



# Eucalyptus Grove

## Statement of Purpose

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



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 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**



### **Elena Balzer-Harwood**

Elena has worked at Anderida since 2003, starting as a mentor and progressing through various roles. She is now the Centre Co-ordinator and qualified to assess and quality assure at all levels. As Elena's role sits outside of the care structure and is to specifically scrutinise competency, best practice, and quality assurance (to care diplomas standards), she is perfectly placed to also undertake independent Regulation 44 visits in our homes. Everyone who has seen the rigour of her reports will recognise the integrity in Elena's practice and that she is not afraid to challenge, with the young person's well-being being her number one priority.

# Eucalyptus Grove



## HOME MANAGER – Dave Ridehalgh

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

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

The team at Eucalyptus Grove aim to provide a therapeutic environment where NVR and CBT are essential tools in building a consistent, safe, and stable home. A place where young people feel they are heard and have the support and space to explore their identity. The team is well organised and extremely dedicated.

The team believe in building and role modelling healthy relationships with young people by incorporating NVR into daily life. The team here are unafraid of innovation and open to new ideas in thinking how they can best meet a young person's needs on an individual basis to prepare them for independence

Eucalyptus Grove is situated in a small close in Westham, just outside of Eastbourne, East Sussex. It can accommodate up to two children/young people up to the age 18. The home comprises of two separate houses with adjoining rooms, linking one home to the other through the staff bedrooms/office. There is a large landscaped shared back garden. The homes are small and homely. Each has its own front garden and entrance. There is lovely summer house at the end of the garden which can be used for therapy and as a 'chill-out area'.

Young people have their own bedrooms and are given a generous decorating allowance to personalise their room to their own unique taste when they first move into the house.

Some young people may spend a couple of weeks in Scotland getting to know the team and working out how we can best support them before moving into Eucalyptus Grove. This creates the unique surround of two homes with separate living facilities but shared common areas for young people who have had, or are having, problems integrating. All young people moving into the home will be supported with a 1.5:1 or 2:1 staffing ratio, and this will be assessed depending on the young person's needs. Young people will receive the primary care needed and learn about daily living routines while accessing the varied vocational and recreational opportunities that Anderida and the local area offer.

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

## **ETHOS AND PHILOSOPHY**

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

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

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

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

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

## **THE AREA**

Westham is located close to Pevensey, which is situated between Bexhill and Eastbourne. Pevensey is a delightful tiny ancient village of pretty cottages and also boasts a medieval castle, which dates back to 1066 and is a former Roman Saxon Shore fort. The villages of Pevensey Levels are worth exploring and the seafront at Pevensey Bay is splendidly eccentric, with Edwardian town houses built right next to unique shacks.



## **ROUTINE**

Anderida recognise that many of the young people they are caring for would have experienced a lack of stability. Routine is an important part of us providing safe, containing care. We want to ensure young people

have a nice home, where they know what to expect on a daily basis. This means; getting up on time during the week for education and employment; eating a home cooked dinner every night around 6pm and going to bed early enough to get a good night's sleep between 9pm - 11:30pm. (depending on how old they are and if they have education or employment the following day.) There are lots of activities they can do in the holidays, after school and at weekends. Each Sunday, mentors will help the young people plan their week so they know what their commitments are and what things they can look forward to.

## **ANDERIDA LEARNING CENTRE**

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

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

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

The key principles of the Anderida Learning Centre provision are:

- Personalisation
- Creativity
- Appropriateness

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



Please find the [Education Policy here](#)

## **PROMOTION OF RECREATIONAL ACTIVITIES**

Anderida recognises that extra-curricular recreational activities are an invaluable enriching part of a young person's life, building self-esteem, establishing a healthy peer group, improving quality of life and widening horizons. Anderida will ensure that the young people within their care are not in any way disadvantaged in accessing a diverse range of activities. Each child's talents and interests will be nurtured, and their personal

preferences and abilities will be taken into consideration. Young people will be introduced to a wide range of activities within the community to ensure that they have experience of what is available to them. Mentors will ensure that they facilitate young people's attendance at all groups, clubs, activities and ensure that they are enabled to develop their hobbies and interests.

