



# Greenside View

## Statement of Purpose

January 2026

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19. The following policies can be found on our website (click on the policy to read)

- [Behaviour Management Policy](#)
- [Safeguarding Policy & Procedure](#)
- [Missing Persons Procedure](#)
- [Anti-Bullying Policy](#)
- [Education Policy](#)
- [Health Policy](#)
- [Sexual Health Policy](#)
- [Admissions Policy](#)
- [Outreach Policy and Procedure](#)
- [Supervision Policy](#)
- [Recruitment Policy and Procedure](#)
- [DBS Procedure](#)

## **STATEMENT OF PURPOSE**

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

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

## **THE ORGANISATION**

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

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

## **INDEPENDENT REGULATION 44 VISITS**



### **Jo Docherty**

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

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

# Greenside View



## **HOME MANAGER – Kaz Erridge**

L3 CYPW, L5 Diploma for Leadership and Management in Residential Childcare (L5 RCC), BA Hons in Art & Design and NVR Advanced Level Certificate.

I have been working at Anderida since August 2014. Prior to that I worked as a Licensee and Manager in Hospitality. I have completed a degree in Art & Design at Staffordshire University.

I started at Anderida as a Bank Mentor and after completing my Level 3 in CCYP, I went on to become a Key Worker and full-time member of the team. I then progressed through Senior and Deputy roles at Greenside View as well as completing my Diploma Level 5. I became Manager of Tomorrow House in September 2019. In 2022 I returned to Greenside View as the Home Manager.

I am committed to creating and maintaining a warm and welcoming home where young people can expect to be given the highest standard of care and support. Using trauma informed care and partaking in NVR workshops with accredited practitioners, the team and I, strive to help young people to achieve their full potential and to grow in a safe and homely environment.

Greenside View is more than just a place to live; it's a home where young people are supported to heal, grow, and build the foundations for a positive future. We provide a safe, stable, and structured environment where every young person is given the space, care, and encouragement to develop emotionally, socially, and physically.

Our focus is on helping young people build confidence, independence, and the life skills they need to thrive. We recognise that many of the young people we care for may have had limited choices in their past, so at Greenside View we make choice and voice central to everything we do. Young people are actively involved in decisions about their day-to-day lives and their future plans, because when they feel heard and empowered, they begin to believe in themselves and their potential.

Our experienced and passionate staff team are dedicated to creating meaningful relationships built on trust, consistency, and respect. We model positive behaviours, promote emotional resilience, and work within clear and consistent boundaries that help young people feel safe and understood.

Located in a quiet residential area of Hailsham, East Sussex, just 20 minutes from Eastbourne. Greenside View is a bright, welcoming three-bedroom home for up to three young people. The house offers a calm and nurturing atmosphere with a spacious lounge, dining room, and kitchen/diner designed for shared experiences and connection. Each young person is encouraged to make their space their own, with a personal allowance to decorate and personalise their bedroom.

Outside, our large garden offers a sunny decked area with flower and vegetable beds and a BBQ space, a place for young people to relax, create, and take pride in their surroundings.

We take full advantage of our local area. Our mentors have in-depth knowledge of local activities and opportunities, from swimming, horse riding, and mountain biking to theatre, sailing, and exploring the nearby South Downs National Park and East Sussex's beautiful "Sunshine Coast." Every young person is encouraged to try new experiences, build confidence, and discover what inspires them.

Support at Greenside View is highly individualised. Each young person receives the right level of supervision and care to meet their needs, typically with 1.5:1 or 2:1 staffing ratios. Regular reviews ensure support remains responsive and flexible as each young person's confidence and independence grow.

Safeguarding is at the heart of everything we do. The home is equipped with discreet safety measures, including exit alarms and CCTV at entry points, which are used proportionately to manage risks and maintain security. These systems are regularly reviewed and always balanced with our commitment to providing a warm, homely environment where young people feel safe, respected, and valued.

At Greenside View, we don't just provide care, we invest in young people's futures. We offer a home where they can rebuild trust, develop resilience, and discover the confidence to take their next steps with hope and pride.

## **ETHOS AND PHILOSOPHY**

We understand that some young people face unique challenges that can make finding the right support difficult. That's why we are committed to creating innovative solutions to help provide the care and opportunities they need to thrive, even when things feel especially tough. Anderida has adopted the values of community, compassion, innovation, respect, responsibility and empowerment in their approach to 'investing in people and nurturing change'. We feel that every child has the right to be part of a family, and one family does not preclude another. Where there is no agreement, but young people wish to see relatives, Anderida endeavours to find a safe way for families and significant others to have some level of communication and time together.

