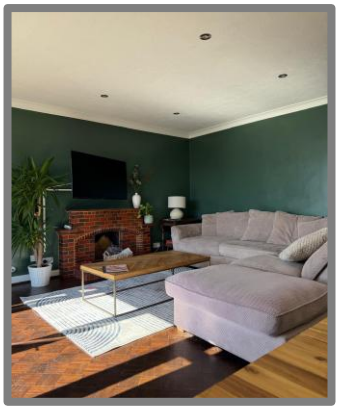

ANDERIDA ADOLESCENT CARE

Investing in People, Nurturing Change

Green Fields

Statement of Purpose

October 2025

Contents

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.

Green Fields

HOME MANAGER – Amy Howell

I have been a proud member of the Anderida team since 2014, where I've developed a deep passion for working therapeutically with young people and within dynamic teams. My professional journey is rooted in a strong interest in understanding people and fostering growth in both individuals and systems.

With a BSc in Psychology, accreditation in Nonviolent Resistance (NVR), and training as a Reattach Practitioner, I am continually expanding my therapeutic expertise. Currently, I am pursuing my journey to become a systemic family therapist, reflecting my dedication to providing holistic, evidence-based care.

Over the past nine years as part of the management team, I have been committed to ensuring our young people receive the love, care, and support they deserve. I am passionate about amplifying their voices, advocating for their growth, and empowering them to learn and thrive.

At Greenfields, my goal is to create a warm, safe environment where both the young people and our team can flourish a space built on trust, compassion, and mutual respect.

Green Fields is a spacious dormer bungalow set on the outskirts of Little Common, a small town near the sea in East Sussex. The large garden with a range of fruit trees backs onto open farm land and then the sea.
The home has 4 bedrooms and can support two young people form the age of 11 years to 18 years, each young person has their own room and has a generous budget to personalise it to their own taste, a large lounge diner looks out onto the garden as do the conservatory and sun room with views over the marsh to the sea, with the larger town of Eastbourne in the distance.

At Green Fields we believe that all young people should have a safe environment in which to grow, socially, emotionally, physically, academically and economically, and will provide our children with every opportunity to enjoy a high level of nurturing and care.

Non-Violent Resistance is embedded into our therapeutic lives, which develops relationships and include the wider community in our support of the children. Our experienced team have an exceptionally high level of clinical and therapeutic training and supervision to aid them in their support of the children.

We are extremely ambitious for our children and believe that they should wherever possible attend mainstream education but in the cases where this is not appropriate, we can offer a bespoke education package at our education centre in Eastbourne to suit the resident's needs from GCSE to A 'levels to vocational qualifications.

Our ambitions extend beyond academic and vocational qualifications for our children, we believe that all children should have a full life packed with opportunity in all areas, we offer and encourage a wealth experiences to widen the children's engagement in the community, introducing them to extensive teams, groups and activities in order for the to identify pastimes which they had previously not been open or possibly not had access to. Where a child has an interest we, where required attend activities with the child experiencing things together until they are able to or want to attend alone.

Where a child is resistant to engage in activities outside of the home the team are inventive in their approaches to engage the child , to build on their self-esteem and lessen their anxieties to gently, side by side experience new things and to grow and achieve.

It is our belief that all children need interaction with a wide social network of peers and will support them to identify who and what are safe relationships, through education and role modelling.

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

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. 1 of the young people is staffed 1:1.

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

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

Anderida recognise and prioritise the cultural, linguistic and religious needs of children, from the point of referral, impact analysis and support planning, we identify the needs of the child and ascertain where within the organisation, external agencies and communities the needs of the child can be met. When meeting a child and throughout their time living with us, we consult, discuss, assess and review where needs are met and where further exploration or resources are required to meet a child's needs. Full training is given to the staff team to ensure they are skilled and able to explore with children their identities, showing curiosity and interest and understanding in all aspects of their lives.

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 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

Green Fields is located in Bexhill, East Sussex. Bexhill boasts everything you might expect from a British seaside town, combining wide, expansive beaches with high-street brands, independent shops and plenty of places to eat and drink. For entertainment and leisure, it boasts a pioneering arts venue, the De La Warr Pavilion, as well as a swimming pool, recreation ground and leisure centre, with a number of theatres in nearby Eastbourne. To the west of the town sits Egerton Park, which offers swathes of green space and includes a boating lake, tennis courts and indoor bowling centre. It is also home to Bexhill Museum; whose galleries explore the town's rich motoring heritage and social history.

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

THERAPEUTIC APPROACHES AND CLINICAL PSYCHOLOGY SERVICES

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 have 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 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 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.