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

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

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

- Having lots of fun!!!
- Mentors participating in activities the young people choose/enjoy.
- Giving a weekly activity allowance.
- Exploring the young people's interests at point of placement and integrate their interests and activities into their care plan.
- Recognising the cultural needs of the young person and how this may relate to recreational and cultural activities.
- Rewarding positive behaviour through our activity points system (A-points).
- Providing unlimited membership to local gym & swim.
- Providing a wide range of free and normally cost prohibitive activities through the A-points site.
- Offering taster sessions in new and unusual activities.
- Providing activity holidays in the UK and abroad.
- Exploring and helping young people to identify activities that they may enjoy.
- Ensuring all homes have comprehensive details of all youth clubs, youth activities and youth support in the area.
- Contributing to the cost of structured activities if they are part of a weekly timetable.
- Providing transport to and from activities.
- Paying a contribution or covering the costs of healthy sporting activities.
- Enabling a young person to pursue long term sporting goals and commitments through ongoing financing, providing equipment, organising travel arrangements etc.
- Networking with youth activity providers and ensuring a good level of support from all parties with a young person's anxieties are a barrier to engagement.
- Checking activity providers have adequate risk assessments, safer recruiting for staff and appropriate insurances.
- Purchasing insurance for young people where they are undertaking higher risk activities.

**RELIGIOUS AND CULTURAL POLICY**

**YOUNG PEOPLE**

A young person's cultural needs may be identified as part of the referral process, however if this is not the

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

#### **SUPPORTING PROCEDURES**

- Equality and Diversity
- Anti-Discrimination

#### **CONSULTATION WITH YOUNG PEOPLE**

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

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

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

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

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

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

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

- Therapists

## **CORNERSTONES OF NVR**

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

## **NVR METHODS**

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

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

### **Announcements**

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

### **Sit-in**

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

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

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

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

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

### **Campaign of Concern**

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

- Visiting the child
- Phoning the child
- Emailing
- Instant messaging
- Texting
- Private message on social media

- Writing a letter
- Video messages
- Other creative and appropriate forms of communication

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

### **Tailing**

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

### **Telephone Round**

The telephone round is a method of manifesting parental presence and showing the young person the resistance when they run away from home, refuse to tell adults where they have been, or if they are coming home. This involves contacting all the people who relate to the child, such as their friends and friend's parents. The adults are encouraged by the NVR co-ordinator to collect as many of their child's friend's numbers as possible, and other acquaintances who know them. The parents call several people on the list, asking them to inform their young person that the parent is concerned for him/her and would like to get in touch with them. Adults cease calling after a reasonable period and resume calling the next day. It is not the object to ensure that the child comes home under all circumstances (although this would be a desired outcome) as this is not possible. Instead, the object is to make adults presence felt in the dangerous environment the child moves in, and to reach out the message of adult presence to the unsafe people connected to the child.

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

### **Breaking Taboos**

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

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

### **Refusing Services**

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

### **Helpers Meeting**

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

- What the child's violent, aggressive, dangerous and harmful behaviours are.
- How these behaviours affect others.
- What action has been taken so far?

- What has changed in the family/home so far?
- What the key adults need support from their helpers for.
- Any progress with the child.
- Develop action plan for helper support, including e.g., witnessing at sit-ins, taking part in campaigns of concern, acting as stress buffer, mediator, or support person for peers/siblings/other residents.

### **Training**

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

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

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

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

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

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

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

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

Kerry holds the following qualifications:

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

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

### **ANTHONY CORBY**

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

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

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

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

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

Ant provides:

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

Ant is supervised by Kerry Shoesmith, under Anderida Care.

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

### **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 in 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) and in private practice, and specialises in working with young people in care, who present with complex emotional and behavioural difficulties.

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

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

Our in-house clinical psychology service includes:

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

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

## **REATTACH POLICY**

### **Introduction**

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

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

ReAttach is a convenient and accessible non – verbal therapy.

### **What We Offer**

ReAttach training:

Training facilitator – Kerry Shoesmith:

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

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

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

## **Ethical Considerations**

ReAttach therapists:

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

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

## **How ReAttach Can Be Helpful**

ReAttach can:

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

## **WARA For Young People**

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

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

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

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

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

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

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

- Inviting significant others to attend care reviews/meetings.
- Providing weekly telephone updates.
- Ensuring significant others are informed promptly regarding significant incidents.

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

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

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

- (a) the child's placing authority consents to the imposition of the measure; or*
- (b) the measure is imposed in an emergency, and full details are given to the placing authority within 24 hours of its imposition.'*

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

## **POSITIVE HOLDING POLICY**

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

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

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

This is in-line with the BILD guidance.