Anderida has a long history and experience of supporting young men and women who have suffered early physical, sexual and emotional abuse, deprivation and inconsistent or inadequate care and control as a result display emotional, behavioural and social difficulties. These difficulties may present as 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 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 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 within a manner which respects their rights, individuality and dignity. As part of this

process, staff will always ensure that the wishes of the young person, their mentors and other involved parties are sought, and that their participation in the care planning process is enabled.

## **THE AREA**

Hailsham is the largest of the five towns in the Wealden district of Sussex. It is mentioned in the Domesday Book, where it is called Hamelesham. The town of Hailsham has a history of industry and agriculture. The town centre has an array of shops and amenities, including an independent cinema. Although there is no railway station, Eastbourne is easily accessible by bus and is just over 9 miles away. The nearest Railway station is at Polegate.

## **ROUTINE**

Anderida recognise that many of the young people they are caring for would have experienced a lack of stability. Routine is an important part of us providing safe, contained care. We want to ensure young people have a nice home, where they know what to expect on a daily basis. This means getting up on time during the week for education and employment, eating a home-cooked dinner every night around 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 that all young people are at different learning stages regardless of age. The curriculum is delivered on a 1:1 basis or in small classes of 2 or 3 students, where core subjects are delivered by a fully qualified teacher with a range of experience. Students have the support of a learning mentor and are given a high level of support throughout each lesson.

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

The key principles of the Anderida Learning Centre provision are:

- Personalisation
- Creativity
- Appropriateness

Through a detailed needs analysis, Anderida Learning Centre encourages students to build the confidence and self-esteem required to take ownership of their own learning. Where students can make healthy, informed choices about their future in a place which is warm and friendly and where they feel valued and respected.







Please find the [Education Policy here](#)

## **PROMOTION OF RECREATIONAL ACTIVITIES**

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

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

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

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

- Having lots of fun!!!
- Mentors participating in activities that 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 the 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 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 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 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 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 on mentors' support and contribute to staff appraisals.

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

Anderida works within a Non-Violent Resistance (NVR) therapeutic framework. Non-violent resistance advocates that, rather than relying on the use of consequences and trying to develop insight into the young person, we aim to raise our presence as caregivers. Different models of raising presence give adults the opportunity to challenge behaviour, and by doing this, the adults create a stronger and more positive internal representation of themselves in the child's mind. Raising presence primary focus is not to change the child but to change the relationship with the child.

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



NVR actively promotes working alliances between 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 (PCSOs)
- 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 breaking taboos – adult disobedience
- De-escalate
- Develop support
- Raise presence through organised protest
- Reconcile with the child/young person

### **NVR METHODS**

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

This enables adults and young people to lower their psycho-physiological arousal and enables emotional self-regulation in the 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, neutral and outlines the child's strengths, our concern for their harmful behaviour and the intention of the group to take action. The announcement ends on a description of a preferred future.

#### **Sit-in**

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

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

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

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

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

### **Campaign of Concern**

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

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

It is important for the supporters 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 in order to be physically present in places that they know the young person to frequent. They will build a picture of the young person's activities and those 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 friends' parents. The adults are encouraged by the NVR co-ordinator to collect as many of their child's friends' 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 present felt in the dangerous environment the child moves in, and to convey 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 the parents of other young people, etc. This process and gathering of information support the process of 'tailing'.

### **Breaking Taboos**

Adults agree on which first step and which subsequent steps to break with 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 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 key adults need support with from their helpers.
- 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, 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 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**

### **ABIGAIL WADE (Registered Mental Health Nurse, RMN, and EMDR Therapist; Clinical Lead for Anderida Adolescent Care)**

Abigail is a registered Mental Health Nurse (NMC PIN: 07C1151E) with over 22 years of experience working across a range of settings within the mental health sector. Since qualifying in 2002, she has developed a strong clinical foundation and a deep commitment to delivering high-quality, person-centred care.

In 2012, she trained as an EMDR therapist and has since engaged in extensive supervision to support and enhance her therapeutic practice. Her clinical work is rooted in evidence-based approaches, with a particular focus on supporting individuals to process and recover from trauma.

Currently, she works as a Clinical Service Manager for Child and Adolescent Mental Health Services (CAMHS) within the NHS—a role she has held for the past four years. She is passionate about quality and compliance

and dedicated to ensuring that young people have timely access to safe, effective interventions that promote emotional well-being and long-term recovery.