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 approach 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 receive 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's 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.
- 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
Mathew Thompson

Strategic Director:
Annabel Lilley

Responsible Individual:
Maz Macmillan

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 www.anderidacare.co.uk

Green Fields Core Team

Manager:

Amy Howell (Pre AAC BSc in Psychology, STA), OCR Diploma Level 3 in Residential Childcare, OCR Level 5 Diploma for Leadership and Management in Residential Childcare, Advanced Certificate NVR UK Level 2, Accredited NVR Practitioner with the NVR Association (NVRA) Level III – completed).

Deputy Manager:

Will Williams - (Induction Training, C&G-NVQ 3 in Health & Social Care-CCYP, OCR Level 4 in 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 - completed).

Senior Mentor:

Ellis Holman (Induction Training, Bachelor of Science Hons in Psychology, NCFE CACHE Level 3 Diploma for Residential Childcare - completed),
Elisha Jackson (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare - completed),
Ben Ketch (Induction Training, OCR Level 3 Diploma in Residential Childcare - completed).

Mentors:

Molly Mcloughlin (Induction Training – completed),

Brett Lawrence (Induction Training, Pre AAC-BSc Honours in Diagnostic Radiography, OCR Level 3 Diploma in Residential Childcare - completed),

Juliet Kelly (Induction Training – completed),

Jake Delea (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare - current),

Ella Iheagwam (Induction Training – current),

George Bone (Induction Training - current).

Bank Mentors:

Jade Smyth (Induction Training – completed),

Joe Fletcher (Induction Training, L3 in Residential Childcare, Foundation Diploma in NVR - completed),

Cathy Tuica (Introduction Training, British Bachelor's Degree in Sociology and Psychology, NCFE CACHE level 3 Diploma in Residential Childcare - completed),

Ellie Lewis ((PRE AAC NCFE-CACHE Level 2 Certificate in Understanding Children and Young People's Mental Health, OCR Advanced GCE Psychology, AQA City & Guilds Extended Project, Degree of Bachelor of Arts in Applied Psychology and Criminology) Apprenticeship Childcare, Std Children Young People and Families Practitioner (Level 3 RCC) L4 - v1- current),

Ross Skilbeck (Induction Training - completed),

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

Francis Makoni (Induction Training – current),

Danny Bennetts (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare - completed),

Samantha Bignell (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare - completed),

Dylan Cave (Induction Training, NCFE CACHE Level 3 Diploma for Residential Childcare- completed),

Andie Burls (Induction Training, NCFE CACHE-Level 3 Diploma for Residential Childcare – completed),

Angelique Dekker (Dip 3 CCYP, Foundation Diploma in NVR - completed),

Ruby Taylor (Induction Training, PRICE Training, Foundation Diploma in NVR – completed),

Emma Debonnaire (Induction Training – completed),

Emma Harrison (Induction Training, OCR Level 3 Diploma for Residential Childcare, NCFE Level 2 Team Leading Award, NCFE CACHE Level 5 Diploma Leadership and Management in Residential Childcare, Partnership Projects Advanced Certificate in NVR Practice (NVR Association (NVRA) Level 2) – completed),

Oliver Thompson (Induction Training – current),

Sara Winter (Induction Training – completed),

Johann Henderson (Induction Training – current).

AREA LOCATION RISK ASSESSMENT
Updated 01.10.2025

Population Demographic

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
The Local Population/ Demographics	Young People	August 2024 - Jun 2025 Data reviewed Over the last 12 months for Little Common area Violence and sexual offences: 99 Antisocial behaviour 36 Criminal damage and arson 23 Public Order 22 Other theft 20 Vehicle crime 10 Burglary 9 Drugs 8 Other crime 5 Robbery 3 Possession of weapons 2 Bicycle theft 1 Theft from the person 1		Crime figures to be checked regularly and updated/actioned when needed. www.police.uk	Immediate and Ongoing
Social deprivation in the area:		The area has low social deprivation; it is an affluent area with a large number of detached houses. There is little integration due to the main road and the detached nature of the houses	LOW	There is a good proactive community policing team and there is good communication between the house and the police.	Ongoing

Online Risk

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Online Risk	Use of the internet by YP's	The location of the property could be discovered from outside agencies through the statement of purpose	low	No details of the location of the home is included in the Statement of Purpose.	ongoing