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

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

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

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

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

#### **UNDERPINNING PRINCIPLES**

1. **PHYSICAL INTERVENTION MUST BE A LAST RESORT** and should be used as part of a wider strategy for managing challenging and violent behaviour.
2. Prior to physical restraint mentors should consider the risk of physically intervening and the risk of not intervening.
3. Mentors should be familiar with the child's risk assessment.
4. Mentors should have read their positive holding plan and be aware the child's previously sought views on strategies that they considered might deescalate or calm a situation.
5. Mentors should consider the relevance of any disability, health problem or medication to the behaviour in question and the action that might be taken as a result.
6. All other methods must have been exhausted. Physical restraint used for the wrong reason could be seen as personal assault or, at the very least, would be against any care policy and practice.
7. Physical intervention upholds the client's rights and dignity.
8. Physical intervention acknowledges the responsibilities inherent within a duty of care.
9. Physical intervention avoids the use of pain and of holds against joints.
10. A level of response within a physical intervention must be a minimal use of force and the least intrusive intervention for the shortest possible time.
11. There must be no sexual connotation within the technique.
12. No harmful techniques either physically or psychologically.

13. Techniques are to be phased up if necessary, phased down as soon as is safe to do so and held for the minimum duration.
14. Physical intervention should avoid the use of restraint upon the ground wherever possible.
15. Mentors safety awareness and communication are key to positive effective physical intervention.
16. Individual and team approaches to manage difficult behaviour should be employed at all times.

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

**Restraint form**

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

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

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

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

**ANDERIDA PRICE CONTACTS:**

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

## **COMPLAINTS**

In the event of a complaint, please contact Santa Fowler at head office, who will provide you with our complaints 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 about positive change.

### **Our Mission Statement:**

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

#### **We will:**

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

We will challenge all forms of discrimination inclusive of:

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

The objective for Anderida Adolescent Care is for all groups within the community to have an equal treatment in recruitment, training, career development and promotion. Our workforce, at all levels and in all work areas, should reflect broadly the composition of the local community and residents. Although this policy is directed at our employment 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 recruitment of ethnic minority staff is fundamental to ensuring an equal share of services and resources for ethnic minority communities.

**We will:**

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

### **Age Discrimination**

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

### **Sex Discrimination**

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

**We will:**

- Examine our own practises and develop policies that will remove the barriers to the employment of women and redress the balance of disadvantage through our policies/procedures.
- Take into account the demands of childcare and care of other dependants.
- Provide opportunities for the equal employment of women in the full range of occupations.
- Take action on any behaviour that constitutes discrimination or harassment.

- Give opportunities for flexible working arrangements so that women who choose to work part-time have access to a wider range of jobs and more senior posts.
- Provide policies procedures and undertake risk assessments to protect woman through pregnancy and maternity.

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

#### **We will:**

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

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

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

#### **We will:**

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

### **Programme of Positive Action**

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

### **Employment Opportunities**

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

### **Training**

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

### **Grievance and Disciplinary Procedures**

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

### **Harassment**

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

### **Monitoring**

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

### **Racism**

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

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

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

### **Anderida Pledge**

- Is opposed to discrimination in all its form and will give the highest priority to promoting racial equality throughout the service.
- Deems discrimination – whether directed towards staff or clients as unacceptable in any circumstances.
- Expects its staff to be aware of discrimination and to tackle it wherever it occurs.
- Will support staff and clients who challenge discrimination as well as the victims of discrimination.
- Will examine every aspect of our own structure and service provision in order to address and take action when recognise areas of discriminatory practice.
- Will provide training to make staff aware of discrimination and ways of working with clients from different cultural groups.
- Will draw on the principles of NVR as well as meeting their legal and moral responsibilities in responding to all forms of discrimination.
- Will make available a copy of this policy to all members of staff and job applicants.

Please also see

[ANTI DISCRIMINATION POLICY](#)

[STAFF CONDUCT POLICY](#)

## **STAFFING AND ORGANISATIONAL STRUCTURE**

Registered Provider

**Managing Director**

Brian Thompson

**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)

### **Eucalyptus Core Team**

**Registered Manager:**

Dave Ridehalgh (NVQ Level 3 CCYP, Diploma Level 5 HSCLM, Foundation NVR and Certificate in NVR, NCFE Level 3 Education and Training Award – Current).

**Deputy Manager:**

Lucy Wright (Induction Training – Complete, NCFE CACHE Level 3 Diploma for Residential Childcare, Level 5 – current).