### **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 is 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 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 Practising 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-focused therapy, EMDR, solution-focused therapy/narrative therapy and

integrative psychotherapy)

- Systemic (family) therapy - where appropriate.
- Attendance and consultation with relevant professionals' meetings
- Assessment, progress and discharge reports are made available to the unit manager and social worker
- Training, promotion and facilitation of Non-Violent Resistance (NVR)

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

## **REATTACH POLICY**

### **Introduction**

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

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

ReAttach is a convenient and accessible non-verbal therapy.

### **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 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 about the bad feelings, while simultaneously bringing up positive concepts in down-regulation.

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

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

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

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

- Inviting significant others to attend care reviews/meetings.
- Providing weekly telephone updates.
- Ensuring significant others are informed promptly regarding significant incidents.
- Providing summaries to give an overview of the young person'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 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 the agreed contact if it is leading to difficulties in the young person's 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's/significant other's behaviour is deemed unsafe, therefore affecting contact arrangements. In these circumstances, Anderida will act in accordance with the 'Children's Homes Regulations 2015' which state:

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

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

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



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

## **POSITIVE HOLDING POLICY**

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

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

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

This is in line with the BILD guidance.

Anderida are currently registering, voluntarily, for accreditation with the Restraint Reduction Network. We have devised a 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 by causing harm to another individual, e.g., another child's belongings or a level of damage whereby the young person would be criminalised.

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

## **UNDERPINNING PRINCIPLES**

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

2. Prior to physical restraint, mentors should consider the risk of physically intervening and the risk of not intervening.
3. Mentors should be familiar with the child's risk assessment.
4. Mentors should have read their positive holding plan and be aware of the child's previously sought views on strategies that they considered might de-escalate 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 it 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 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, it is the duty of the registered manager to refer the mentor for an immediate refresher. This training will be regularly reviewed to assess the effectiveness of the restraint training and the appropriateness of the training to the needs of the children in the home.

Mentors are responsible for using their PRICE training and applying it correctly in order 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:**

Will Williams – Lead PRICE Instructor

#### **COMPLAINTS**

In the event of a complaint, please contact Amy Howell, who will provide you with our complaint procedure: 01323 410655 / Amy Howell, Amy.Howell@anderidacare.co.uk

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

Anderida take equality and diversity within the workplace seriously.

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

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

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

We will:

- Challenge all discrimination, including nationality, gender, ethnicity, colour, sexual orientation, disability, culture, language, religion, marital or parental status and age.
- Do 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 recognise 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, including:

- Communication and promotion of racist ideologies.

- Stereotyping because English isn't someone's first language.
- Generalising when it comes to someone's sexuality.
- Humour that is inappropriate and may cause offence to another individual.

The objective for 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 of our services and resources. Employment disadvantage can be experienced for a number of reasons, including race, colour, creed, ethnic or national origin, disabilities, age, sex, sexual orientation or marital status.

### **Equalities Act 2010**

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

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

Under the Equality Act, you are protected from discrimination:

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

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

### **Ethnic Minorities**

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

### **Age Discrimination**

- Examine our own practices 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 practices 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 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 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 practices.

### **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 receive equal training opportunities, within the remit of their role and that training is based on the principles of equal opportunities policy and anti-discriminatory practice.

### **Grievance and Disciplinary Procedures**

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

### **Harassment**

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

### **Monitoring**

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

### **Racism**

There are two main forms of racism: personal racism and institutional racism, which also overlap.

Personal racism includes personal abuse, prejudice, assumptions or hostile actions directed at another person or group on the basis of their colour, race, culture or nationality. It can be displayed in an open or hidden way, whether by attitude or behaviour.

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

### **Anderida Pledge**

- Is opposed to discrimination in all its 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 in order to address and take action when we 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:**

Mathew Thompson

**Strategic Director:**

Annabel Lilley

**Responsible Individual:**

Emma Parslow

### **Management Team:**

Emma Parslow – Manager

Amy Howell – Manager

Susan Baitup – Manager

Kaz Erridge - Manager

Stacey Armour- Manager

Maz Macmillan – Manager

Anderida Adolescent Care Ltd, 225-227 Seaside,

Eastbourne BN22 7NR

Company No: 2722183

Tel: (01323) 410655

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

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

### **Greenside View Core Team**

#### **Home Manager:**

Kaz Erridge (Induction Training, OCR L3 CYPW, OCR L5 Diploma for Leadership and Management in Residential Childcare (L5 RCC), BA Hons in Art & Design and NVR Advanced Level Certificate, Foundation Diploma in NVR, Partnerships project Advanced Certificate in NVR Practice NVR IK Level 2 - completed).