		Young people could give the address of the home away through networking sites such as Facebook, Instagram. Young people may take photos on snapchat which may have: outside of building, street name/number for others to see.	high	Use of networking sites to be monitored from within the home. Young people to be educated about the risks of broadcasting their contact details though media such as what app, Snapchat, Instagram and sites on the internet.	ongoing
				Qustodio to be put in place on young people's mobiles with Wi-Fi to monitor the use of the internet. All staff to have training on digital safeguarding, understand the risks online and the use of social media in recruiting and exploiting young people. CSE and PREVENT work to be done with the resident to inform of them of the dangers of grooming and exploitation.	ongoing and to be completed
				Qustodio activity to be monitored by the independent internet monitor.	On -going

Transport Links

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Transport Links	Residents and the mentors.	The nearest Train Station (Little Common) is 25 minutes' walk away from the home and can be accessed through the main road or alley ways that lead down. It is links East towards Hastings - Ore - Ashford or West to Eastbourne, Brighton and London routes	HIGH	Mentors to maximise knowledge of the train station and complete a full risk assessment and strategy for the young person if they abscond. See individual support plans.	Immediate
		The next nearest train Station (Collington) is tucked away between houses and Bexhill station is around hours walk from the home.		Immediate liaison with the police on the young person's arrival if they are frequent missing. Philomena form shared with the police and a photo to be handed over of the young person with the consent of the LA in high-risk cases to train staff.	Immediate

		The road is on a bus route (99) into either Eastbourne or Hastings		Young people to be made aware that we follow them when they are trying to abscond, so they know that we are trying to keep the safe and prevent harm or unsafe behaviours.	Ongoing
Busy main road		The home is located on a busy main road, there are big foot paths on both side of the road, with street lighting in place, there are several Zebra crossings along the road for crossing over. The speed limit is 30 mph outside the home and right towards local shops in Little Common but increases to 40 and 50 left from the home.	HIGH	Young people to be made aware of how to cross the road safely and shown where the nearest crossing are	Ongoing

Local Community

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Disruption In the Community	Neighbours and Young People	The home has the potential to disrupt the local community though activities within the home e.g. fire alarms tests, young person's music, conflict with the young person inside and outside the home, police attendance especially during antisocial hours. However, is a detached home with alley way and large driveways and gardens which can block lots of the noise.	MED	Develop a Procedure for low impact in the neighbourhood through risk assessment and planning for support plan.	At point of referral through impact analysis, considering the potential risk assessment
		There can also be concerns of noise pollution from loud music, shouting from young people inside and outside the home, conflict with the young persons both inside and out of the home and abuse to the neighbours and others.	LOW	The young person to sign a contract of residency when arriving with AAC that adhere to respecting noise levels in and around the home and the risk of disturbing neighbours.	Immediate on YP Arrival
		Police Attendance through incident/ anti-social behaviour.	MED	Mentors will use the available strategies to de-escalate incidents where possible without Police involvement. NVR approaches to involving community in a way that they can resist and reconcile and be part of the support network.	On- Going

		Complaints from the neighbours could cause the young person to be removed and/or the home being closed down. The home has not had any complaints from the neighbours.		Appointed Liaison person to meet the neighbours regularly if there are concerns or complaints. Strategies to be put in place should the young person not follow the terms of residency guidelines. NVR approaches to build on a community approach and understanding. Home to maintain the homes and grounds to show pride in the community.	On-Going
		The inability to keep positive relationships with the neighbours due to disturbing behaviours/music/noise	LOW	Neighbours to be updated if there is some planned disruption in or around the home.	On-Going
				YP's to be encouraged to engage in Reparation/Restorative work with the neighbours	On-Going
				Regular liaisons with PCSO's ASB team with the young people.	On-Going
				Looking at the YP's needs and background to match with the suitability of the area	On-Going
				Moving the young people on before the there is too much disruption that may result in criminalization.	On-Going
				If the YP is consistently disrupting the neighbours/neighbourhood, then a log to be kept and to help when liaising with the PCSO for the area.	When needed
		Young people loitering outside the front of the home and engaging in antisocial behaviour.	MED	Young people to be encouraged to engage in restorative/reparation processes	ongoing
Neighbours outdoors Swimming pool		The neighbour to the left has a swimming pool in their back garden. There is no easy access to their back garden and cannot be seen from the home's location.	LOW	Young people to be encouraged not to go onto the neighbour's property.	Ongoing