**Senior Mentors:****Mentors:**

Kayleigh Percival (Induction Complete, NCFE CACHE Level 3 Diploma for Residential Childcare, Foundation NVR, Advanced NVR – current)

Julie Campbell (Induction Complete, NCFE CACHE Level 3 Diploma for Residential Childcare - current, Foundation NVR - current)

Chloe Sharrod-Scott (Induction Complete, NCFE CACHE Level 3 Diploma for Residential Childcare - current, Foundation NVR - current)

Liam Rozario (Induction Complete, NCFE CACHE Level 3 Diploma for Residential Childcare, Foundation NVR – current)

Lucy Wright – Foundation NVR, Advanced NVR - current

Ryan Broom – Induction Training complete, NCFE CACHE Level 3 Diploma for Residential Childcare

**Bank Mentors:**

Andrei Morosanu (Induction training),

Liam Rozario (Induction Training – Current),

Leanne Wilkes (Level 3 Diploma in Residential Childcare),

Elicia Draper (Induction Training – Current),

Jade Smyth (Induction Training – current),

Omo Atenaga (Induction Training – current),

Tim Reading (Induction Training – current),

Ivita Ivanova (Induction Complete, NCFE CACHE Level 3 Diploma for Residential Childcare),

Sara Winter (Induction Training – current),

Ryan Broom (Induction Training – Complete, NCFE CACHE Level 3 Diploma for Residential Childcare – Current),

Joe Fletcher (L3 in Residential Childcare, Foundation Diploma in NVR),

Matt Tupper (completed induction, waiting to start NCFE CACHE level 3 diploma for Residential Child Care),

Luke Evans (Induction Training – current)

Ross Skilbeck (Induction Training – current)

Jennie Hoey ((Pre AAC NCFE-Level 2 Counselling, NCFE Level 1 in Interpersonal Skills, Foundation Degree in Human Science), NCFE CACHE Level 3 Diploma for Residential Childcare, NCFE CACHE Level 5 Diploma Leadership and Management in Residential Childcare - Current).

Carley Hawkins (Induction Training – current).

Will Williams (C&G-NVQ 3 in Health & Social Care-CCYP, OCR Level 4 Management, C&G- NVQ 4 in Health and Social Care-CYP, OCR Level 3 Award in Assessing Competence in the Work Environment, NCFE Level 3 for Education and Training Award & PRICE instructor)

Cathy Tuica (NCFE CACHE level 3 Diploma in Residential Childcare),

## **LOCATION RISK ASSESSMENT FOR EUCALYPTUS GROVE**

**Updated 09.06.2022**

### **Crime within the Area**

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE																																															
<b>Young people more likely to be affected by crime</b>	Young People	Data suggests that the home is in a comparably safe area with reduced crime issues.	Low-Medium	Support Young people to get to know the area and staying safe	Ongoing																																															
<b>Young people may be drawn into criminal behaviour or a criminal network</b>	Young People Carers The Local Community	There is less scope for this in the local area however the home is near Eastbourne which may make it easier to associate with unsafe people. This is dependent on individual young people, their risks and their history.	Low-Medium	The home needs to maintain good links with the Local Police/PCSO's	Ongoing																																															
		<p><b>Research from police website:</b></p> <p>Results from the Police crime map using the postcode BN24 5DR for March 2022</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">All Crime Reported in March 2022</th> </tr> <tr> <th>CRIME TYPE</th> <th>TOTAL</th> <th>PERCENTAGE</th> </tr> </thead> <tbody> <tr> <td>Anti-social behaviour</td> <td>10</td> <td>67.40%</td> </tr> <tr> <td>Bicycle theft</td> <td>0</td> <td></td> </tr> <tr> <td>Burglary</td> <td>1</td> <td></td> </tr> <tr> <td>Criminal damage and arson</td> <td>1</td> <td></td> </tr> <tr> <td>Drugs</td> <td>0</td> <td></td> </tr> <tr> <td>Other crime</td> <td>0</td> <td></td> </tr> <tr> <td>Other theft</td> <td>6</td> <td>8.70%</td> </tr> <tr> <td>Possession of weapons</td> <td>0</td> <td></td> </tr> <tr> <td>Public order</td> <td>3</td> <td>8.70%</td> </tr> <tr> <td>Robbery</td> <td>0</td> <td></td> </tr> <tr> <td>Shoplifting</td> <td>0</td> <td></td> </tr> <tr> <td>Theft from the person</td> <td>0</td> <td></td> </tr> <tr> <td>Vehicle crime</td> <td>1</td> <td></td> </tr> <tr> <td>Violence and sexual offences</td> <td>19</td> <td>15.20%</td> </tr> </tbody> </table>	All Crime Reported in March 2022			CRIME TYPE	TOTAL	PERCENTAGE	Anti-social behaviour	10	67.40%	Bicycle theft	0		Burglary	1		Criminal damage and arson	1		Drugs	0		Other crime	0		Other theft	6	8.70%	Possession of weapons	0		Public order	3	8.70%	Robbery	0		Shoplifting	0		Theft from the person	0		Vehicle crime	1		Violence and sexual offences	19	15.20%		
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### **Access to Education**