#### **Deputy Manager:**

Joseph Davison (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare, NCFE CACHE Level 5 Diploma in Leadership and Management in Residential Childcare, Partnership Projects Advanced Certificate in NVR Practice (NVR Association (NVRA) Level 2) – completed),

#### **Senior Mentor:**

Nick White (Induction Training, NCFE CACHE Level 3 Diploma Residential Childcare, NCFE Level 3 Certificate in Assessing Vocational Achievement - completed),

Amy Barron (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare - current).

**Mentors:**

Chloe Sharrod-Scott (Induction Training, NFCE CACHE Level 3 Diploma for Residential Childcare – completed),  
Nathan King (Induction Training – completed),  
Claudio Corradetti (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare - completed),  
Victoria Robins (Induction Training – current),  
Ashleigh Foyle (Induction Training – current),  
Nicki Gardner (Induction Training, NVQ Assessor, Preparing to Teach in the Lifelong Sector, EDI Level 2 in Employment Responsibilities, EDI Functional Skills in English Level 2, OCR Level 3 Diploma in CCYP - completed),  
David Middleton (Induction Training – current),  
Glenn Giles (Induction Training – current).

**Bank Mentors:**

Cathy Tuica (Introduction Training, British Bachelor's Degree in Sociology and Psychology, NCFE CACHE level 3 Diploma in Residential Childcare - completed),  
Francis Makoni (Induction Training – current),  
Danny Bennetts (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare - completed),  
Dylan Cave (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare- completed),  
Angelique Dekker (Dip 3 CCYP, Foundation Diploma in NVR - completed),  
Emma Debonnaire (Induction Training – completed),  
Oliver Thompson (Induction Training – current),  
Sara Winter (Induction Training – completed).

## **AREA LOCATION RISK ASSESSMENT**

**Updated 24.02.2025**

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Disruption in the community</b>	Young people, neighbours and businesses behind	The home has the potential to disrupt the local community through activities within the home, e.g., fire alarm tests, young people's music, conflict with the young person inside and outside the home, police attendance, especially during antisocial hours. Contractors carrying out maintenance work could cause a nuisance to neighbours	LOW	Young people to sign a term of residency, which includes a contract for behaviour management. This sets out the rules and ensures that young people are aware of the risk of disturbing the neighbours and the possible consequences of this	Every young person signs this when they join Anderida
		Complaints from the neighbours could jeopardise the running of the home	LOW	Strategies to be put in place should the young person not follow the terms of residency guidelines	Ongoing
		Poor ongoing relationships with the neighbours that could impact multiple residents	LOW	Policies around excessive noise from stereos are to be followed	Ongoing
		The police are being called, and young people are being criminalised	MEDIUM	Neighbours to be notified if fire tests are due or if contractors are expected at the home for maintenance work, in order to prepare them for any disruption	Prior to the test or work beginning
		Damage to neighbours' and local businesses' property	MEDIUM	Anderida to ensure that there is always a representative at community meetings	When required
				People to be encouraged to engage in restorative/reparation processes, and carers to engage in NVR strategies	When required following an incident
		Young people outside of the home engaging in antisocial behaviour	MEDIUM	An anti-social behaviour log is to be kept, and any	Ongoing

				incidents to be reported to the police	
				In times where antisocial behaviour is a likelihood, the home is to keep a log of public disturbance involving young people associated with our young people, so that the police/ASB team can build up a picture	Ongoing
				Anderida Directors on 22.1.18 had a meeting with the police, MASH and missing persons team to promote NVR and Anderida working procedures to promote multi-agency working and to promote Anderida ethics	Ongoing

<b>Crime in the area. Info taken from Police UK crime figures</b>	Residents	Residents could be the cause or at risk of crimes in the area	MEDIUM	<p>The latest reported crime figures Dec 2024, shown on Police.net and the Sussex Police website, show a slight rise in crime from the last seen in April 2024. The majority of crimes that are committed in the area have been reported as Violence and sexual offences. Followed by Anti-social behaviour and Public order.</p> <p>In general, the area where the home is located is quiet and safe.</p>	Ongoing
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<b>The internet and online risk</b>	Young people	The location of the property could be discovered from outside agencies through the statement of purpose	LOW	No details of the location of the home is included in the statement of purpose	Ongoing
		Young people could give the address of their home away through networking sites such as Facebook	HIGH	Use of networking sites to be monitored and restricted from within the home	Ongoing
				Young People need to be educated about the risks of broadcasting their contact details through social media such as WhatsApp, Facebook and other sites on the internet	Ongoing

