young person's life which helps to build self-esteem, establish a healthy peer group, improve quality of life and widen horizons. Anderida will ensure that each young person within our care will not be disadvantaged in any way when it comes to accessing a diverse range of activities. Each child's talents and interests will be nurtured, supported and encouraged, as well as their personal preferences and abilities taken into consideration. Young people will be introduced to a wide range of activities within the community to ensure they have the full experience of what is available to them. Mentors will help facilitate young people's attendance at all groups, clubs, activities and actively support them to develop their hobbies and interests.

When a young person moves into the home, the homes manager will ensure that the designated authority documents are completed in order that permissions are in place for the appropriate activities and will request permissions where necessary 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 their 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 of their care. Care plans are collaborative working documents negotiated with young people through quality 'Talk Times' and daily conversations. Young people are encouraged to voice their opinions on how the homes are run in weekly house meetings and through 'My 6 Months' reviews. All young people's opinions are recorded and logged within the homes documents. 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 or punitive measures, we aim to develop insight into the young person and raise our presence as care givers. Raising presence gives adults the opportunity to challenge behaviour in a safe and contained manner and by doing so, the adults create a stronger and more positive internal representation of themselves in the child's mind. The primary focus of raising presence 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 and will therefore engage in '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 levels, therefore enabling better emotional self-regulation in the care giver. This then allows enough space to become pro-active rather than re-active, and carefully plan the action we will take, drawing on the support network around the young person.

### **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 they reside in. They will enter the young person's environment (often the bedroom). The supporters and key adults will 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 or to acknowledge positive changes and behaviours. They will communicate either their concern or praise 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 frequents. They will build a picture of the young person's activities and those that are involved in the young person's life. This will enable adults to reach out to those who can come together to support the young person to make a safe return to the home.

### **Telephone Round**

The telephone round is a method of raising parental presence and showing resistance when young people run away from home, refuse to tell adults where they have been, or if they are coming home. This involves contacting people involved in the child's life, such as friends, friend's parents and various family members. 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 will call those associated with the child, asking them to inform the young person that they are concerned for his/her safety and would like to get in touch with them. By doing this the adults are able to disrupt the dangerous environment in which the child circulates in and sends 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 further building on these relationships. The gathering of this information naturally helps support the process of 'tailing'.

### **Breaking Taboos**

Adults agree which first steps and subsequent steps are needed to break 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 and pave the way forward for better behaviours.

### **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 plans for helper support, including e.g., witnessing at sit-ins, taking part in campaigns of concern, 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 Certificated Practitioner Level. The mentoring team undertake training in NVR to foundation level. This is updated throughout individual clinical 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 in order 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.

The work undertaken 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-line with all of these models. He is also recently trained in ReAttach and completed 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.

### **JULIE OATES**

Julie Oates is a Family and Systemic Psychotherapist and Systemic Supervisor, registered with the Association for Family Therapy and Systemic Practice (AFT) and the UK Council for Psychotherapy (UKCP). Julie Oates is an advanced level practitioner of Non-Violent Resistance (NVR) and an Associate of Partnership Projects UK, the organisation founded by Dr Peter Jakob, to provide training and therapy in NVR around the UK.

Julie has 36 years' experience of working with children, young people and families, in hospitals, schools and the Youth Offending Service, and has been in a specialist CAMHS setting for the last 11 years.

Julie provides:

- Monthly clinical supervision to the home's manager
- Regular consultation workshops with the care teams focussing on the young person's psychological needs and management.

### **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) as well as in private practice. Dr Jakob 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 and undertakes regular training sessions with our staff team.

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**

### **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. Dependent on results candidates will then be entitled to a Diploma in ReAttach, providing there is a decrease in symptoms in at least 3 weeks. Mentors across the organisation will 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, to include the WARA (Wiring Affect ReAttach) which can often 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, to disrupt negative thought processes and can support young people in regulating their emotions.

## **ARRANGEMENTS FOR CONTACT BETWEEN A CHILD AND THEIR PARENTS,**

## **RELATIVES AND FRIENDS**

Anderida recognise the importance for all young people to have safe and appropriate time with their 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 'My 6 Months' 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 visits.
- 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.

Visits need to be agreed with the local authority and Anderida, as this may require a suitable timescale for permission to be sought. Anderida will not, under any circumstances, use a young person's time with their family as a form of punishment. However, there may be some situations where a young person/significant other's behaviour is deemed unsafe, therefore affecting their time together. 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 which includes a two-day theory and de-escalation training course, as well as a four-day practical course. In line with current 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 made to the training in both technique and within 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.