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Access to good schools</b>	Young People	<p>Both local senior schools continually perform above the national average, in the league tables and both are above the average for the local authority as well.</p> <p>Anderida also offers its own specialist provision where mainstream schools do not meet the needs of the young people. Anderida learning centre is rated GOOD by OFSTED. One of our young people currently attend Anderida Learning Centre.</p> <p>There are two specialist Local Authority EBSD schools within 30 minutes drive of the home - one of the schools has an overall Ofsted rating of OUTSTANDING (Jun 2018) with Good in all areas. The home has a good working relationship with this school.</p> <p>The home is also situated within 15-45 minutes from Bexhill College &amp; the East Sussex college group campuses (Eastbourne , Lewes and Hastings) both with an OFSTED rating of GOOD</p>	LOW	No action required - good schools in the area, and within Anderida, to meet a diverse range of needs.	

## Transport Links

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<b>Transport Links Risk of Absconding</b>	Young people Carers	There are adequate transport links to services through bus and train services (See Youth Services and Access to Services).	Low	Follow access to services/youth services actions.  Alert bus driver to the fact that young people do not have permission to use there transport if a young person is attempting to abscond - if this is ineffective board the bus with the young person and attempt to intervene that way.	Ongoing
		The bus service is limited to the day and has not been used as a means to abscond. It is adequate to access services and amenities.		All staff be aware of local bus services to address both risks and public transport needs when required.	Ongoing
		The train station is approximately a 20 minute walk away. This allows good access to schools and Eastbourne town however does also give young people an opportunity to abscond. The trains are not always regular and due to the distance of the train station to the home gives mentors time to intervene.	Low	Follow detailed MISPER protocol - individual risk assessments boarding trains and using other interventions as agreed with the LA. Mentors have successfully intervened and prevented the train from driving off by holding the train door open whilst stood on the platform and explaining to the train conductor that we cannot allow our vulnerable young people to put themselves in danger by absconding on the train. This usually also encourages the train staff to intervene.  Be aware of train times so mentors can check stations at key points. If absconding using the rail service is frequent, let station staff know contact numbers and description of the young person. There has also been successful interventions with both British Transport Police and local police at the train station BEFORE the young person is missing and still with mentors, so as to prevent resources being ongoing and reactive. This successful strategy will be completed with YP's as appropriate.	Ongoing

## Local Community

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Disruption in the Community	Neighbours Young People	The home has potential to disrupt the residents who live/work around them. This may be through home activity e.g., fire test/drills.  The young people may impact with anti-social behaviour e.g. loud music, challenging behaviour within and outside of the home.	High	Neighbourhood policy and procedure now in place.	Completed July 2015

	<p>This also has the potential to challenge placement stability as the organisation has a duty to enable their neighbours to live/work in peaceful environment.</p> <p>Consistent complaints and concerns may lead to a placement termination.</p>	High	<p>Procedure to be followed around loud music / devices.</p> <p>All young people to sign 'Terms of Residence' at the start placement, which covers consideration within the community.</p>	Ongoing
	<p>Poor ongoing relationships with the local community could lead to home's closure if enough valid concerns and through Ofsted and local MP's. Parking issues. There has been an incident with a staff member having their car "keyed" along one side this s though to be in reaction to parking issues within the close and was reported to police. it should be noted that on staff meeting days the home can use up to 8 parking bays for over 2 hours.</p>	High	<p>Young people to be introduced to the neighbours in a positive way at the start of placements.</p>	Ongoing
	<p>Young people being criminalised due to anti-social/criminal behaviour.</p>	Medium	<p>Appointed liaison staff member to liaise with neighbours regularly.</p>	Ongoing
	<p>Risk of feeling stigmatised from discriminatory neighbours</p>	Medium	<p>Neighbours to be forewarned if we are aware there may be some planned disruption this may include, fire tests, sit-ins (NVR), building works etc. With regard to parking staff should attempt to use the layby outside or optimise space outside of 14 and 15</p>	Ongoing
			<p>Local community to be encouraged to attend RJ meetings with the young person or to get feedback.</p>	Ongoing