<b>Sexual Exploitation</b>	Our residents and other young people in the community	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 vulnerable to sexual exploitation	Ongoing
		Risk of our residents being groomed for sexual exploitation or trafficking in the local community	MEDIUM	Management to keep in regular contact with the local police and Safeguarding teams, WISE and MISPER coordinator in the police and stay up to date with where the high-risk areas are in town and places to avoid	Ongoing
				Education to be provided for each resident through online programmes developed through CEOP as well as educating residents on healthy relationships through available materials provided by CEOP	Ongoing
				Mentors to be trained in spotting indicators of sexual exploitation and therapeutic approaches to	Ongoing



				helping young people identify concerns	
				Mentors to report all concerns to local CEOP and safeguarding teams, and also the WISE project	
				Follow stringent procedures around free time	Ongoing
				Net nanny to be installed on all devices within the home using Wi-Fi, and monitoring of the use of all devices used by young people	Ongoing

<b>Access to public transport</b>	Young people's access to public transport	The home is situated in a small town with no train station, therefore restricting travel	LOW	Mentors to be aware of the restrictions and therefore hold up-to-date bus timetables in order to enable young people to be able to get from A to B	Ongoing
	Young people attempting abscond	There is a main road close to the home with a regular bus route. The town centre is a 10-minute walk, where there are frequent buses	MEDIUM	Young people are 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	Ongoing
				The home to have a car to be used to transport young people to leisure activities, appointments, family contacts, etc	Ongoing

<b>Illegal drugs are being sold in the area</b>	Our residents	There is a well-known housing estate close to the home, referred to as 'Town Farm', where illegal drugs are known to be sold	MEDIUM	Mentors are to remain vigilant and report any suspicious activity in the area	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	Ongoing
				The home is to hold details for drug support groups and make referrals where appropriate to CAMHS or an in-house therapist, as well as local groups	Ongoing
				Mentors to be trained in substance misuse and to spot the signs and symptoms of substance misuse	Ongoing
				For the home to liaise with other agencies. Including the police, local schools, etc	Ongoing
				For the home to liaise with other agencies. Including the police, local schools, etc	Ongoing
				Mentors to educate young people in the dangers of substance misuse, through key sessions and general conversations.	Ongoing
				Substance misuse literature to be available to all young people within the home	Ongoing

<b>Risks from local businesses</b>	Our residents	Late opening businesses such as takeaway shops provide a place for young people to spend time after curfew	MEDIUM	The home to keep up to date with which businesses are flagged up as hotspots for criminal activity	Ongoing
		Some local shops have been known to sell cigarettes and alcohol to underage young people		Mentors to report any concerns regarding local business to the police/safeguarding teams	Ongoing
		The local Cost Cutter in the high street has and continues to serve underage young people cigarettes and alcohol		The police are aware	Ongoing

<b>Weather conditions</b>	Staff and Young people	Heavy snow could impact on public transport which could become a problem for staff getting to work	LOW	Organisation to provide a 4 by 4 pickup service for staff affected by weather conditions to drop and collect staff to/from the units	Ongoing
	Weather causing power cuts	No power to the home		The home will ensure it has a stock of torches and batteries	Ongoing

<b>Availability of youth clubs</b>	Young people	There is a high 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 etc	Ongoing
				Staff to have details of young people's drop-in services & support groups	Ongoing
				Information of all groups and clubs to be available in the home	Ongoing
				Mentors to support young people to identify barriers that block their engagement in activities and develop strategies to overcome these	Ongoing
				Mentors to support young people to identify positive local groups that would widen their group of friends	Ongoing

<b>Licensed premises</b>	Residents	There are several local pubs and other licensed restaurants in the area that could serve the young people	MEDIUM	Staff to inform licensed premises that their young person is underage if they find that this young person has been served there. If the behaviour continues then staff are to report the establishment to the police	Ongoing
				Mentors to support young people to find age-appropriate pastimes	Ongoing
				Mentors to educate young people on the dangers of alcohol use in key sessions and ensure that literature is available in the home	Ongoing
				Cash in hand ban to be put in place if a young person is found to be drinking	Ongoing
<b>Access to a range of services may be needed, hospitals, doctors, dentist, sexual health clinic, YOT</b>	Young people	There are a number of services locally, these are either in the town centre, or in the neighbouring town of Eastbourne	LOW	None required	Ongoing