Restraints 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/harm or psychological injury/harm. This may mean removing electronic devices such as mobile phones if there are strong suspicions and some evidence of exploitation or potential 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 the 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.

**Record keeping:** A copy to then be saved as a PDF file to ensure the document is saved securely for the homes records and to be reviewed by the home's manager.

All mentors are to be trained in physical intervention within their induction period. Refreshers will happen between three to six months thereafter, which 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 physical interventions 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 may minimise the possibility of an assault on them. Should a mentor be struck by the young person when physically

intervening, where a young person is attempting to harm themselves or cause criminal damage, this would not in most cases be considered an assault and charges are unlikely to be brought. However, should a mentor be struck by the young person when physically intervening, 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 Santa Fowler at head office, who will provide you with our complaint's procedure:

01323 410655 / Santa Fowler [santa.fowler@anderidacare.co.uk](mailto:santa.fowler@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 continuing to build 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 its 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**

This act protects people against discrimination and promotes equality for all. 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**

We endeavour to support all groups within the community who are looking to re-enter employment. At Anderida we champion all walks of life and levels of experience to enrich our staffing team.

#### **We will:**

- 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 all age sectors, 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 understand the prevalence of mental health as well as other health issues that require care and consideration to ensure all have equal opportunities available to them.

#### **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 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 recognising 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 response 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

**Finance Director**

Hazel Pries

**Operational Directors:**

**Erica Castle**

(Responsible Individual)

**Kerry Shoesmith**

(Head of Training, Head of Therapies)

**Jane Bettley**

(Finance Director)

**Management Team:**

Emma Parslow – Manager

Dave Ridehalgh – Manager

Dawn Dunkley – Manager

Kaz Erridge - Manager

Stacey Armour- Manager

Maz Macmillan – Manager

**Education Coordinator:**

Mathew Thompson

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)

### **Woodlands Core Team**

**Manager:**

Emma Parslow (L3 NVQ in Health and Social Care (Children and Young People), L5 Diploma in Leadership for Health and Social Care and Children and Young People's, Foundation Level NVR and Advanced Certificate in NVR Practice).

**Senior:**

Kayleigh Luck (Pre AAC BSc-Honours Sport & Exercise Science with Physical Education) NCFE CACHE Level 3 Diploma for Residential Childcare, NCFE CACHE Level 5 Leadership and Management in Residential Childcare – Current, Partnership Projects Advanced Certificate in NVR Practice (The association of NVR Practice Level 2).



**Team Leader:**

George Hester (Induction Training Achieved, NCFE CACHE Level 3 Diploma for Residential Childcare and Foundation NVR)

**Mentors:**

Steve Campbell (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare)

Amanda Skingle (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare, NCFE CACHE Level 2 Certificate in Understanding Mental Health First Aid & Mental Health Advocacy In The Workplace)

Tilly Lakin (Induction Training – Current),

Kai Hussain (Induction Training),

## AREA LOCATION RISK ASSESSMENT

Updated August 2022

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Disruption in the community</b>	Young people, neighbors and businesses/ activities visited	The home has the potential to disrupt the local community through activities within the home, eg fire alarms tests, young persons music, conflict with the young person inside and outside the home, police attendance especially when at an antisocial hour. Contractors carrying out maintenance work could cause a nuisance to neighbors	medium	Young people to sign a term of residency which includes a contract for behavior management. This sets out the rules and ensures that young people are aware of the risk of disturbing the neighbors and the possible consequence of this. Maintain contact with neighbors and record and respond to any complaints.	Every young person signs this when they join AAC.
		Complaints from the neighbors could jeopardize the running of the home.	low	Strategies to be put in place should the young person not follow the terms of residency guidelines	Ongoing
		Building good relationships with the neighbors that will enable us to minimize concerns and maintain the community feeling.	low	Policies around excessive noise from stereos to be followed. Ongoing visits to check in with neighbors	Ongoing
		The police being called, and young people being criminalized	low	Neighbors to be notified if fire tests are due or if contractors are expected to the home for maintenance work in order to prepare them for any disruption.	Prior to test or works beginning
		Damage to neighbors property and or local businesses property	low	Anderida to maintain contact with neighbors and to ensure that there is a representative at community meetings.	Ongoing. When required
				People to be encouraged to engage in restorative/reparation processes, carers to engage in NVR strategies	When required following an incident
		Young people outside of the home engaging in antisocial behavior.	low	An anti-social behavior log to be kept and any incidents to be reported to the police.	Ongoing