		Reconciliation gestures to be encouraged following all incidents of disruptive/anti-social behaviour.	Ongoing
		Moving young people on where they are not able to improve poor disruptive behaviour.	Ongoing
		Working with neighbourhood policing, PCSO's and ASBO team. This to include regular contact/visits to the home.	Ongoing
		Working with referring agencies to ensure young people do not have a significant history of causing disruption in the local area. Social Workers to be made aware in advance of placing, the potential impact that disruptive behaviour experienced by the local community, will have on the placement.	Ongoing
		Where possible to utilise community resolution orders rather than pursuing a criminal route.	Ongoing
		Campaigns of Concern to be initiated when the young persons behaviour impacts on the community.	Ongoing

			Representative to attend street meetings. The dates for local meeting are available and to be obtained on the <a href="http://ukcrimestats.com">ukcrimestats.com</a> regional section	Ongoing
			Thorough complaints procedures to be followed when any issues of concern are raised.	Ongoing - as & when
			Management to implement ways of giving general feedback in a positive form e.g. slips or cards.	To be started April 14
New housing developments are being built in the area	Neighbours and young people	Another estate was completed a few years ago and this did not seem to have a negative effect on the safety of the young people or the local community since it has been completed and occupied.	Low	continue to monitor whether this will have an effect on the safety of young people or the local community

### Statement of Purpose

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<u>Statement of Purpose</u>	Young people	Individuals being able to locate the home through the SOP	Low	Not include any details that enable individuals to locate the home.	On going

## Risk of Sexual Exploitation

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Risk of Sexual Exploitation	Young People	Risk of residents sexually exploiting or grooming other children/young people	Low	Ensure young people are not known to be a significant risk to other young people before placing within the home.	On going
		Risk of unsafe local adults and peers sexually exploiting residents	Low	Within the immediate environment there are no current known high risks of sexual exploitation - the home to contact the police to if there are high risk adults / peers / hotspots within the area. This is to be updated on every new placement.	On going
				Ensure all staff are trained in sexual exploitation so they are able to recognise, signs, risks and vulnerabilities.	On going
				Ensure young people are educated about sexual exploitation, through awareness work, CEOP browsers on communal computers, sexual health, self esteem and relationship work.	On going
				Procedure to be followed around free time. This to be structured with clear information about who the young people are spending time with, within agreed timeframes. If young people are missing or truanting within school hours robust miss per/AWP procedures to be followed.	On going
				Report all sexual exploitation concerns using the CSE referral form.	On going
				Work with Police miss per co-ordinator, and WISE when working with a young person at risk of exploiting or being exploited.	On going
				Share information with statutory agencies where there are identified risks.	On going

## Substance Misuse

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Substance Misuse	Young People	There is no obvious or known drug activity within the immediate area	Low	Refer concerns to the police if noticed.	On going
				Ensure young people with substance misuse issues are referred to appropriate services and receive appropriate support.	On going
				Educate young people around the dangers of drugs and harm minimisation.	On going
				Ensure illegal substances policy is followed.	Ongoing

## Local Businesses

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Local Businesses	Young people	The local business in the area are approximately 20 minute walk from the home. None are known hot spots for anti-social or risky unsafe activity.	Low	Continue to monitor the area - follow substance misuse and sexual exploitation actions.	Ongoing

## Weather Elements

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Weather Elements	Young people	Carers not being able to get to work due to weather conditions e.g. snow on the roads, rail closures.	Low	Carers not drive the organisations or home vehicles into the close when the roads are particularly icy/snowy.	On going
		Dangers in getting in and out of the close when roads are icy/snowy.		Managers to provide staff cover where needed.	On going
		Power cuts		Organisation to provide a pick up service in suitable safety vehicle when there are extreme driving conditions or a lack of public transport.	On going
		Cars driving at high speed on the adjoining main road (Rattle Road).	High	Educating young people on road safety.	On going
				Keep supplies in case of power cut to include emergency lighting. Torches/light sticks.	On going
				In case of extreme emergency - refer to crisis management policy.	On going
				Carers to be warned of the dangers of driving into the close when there is snowy or icy roads, as the slope is very dangerous and vehicles have had to remain in the close for an extended period as they can't access the slope out.	As and when