Sexual Exploitation

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Risk Of Sexual Exploitation	Young People	Risk of sexual exploitation or grooming by the resident of other young people in and around the home.	HIGH	Ensure that young people are not a significant risk to other young people both in and around the home through risk assessments at the point of referral. Mentors to be present in communal areas of the home at all times.	On-Going
		Risk of adults/others in the area sexually grooming/exploiting the young people within the home.	HIGH	We would be regularly monitoring the young people, where they are going and who with. We would need information (name, address, contact number, age) before young person to go off with them before we would let them go unsupervised.	On-Going
		Local gangs known for their sexual grooming.	MED	Robust missing person procedures.	On-Going
				Contact with missing persons before the arrival of a new young person.	On-Going
				Connections with services for sexual exploitation.	On-Going
				Management to stay in close contact with the local police and Safeguarding teams regarding information in the high-risk areas.	On-Going
				Make sure that young people are educated through information sessions using CEOP handouts/websites.	On-Going
				Mentors to be regularly trained in CSE and the indicators to this.	On-Going
				Report all concerns using the CSE referral form and forward to the relevant authorities.	On-Going
				Work with the police and Missing Persons co-ordinator and Wise when working with YP's that have been sexually exploited.	On-Going

				Raise presence of mentors when the young person is meeting with anyone.	On-Going
				Raise presence of mentors when the young person is with someone or missing without permission.	On-Going

SOP Registered Provider

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Statement of Purpose	Risk to the residents	The location of the home could be discovered from outside agencies and the public through the Statement of Purpose having the details on.	LOW	No details of the home are to be included in the SOP	Ongoing

Substance Misuse

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Substance Misuse	Young People	We are not currently aware of any drug related issues in the area but are aware of the potential in all areas	LOW	Close liaison with the Police and PCSO's in the area to ascertain risk.	Ongoing
		There are currently no known hotspots in the area for drug dealing.		Links with substance misuse through the local YOT team	Ongoing
				All mentors to be up to date with the Drugs policy within the home.	Ongoing
				Young people to be educated on the effects of drug use	Ongoing
				Relevant use of consequences in the home in response to use of illegal substances.	Ongoing
				Residents have a copy of the drug policy and sign a residency agreement when they arrive at the home that contains the actions to illegal substance use and substances in the home.	Immediate

				Drug support leaflets to be available within the home and online for the young people to access.	Always
				Mentors to remain vigilant and report any suspicious activity in the area.	Always
				Report on a soft intel report to police if anything seen and what has happened.	Always
				Skillz work to be done with all Young People in the house this area.	On-going
		we currently have a young person in the home that uses aerosols to inhale solvents	HIGH	Local shops have been made aware of young person and told not to serve. Mentors to regularly check in with shops in local and surrounding area. Mentors to follow support and safety plans. Local MP contacted to change rules on minors buying aerosols	On - going

Local Business

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Local Businesses	Young People	The nearest local shop is a 15-minute walk away	MED	Mentors will make their presence known at the shops and the connections have been made with the Police regarding this.	Ongoing
		The same local shop is open late into the evening	LOW	Mentors to be vigilant when looking for young people and if they are hanging out at these businesses.	Ongoing

	Young People, mentors	There is a working farm near by which also has a static caravan park. There are livestock, and heavy-duty farm machinery on site, there is a mains electric fence on some fences around the farm, and a foot path through some of the land. It has been known that sometimes doors are left open of some of the caravans on site.	LOW	The farm has to have safety measures in place around any hazards and must comply to these. High safety fencing around any open lagoon and dung lumps. The young people will be told about the dangers of a working farm. The Young people do not have easy access to the farm, and all fencing on the property is over 6ft. If anyone has contact with the livestock, mentors to ensure that all wash their hands. Mentors to not let anyone go near any machinery. Mentors to remain present if young person enters caravan site and encourage not to try to tamper or open doors in caravans.	On-going
	Young People, mentors	There is a new building site in the local area.	LOW	Mentors will make sure the Young People are made aware of the dangers of a building site, and that they are not allowed on the site by law.	On-going

Weather Elements

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Weather Elements	Residents and their mentors.	The home is on a busy road which is likely to effected little by the weather due to 'gritting'. So little likelihood affecting car travel of effecting buses running to and from the area.	LOW	Mentors will look ahead on weather forecast to make sure they are able to get to work on time.	Winter Months
		Access to the home from outside and trips to the town centre can be made more difficult by the bad weather	LOW	Correct footwear to be worn by Mentors and supplied to the young person when the weather is bad.	Winter Months

				Mentors to educate the young people on looking after themselves in these circumstances.	Winter Months

Licensed Premises

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Licensed Premises	Licensed Premises	The nearest local pub is a 15 minutes' walk away	LOW	If the young person is known to be served anywhere then this information will be made available to the Police.	Immediate
				If the young person is known to be in the premises or has returned home drunk new safety plan to be put in place.	Ongoing