				In times where antisocial behavior is a likelihood, the home is to keep a log of public disturbance involving young people associated with our young person so that the police/ASB team can build up a picture	Ongoing
		Young people setting fires accidentally or purposely in the local area	High	Young people to be made aware that they are not to smoke down the lane and cigarettes to be put out in the sand bin at the cabin. Mentors to follow and supervise young people who walk down the lane	Ongoing
Neighbors cigarette use.	Young people.	Young person could be drawn to asking neighbors for tobacco.	low	Mentors to speak to neighbors to ask for tobacco not to be given to yp. Mentors to make it clear to yp that they are not to ask neighbors for tobacco and outline consequences.	Ongoing
Crime in the area. Info taken from Police. Scotland and crime figures for area Including map - this is on the SOP via link.	Residents	Residents could be the cause or at risk to crimes in the area.	low	Mentors to be aware of any local problems and maintain contacts with the local police and ensure the young person is registered with the Missing Persons Co-Ordinator for Highland and Islands Division of Police Scotland. The cabin is in Tain and Easter Ross division of Highland and Islands area of Police Scotland. Link to Crime statistics in the area <a href="https://crime-statistics.co.uk/postcode/iv18%200jd">https://crime-statistics.co.uk/postcode/iv18%200jd</a> Link to Crime Map <a href="https://niceareas.co.uk/crime-map/for/invergordon/town/iv/iv18/iv18-0/crime-types/all/time-period/last-30-days/57.688410/-4.169200/">https://niceareas.co.uk/crime-map/for/invergordon/town/iv/iv18/iv18-0/crime-types/all/time-period/last-30-days/57.688410/-4.169200/</a> Link to Local Police Plan - Highland, from Police Scotland <a href="http://www.scotland.police.uk/assets/pdf/392813/392817/highland-local-policing-plan-2017-2020?view=Standard">http://www.scotland.police.uk/assets/pdf/392813/392817/highland-local-policing-plan-2017-2020?view=Standard</a>	ongoing

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
The internet and online risk	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	high	Use of networking sites to be monitored from within the home	ongoing

		the home away though networking sites such as Facebook, Instagram, twitter, snapchat.		Qustodio or Norton security to be installed on ALL yp devices and home devices before they can access home Wi-Fi.	
				Young People to be educated about the risks of broadcasting their contact details though media such as BBM and sites on the internet	ongoing

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Sexual Exploitation	Our residents and other young people in the community.	Risk from our resident 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 vulnerable to sexual exploitation.	ongoing
		Risk of our resident being groomed for sexual exploitation or trafficking in the local community.	med	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 relation to the cabin and places to avoid.	ongoing
				Education to be provided for each resident through online programs developed through CEOP as well as educating residents on healthy relationships through available materials such as OTB	ongoing
				Mentors to be trained in spotting indicators of sexual exploitation and therapeutic approaches to helping young people identify concerns.	ongoing
				<b>Mentors to report all concerns to local CEOP and safeguarding teams and also WISE project.</b>	ongoing
				Follow stringent procedures around free time, monitor and keep support plan updated	
				Qustodio/Norton to be installed on all devices within the home and monitoring of the use of all devices used by young people.	

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Access to public transport</b>	Young people's access to public transport	The home is situated in a remote location with no train station or bus service, therefore restricting travel.	low	Mentors to be aware of the restrictions.	ongoing

	Young people attempting abscond	There is a main road (A9) close to the home (around 3 miles) with a bus service. The nearest town center is 6 miles away (Invergordon), where there is a bus service and a train station. There are also train stations in Tain (9 miles) and Alness (6 miles). This will take time to walk with additional risk if young person is out at night or tries to hitch hike. Mentors to be aware of weather and temperature and what the young person is wearing as Scotland temperatures can be low.	low	Young people to be risk assessed for the possibility of absconding. Mentors to follow clear guidelines in respect of individual young people to include following young people and getting on buses and trains with them if they abscond. Mentors to be aware of yp clothing and if they can change this if they abscond.	ongoing
				The home to have a car to be used to transport young people to leisure activities, appointments, family contacts etc.	