## Sea Risk Assessment

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
The home is situated in a sea side town	Young person and mentors, visitors	The home is situated in a seaside town, The beach is within a 10 min car journey and 1 hour and 30 minutes walk away.	MED	Mentors to make sure the young people are aware of the danger if visiting the seaside. Mentor to make sure that all young people have contact numbers to phone if they get separated or need help.  Mentors to arrange for a meeting place if get separated, like back at the car.  Mentors to ensure all take appropriate clothing and footwear, have sun protection with them, towels and change of clothing.	On- Going
Swimming in the sea		The young person will have an individual RA done around being able to go swimming in the sea, this will look at the ability of the young people like whether than can swim, weather conditions, and other safety measures like lifeguards on the beach.	MED	Pevensy Bay beach is unsupervised.  Mentors would take a non swimmer where there are lifeguards available. The closest lifeguarded beach is located at Eastbourne, on the main resort beach (The pier to the Wish Tower) from May 1 to September 30. Mentors can get advice by speaking to our Seafront Office for further information on <b>01323 410611</b> .	On- Going
		Cuts, bruises and breakages. You're most at risk when walking to or into the water or if you jump or dive in without checking the depth. Sharp stones or broken glass are common hazards.	LOW	Mentors to encourage all to wear flip flops to the water's edge and consider neoprene socks. Pay attention where you put your feet and always look before you leap. Be careful of waves breaking onto rocks.	On- Going
		Cramp Cramp occurs when your muscles go into spasm. It can be very painful and disabling. Some people are more prone to it than others and it seems to be more likely if your muscles are tired, for example if you've been running before swimming.		Mentors to minimise the risk by learning what triggers cramp (e.g. sudden changes of pace, swimming butterfly). Swim with other people so if you do get cramp, they can help you. Consider using a tow float to rest on in case of emergency.	On- Going
		Seaweed Getting 'dragged down by seaweed' is a common fear for beginners but is extremely unlikely. Nevertheless, sea weed and other plants can impede your swimming and possibly induce panic, which may result in drowning.	LOW	Mentors and young people to be made aware that, If they swim into seaweed, to stay calm. Seaweed does not try to pull you down. In most cases you can gently extract yourself. It is usually preferable to swim in deeper water where you have fewer contacts with plants.	On- Going
		Getting stuck in the water. It's not unheard of for people to start swimming and only later realise they can't get out – for example, if they have swum from one place to another without checking their exit point.	LOW	Mentor to be aware of their exits, Always plan your exit before you get into the water. Be aware of local conditions and how tides and changes in water level might affect your exit from the water. Before you enter the water, check for ladders, steps or alternative exit routes if your planned exit becomes unavailable.	On- Going
		Waterborne illnesses Any time we enter the water we run the risk of picking up a parasitic, viral or bacterial infection. In the UK, the most common are bugs that cause vomiting and diarrhoea. These are usually mild and self-limiting.	LOW	Mentors who take 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 into the water.	On- Going
		Collision / being run down. Swimmers are hard to spot in the water, especially if the light is poor and they are wearing black wetsuits. Rowers, kayakers, jet ski riders and boat pilots often don't expect to come across swimmers and may not particularly be looking out for them. A collision will almost certainly be worse for the swimmer.	LOW	Mentors to stay alert and know where young people are at all times. Consider swimming where there's less traffic. Swim in areas that don't allow, rowers, kayakers, and jet skiers. Wear a bright coloured cap. Drag a tow float behind you if swimming in busy traffic areas.	On- Going
		Jellyfish. Beautiful sea creatures that can give you a nasty sting. Usually painful rather than dangerous but multiple stings can be debilitating and some people have allergic reactions.	LOW	Avoid if you can. Some sun creams include an anti-jellyfish ingredient. The initial pain usually eases after a few minutes if you keep swimming. Mentors to seek medical help if you sense any difficulty in breathing.	On- Going
		Sharks Beautiful, intelligent, endangered, deadly. Actually, very few species of sharks are dangerous to people and many more sharks are killed by people than vice versa. Shark attacks are extremely rare but still preferably avoided.	LOW	Mentors not to take young people for a swim where sharks feed (e.g. next to seal breeding colonies).	On- Going