Youth Services

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Access to Services	Availability of Youth Clubs	There are known youth clubs in the immediate area. There are several scouting and girl guide groups. There are several cadet groups, drama groups, all sorts etc.	LOW	Details to be made available to the young people on arrival to the home.	Immediate and Ongoing
	Sports Clubs	Many known clubs for various sports in the area. Hastings Wanderers FC are very accommodating and have said, "Hastings Wanderers isn't about ability, it's about having fun and learning." Also, Hastings athletic groups, Bexhill boxing groups etc.	LOW	Mentors to work with young people to highlight their interests and find the appropriate clubs for them to try and join. Mentors to encourage young people to join these clubs.	Ongoing

Prevent

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
Risk of radicalisation via grooming either online and/or in the community. Radicalisation may be instilled by individuals, community groups and/or peer groups. People with radicalised views may communicate their message in the name of a particular cause' i.e. against mainstream society, particular groups of people, in the name of a religious or cultural cause, against the government etc.	Risk to young people and those in the wider community. Particular risk to vulnerable adults and young people.	There is no known major risk of radicalisation in the local area. However, the internet is a hotspot for grooming activity and there are many social media apps that pose differing levels of risk to young people's safety. Internet access is generally available anywhere; however, risk may be reduced where internet access for the young person is prevented. Although this would not prevent grooming via non-internet-based communication (i.e. texting/phone calls/non-internet-based apps). Recent research into radicalisation suggests it often occurs in a similar process to grooming, with young people being befriended via social media, and radicalised into developing extreme views which may lead to harmful activities that put themselves and others at risk.	LOW	Mentors to be aware of risks or indicators that a young person is being groomed and/or developing radicalised views. Mentors to be able to have Key chats with young people on this issue and to refer the right support. Mentors to prepare young people in order to help them to recognise suspicious behaviour relating to this issue either from another individual or a group, and to have the confidence in reporting it. Mentors to all complete PREVENT training and management advanced training on radicalisation. Mentors to all complete Radicalisation and Terrorism training and understand the signs and risks. Mentors to all complete FGM training and understand the signs and risks. Mentors to have access to a resource folder to help explain and share ideas with young people around radicalisation. Anderida Learning Centre curriculum to cover religions/culture and radicalisation. Mentors to stay aware of local influences and extreme groups. Mentors to use PREVENT resources and refer young people to MASH if they are noticing the signs/risk factors around radicalisation.	Ongoing

				Mentors to monitor young people's internet use and check browser history regularly.	

Coastal Town

IDENTIFIED RISK	TO WHOM	INSPECTION OF RISK OUTCOME	RISK	ACTION	TIMESCALE
The home is situated in a seaside town	Young person and mentors, visitors	The home is situated in a seaside town; The beach is within a 5 min car journey and about 25 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 whether than can swim, weather conditions, and other safety measure like lifeguards on the beach.	MED	Cooden and Normans Bay beaches are unsupervised; Mentors would take a non-swimmer where there are lifeguards available. the closest lifeguarded beach is located at Bexhill central, by the De la Warr Pavilion during July and August. Mentors can get advice by speaking to our Coastal Team for further information on 01424221407 or by emailing bexhillcoastaloffice@rother.gov.uk.	On- Going
Paddleboarding in the sea		Young person may wish to paddleboard in the sea	MED	Mentors to ensure that they are at a lifeguarded beach so that if the young person is out too far or get into a bit of trouble they can be collected by lifeguard	ongoing
		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	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

		glass are common hazards.			
		Cramp Cramp occurs when your muscles go into spasm. It can be very painful and disabling. Some people are more prone to it than others and it seems to be more likely if your muscles are tired, for example if you've been running before swimming.		Mentors to minimise the risk by learning what triggers cramp (e.g. sudden changes of pace, swimming butterfly). Swim with other people so if you do get cramp, they can help you. Consider using a tow float to rest on in case of emergency.	On- Going
		Seaweed Getting 'dragged down by seaweed' is a common fear for beginners but is extremely unlikely. Nevertheless, seaweed and other plants can impede your swimming and possibly induce panic, which may result in drowning.	LOW	Mentors and young people to be made aware that, if they swim into seaweed, to stay calm. Seaweed does not try to pull you down. In most cases you can gently extract yourself. It is usually preferable to swim in deeper water where you have fewer contacts with plants.	On- Going
		Getting stuck in the water. It's not unheard of for people to start swimming and only later realise they can't get out – for example there is a strong tide or current	LOW	Mentor to be aware of their exits, always plan your exit before you get into the water. Be aware of local conditions and how tides and changes in water level might affect your exit from the water. Before you enter the water, check for ladders, steps or alternative exit routes if you planned exit becomes unavailable.	On- Going
		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	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

		mild and self-limiting.			
		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