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Illegal drugs being sold in the area	Our residents	Resident may meet up with other yp's locally and source illegal drugs from them. Resident may obtain a supply from Inverness.	Low	Mentors to remain vigilant for suspicious activity from resident, anyone they meet or when out.	ongoing
				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 including room search as appropriate.	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.	ongoing
				Mentors to have ongoing training in substance misuse and how to spot the signs and symptoms of substance misuse and keep up-to-date with new substances and risks.	
				For the home to liaise with other agencies. Including the police, local schools etc.	
Mentors to educate young person in the dangers of substance misuse, through key sessions and general conversations.					

				Substance misuse literature to be available to young person within the home.	
				Mentors to be aware of areas in Inverness where drugs are sold - train station, front of Eastgate center, back of multi-story carpark	

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Risks from local Businesses	Our residents	Late opening businesses such as takeaway shops provide a place for young people to spend time if they have absconded.	Low	The home to keep up to date with which businesses are flagged up as a potential hangout.	ongoing
		Some local shops may sell cigarettes and alcohol to underage young people.	Low	Mentors to report any concerns regarding local business to the police/safeguarding teams	ongoing

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Weather Conditions	Staff and Young person	Heavy snow could impact on transport which could become a problem for shopping for food if for an extended period	medium in winter, otherwise low	Organization provides a 4 by 4 vehicle, vehicle to carry emergency pack for cold weather. Home to have supply of dry goods and tins for winter.	ongoing
	Weather causing power cuts	No power to the home	low	The home will ensure it has a stock of torches and batteries. Home now has 2 camping stoves as a backup in emergency.	ongoing
	Young Person absconding in adverse weather	May become lost, disorientated, suffer hypothermia	low	Mentors to remain vigilant, follow immediately if absconding, inform police, carry warm clothing when on search.	ongoing

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
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<b>Availability of youth clubs</b>	Young People	There is a limited availability of youth clubs and other youth services in the area that the young people have access to.	low	Staff to keep informed of available youth services such as youth clubs, scouts, guides, sports clubs and enrolment criteria	ongoing
				Staff to have details of young people's drop-in services & support groups.	
				Information of all groups and clubs to be available in the home	
				Mentors to support young people to identify barriers that block their engagement in activities and develop strategies to overcome these to engage in Scotland and prepare for their following placement.	
				Mentors to support young people to identify local groups that would widen their group of friends to engage in Scotland and prepare for their following placement.	

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Licensed Premises</b>	Residents	The cabin is in a remote location and is not close to pubs or licensed restaurants (closest about 3 miles). There are premises that could sell to residents in the local area, towns and Inverness but there is no easy public transport.	low	Staff inform licensed premises that their young person is underage if they find that the young person has been served there. If the behavior continues, then staff are to report the establishment to the police.	ongoing
				Mentors to support young people to find age-appropriate pastimes.	
				Mentors to educate young people on the dangers of alcohol use in key sessions and ensure that literature is available in the home.	
				Young people are not given cash in hand throughout their time in Scotland.	

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
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<b>Access to a range of services may be needed, hospitals, doctors, dentist, sexual health clinic.</b>	Young Person	There are services locally, these are either in the local towns, or in the neighboring city of Inverness.	low	Awareness of availability and location of services	ongoing
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IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Risk of radicalization via grooming either online and/or in the community. Radicalization may be instilled by individuals, community groups and/or peer groups. People with radicalized 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.	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 radicalization 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 radicalization suggests it often occurs in a similar process to	low	Mentors to be aware of risks or indicators that a young person is being groomed and/or developing radicalized views. Mentors to be able to have Key Hour chats with young people on this issue and to refer the right support. Mentors prepare young people in order to help them to recognize suspicious behavior relating to this issue either from another individual or a group, and to have the confidence in reporting it.	ongoing
				Mentors to all complete PREVENT training and management advanced training on radicalization.	
				Mentors to have access to a resource folder to help explain and share ideas with young people around radicalization.	
				Anderida Learning Centre curriculum to cover religions/culture and radicalization.	
				Mentors to stay aware of local influences and extreme groups.	
				Mentors to use PREVENT resources and refer young people to MASH if they are noticing the signs/risk factors around radicalization.	
Mentors to monitor young people's internet use and check browser history regularly. Qustodio security to be installed on all yp devices.					



	<p>grooming, with young people being befriended via social media, and radicalized into developing extreme views which may lead to harmful activities that put themselves and others at risk.</p>		
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