<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 there are many social media apps that pose differing levels of risk to young people's safety.</p> <p>Internet access is generally available anywhere; however, risk may be reduced where internet access for the young person is prevented or restricted.</p> <p>Although this would not prevent grooming via non-internet-based communication (i.e. texting/phone calls/non-internet-based apps).</p> <p>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.</p> <p>Mentors to be able to have Key Hour chats with young people on this issue and to refer the right support.</p> <p>Mentors to prepare young people in order to help them to recognise suspicious behaviour relating to this issue either from another individual or a group, and to have the confidence in reporting it</p>	Ongoing
				<p>Mentors to all complete PREVENT training and management advanced training on radicalisation</p>	Ongoing
				<p>Mentors to have access to a resource folder to help explain and share ideas with young people around radicalisation</p>	Ongoing
				<p>Anderida Learning Centre curriculum to cover religions/culture and radicalisation</p>	Ongoing
				<p>Mentors to stay aware of local influences and extremist groups</p>	Ongoing
				<p>Mentors to use PREVENT resources and refer young people to MASH if they are noticing the signs/risk factors around radicalisation</p> <p>Mentors to monitor young people's internet use and check browser history regularly</p>	Ongoing
					Ongoing

<b>Risk of contracting COVID-19</b>	Young people, staff 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  High risk of adverse health effects dependent on the individual	<p>Ensure that all mentors adhere to the new Coronavirus Policy and to actively encourage all young people to do the same (please see Coronavirus Policy for detailed action taken).</p> <p>This policy also includes actions to take if employees or the young people become unwell, become exposed to the virus or if they have been in contact with a confirmed case of COVID-19</p>	Ongoing
<b>The home is situated near a seaside town</b>	Young person and mentors, visitors	The home is situated in a seaside town; The beach is within a 20-30 minute car journey and over 1.30-2 hours walk away.	LOW	<p>Mentors to make sure the young people are aware of the danger if visiting the seaside.</p> <p>Mentor to make sure that all young people have contact numbers to phone if they get separated or need help.</p> <p>Mentors to arrange for a meeting place if we get separated, like back at the car.</p> <p>Mentors to ensure all take appropriate clothing and footwear, have sun protection with them, towels and a change of clothing.</p>	Ongoing

Swimming in the sea	Young people and mentors	<p>The young person will have an individual RA done on being able to go swimming in the sea. This will look at the ability of the young people, whether they can swim, the weather conditions, and other safety measures, like lifeguards on the beach.</p>	MED	<p>Pevensey and Normans Bay beaches are unsupervised.</p> <p>Mentors would take a non-swimmer where there are lifeguards available. the closest lifeguarded beach is located at Eastbourne or alternatively Bexhill.</p>	Ongoing Daily
		<p>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.</p>	LOW	<p>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.</p>	
		<p><b>Cramp</b> 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.</p>	LOW	<p>Mentors to minimise the risk by learning what triggers cramp (e.g. sudden changes of pace, swimming butterfly). Swim with other people, so if you do get cramps, they can help you. Consider using a tow float to rest on in case of emergency.</p>	
		<p><b>Seaweed</b> Getting 'dragged down by seaweed' is a common fear for beginners, but it is extremely unlikely. Nevertheless, seaweed and other plants can impede your swimming and possibly induce panic, which may result in drowning.</p>	LOW	<p>Mentors and young people to be made aware that if they swim into seaweed, to should stay calm. Seaweed does not try to pull you down. In most cases, you can gently extract yourself. It is usually preferable to swim in deeper water where you have fewer contacts with plants.</p>	

		<p>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.</p>	LOW	<p>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.</p>	
		<p>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.</p>	LOW	<p>Mentors who take the 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 in the water.</p>	
		<p>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.</p>	LOW	<p>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.</p>	
		<p>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.</p>	LOW	<p>Avoid 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</p>	



				sense any difficulty in breathing.	
		<p>Sharks</p> <p>Beautiful, intelligent, endangered, deadly. Actually, very few species of sharks are dangerous to people and many more sharks are killed by people than vice versa. Shark attacks are extremely rare but still preferably avoided.</p>	LOW	<p>Mentors not to take young people for a swim where sharks feed (e.g. next to seal breeding colonies).</p>	