## Youth Services

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
<u>Youth Services</u>	Young people	<p>There is limited youth services with the close proximity to the home. There are a number of youth groups, support services and structured youth activities within a few miles of the home.</p> <p><b>Youth Clubs link:</b>  <a 140_oeb0345"="" bustimes.org="" href="https://www.google.co.uk/search?rlz=1C1GGRV_enGB751GB751&amp;tbo=lcl&amp;ei=CTcvXJzfI_Cn1fAPIpOj0Aw&amp;q=youth+clubs+near+me&amp;gs_l=psy-ab.3...4077.4860.0.5098.0.0.0.0.0.0.0.0.0....0...1c.1.64.psy-ab..0.0.0....0.hqjsje2hYN8#rlfi=hdi;si;mv:!1m2!1d50.8818093!2d0.6436657!2m2!1d50.7592819!2d0.01777459999999998;tbs:lf!2m1!1e2!2m1!1e3!3sIAE,lf:1,lf_ui:2&lt;/a&gt;&lt;/p&gt; &lt;p&gt;&lt;b&gt;Bus timetable link&lt;/b&gt;&lt;br/&gt;         Bus stop opposite Millview Close&lt;br/&gt; &lt;a href=" https:="" stops="">https://bustimes.org/stops/140_OEB0345</a></p>	Low	<p>Ensure a high percentage of drivers make up the staff team, so there is usually one driver working between the two homes.</p> <p>Have comprehensive lists of all youth services in the area available within the home.</p> <p>Ensure all staff are knowledgeable around bus routes and train timetable - so most venues are not prohibited without a driver.</p> <p>Where this is more than one option of courses / youth groups / clubs etc. Carers are to select the one that is easiest to access on public transport - so lack of drivers does not impact on the activity.</p>	Ongoing

## Licensed Premises

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Licensed premises in the Area	Young people	There are three local pubs within walking distance from the home (one approx. 20 minute and two approx. 30 minute walk.)	Low	Do not familiarise young people with these pubs or a pub environment by visiting these pubs at all.	Ongoing
		This has never been an issue in the past and no residents have gravitated towards them. However, it can not be ruled out as a possibility and the home must consider what preventative steps they can take and how they would respond should our residents wish to frequent the pubs.		If we do have concerns that a young person is going into these (or any pubs) carers are to go in, give a description of our young people and let them know that if they are served alcohol it will be reported and we do not give permission for them to be in the pub at all (unless there are circumstances where they do have permission).	Ongoing
				Discourage parents or significant others from taking the young people to pubs whilst on contact.	Ongoing
				Should the above actions be unsatisfactory and young people still be frequenting public houses -without permission report the pub to the police in line with licensing laws.	Ongoing
				Educate young people around the dangers of drinking and health implications, as well as the laws in this country.	Ongoing
				Cash in hand bans to be implemented as a safety measure if young people are coming home under the influence.	As and when

## Access to Services

IDENTIFIED RISK	IDENTIFIED RIS	IDENTIFIED RISK	NTIFIED R	IDENTIFIED RISK	IDENTIFIED RISK
<u>Access to Services</u>	Young People & Mentors	<p>There is a local Doctors (20 minutes walk) which provides a call out services if required.</p> <p>The hospital is approx 10 minutes drive and ambulances can easily reach and park outside the home if required.</p> <p>Local dentist also within close proximity at the same location as (20 minute walk)</p> <p>The home has good strong liaisons with the Police to include, local officers, PCSO's, Sergeants and Miss per Co-ordinator and British Transport Police.</p> <p>There is senior school in walking distance from the home, some other specialist resources require transport. Anderida Learning Centre is accessible by car or public transport.</p>	Low	<p>See all actions in 'Youth Services'</p> <p>See above</p> <p>Agree transport arrangements to and from school when a young person is placed. If they are on a one to one staffing ratio this may mean the LA have to commission a taxi. Two to one staffing ratios should include a carer driver for school and other requirements where needed.</p>	Ongoing

## Covid 19 Risk Assessment

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Risk of contracting COVID-19	Young people, mentors and visitors to the home	Anderida Adolescent Care will endeavour to manage the risk or possible impact of Coronavirus by taking precautions within the home to ensure minimum disruption to the service we offer	high risk of contagion medium risk of adverse health effects	Ensure that all mentors adhere to the new Coronavirus Policy and to actively encourage all young people to do the same. (please see Coronavirus P[olicy for detailed action taken) This policy also includes action st to take if employees become unwell or become exposed to the virus or if the have been in contact with a confirmed case of COVID-19	Ongoing daily
				Mentors to follow and keep themselves updated with the companys Coronavirus policy regularly.	To keep updated regularly.
				Mentors in the home to were possible keep a 2 metre distance from others within the home at all times	To maintain daily.
				Mentors to ensure they carry out a COVID clean of thehome daily.	To be carried out daily.
				Mentors to keep themselves up to date on changes to government guidelines and follow these at all times.	Ongoing.