

POLICY AND PROCEDURES FOR WORKING WITH VULNERABLE YOUNG PEOPLE



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1.0 ADMISSION OF YOUNG PEOPLE

This section provides guidance on policies and procedures for the admission of young people to Full Reach Children's Projects Home. It includes details of the admissions procedures, how young people should be treated on arrival and how they can be sensitively introduced to the home and its services through a planned Induction Programme.

1.1 ADMISSION POLICIES

Full Reach Children's Projects admits young people who are in the care of the Local Authority and should be able to benefit from a structured placement that aims to present clear boundaries & expectations.

- Potential child protection issues are given particular attention. For example, where practical, victims of sexual abuse or offences are not placed in the same Home as perpetrators.
- Also where practical, co-offenders are not accommodated in the same Home and will not be if there is a legal stipulation of non-association.
- A key worker team is appointed wherever possible prior to the admission of a young person in order to make the experience as supportive as possible.
- The key work team is responsible for preparing the young person's admission and subsequent induction programme

1.2.1 PREPERATIONS FOR ADMISSION

- ***Responsibilities of Manager***

The Manager gathers all relevant information on the history, background and any special needs of the young person from those involved in the case or other significant people (e.g. social worker, previous placement, admission panel).

- ***Responsibilities of staff admitting the young person***

Staff then prepares a Residential Action Plan to include the relevant information and the blank forms to be filled in on admission.

- ***Responsibilities of Manager/Team Leader***

The Manager clarifies transport arrangements and time of arrival of the young person and allocates the task of undertaking the admission to the worker in the home.

The Manager also briefs the key-worker team on arrangements made and specific issues arising.

- ***Responsibilities of Key-worker Team***

At times where it is possible, the responsible staff member or Manager will visit the young person prior to admission in order to prepare them for their move.

The responsible staff or key-worker team members then prepare to receive the young person by familiarising themselves with all essential information and planning the procedures to be followed.

Staff ensure that the allocated bedroom is in good order, that appropriate toiletries and a dressing gown are placed in the room and make a security check of the room.

They also inform other young people in the Home of the impending admission, but giving basic information only (i.e. name and age).

1.3 ON ARRIVAL

1.3.1 CHECKING OUT DOCUMENTATION

1.3.2 INFORMATION REQUIREMENTS ON ADMISSION

- Telephone numbers
- Details of other significant family members
- Views on the placement
- Consent to medical treatment
- Details required for completion of the young person's personal health record
- The Young person's handbook
- Arrangements for further visits and telephone contact should be exchanged before the visitors leave.

1.3.3 OBTAINING RELEVANT INFORMATION

See checklist below for details of recording requirements. Always ensure that a completed referral form has been received - **Terms & Conditions must be signed.**

1.3.4 ADMISSION RECORDING REQUIREMENTS

- Personal profile sheet – to be inserted in file
- Admission form
- Admission and discharge book
- Night Register
- Personal possessions form
- Clothing form
- Pocket money book
- Home diary (e.g. Court dates, bookings for visits etc.)

- To have received Essential Information and Care Plan from Social Worker

1.3.5 PROVIDING INFORMATION

Staff will provide a young person's handbook to the newcomer this provides details concerning basic rules and routines, pocket money arrangements, smoking policy, bed times etc. It is also important to invite questions from the young person.

1.4 INDUCTION OF YOUNG PEOPLE

1.4.1 INDUCTION POLICIES

During the first full day after admission and if necessary on subsequent days members of the key-worker team are responsible for going through a planned, structured induction programme with the newcomer. This is in order to ensure the young person becomes familiar with all aspects of life at The Full Reach Children's Projects Home at an early stage.

The pace of the programme is organised around the needs and abilities of the young person.

During the programme any outstanding recording and administrative work is completed with the help of the young person.

In addition the newcomer and the designated worker works through the Full Reach Children's Projects Induction Record form, which frequently refers to the establishment's information booklet for young people. (Young Person's Handbook)

The Full Reach Children's Projects Home Information booklet is given to all young people on admission and to their significant family members. It is also available for all visitors to Heronridge Homes. It is written in an accessible style for young people.

1.5 PRACTICE GUIDANCE

1.5.1 STAFF SENSITIVITY

Reactions to being placed away from the young person's home area may vary. Many young people are clearly anxious or distressed by this change, while others may react with bravado, over-familiarity with staff, challenging or testing-out behaviour and a keenness to assert themselves in the residents' group.

Many young people may put on a brave face to disguise their anxieties. It is extremely important for staff to be sensitive not only to overt expressions of anxiety but also to other forms of behaviour, which may be rooted in uncertainty and concern.

1.5.2 NEED FOR FLEXIBILITY

During admission staff should be prepared to show some flexibility in their practice of the procedure if they feel that the needs of the young person are best served by, for example,

- Allowing a lengthy visit by parents before going through the rest of the process,
- Curtailing the administrative process and completing this later when the young person has had time to settle in the home.

While the time taken to complete the different stages of the procedure is flexible it should be stressed that it must all be completed in the order detailed above. In general the approach of the staff involved should be to:

- Make the process as informal and non-threatening as possible
- Try to make the new resident feel as welcome as possible
- Try to put across that the decision to place her / him at The Full Reach Home is a constructive move.

1.5.3 RELATIONSHIP BUILDING AND OBSERVATION

During the first few days after admission staff must pay particular attention to the behaviour of the new resident, and make sure that their observations are effectively communicated through the young person's daily records, log Book entries, handover meetings and staff meetings.

- These observations are important in deciding on a collective approach to the young person during the first few days of placement and in reporting to the initial planning meeting.
- During their initial integration into the Home it is important for staff to pay particular attention to the behaviour of the new resident and note significant observations in detail on the daily records.

1.5.4 BEHAVIOUR MANAGEMENT

The arrival of a new member changes the existing group process and patterns of behaviour. Staff must be aware of changes in group dynamics and develop collective strategies to manage the effects of these.

Responding with sensitivity is important but staff must be aware of the need to manage;

- Each young person's behaviour and maintain stability within the Home.
- To this end it is essential that clear behavioural expectations are set out for the new resident and that these are also reinforced amongst the established residents.
- It is important to monitor potential problems (e.g. self-harm), respond quickly and consistently
- To manage inappropriate behaviour e.g. bragging about offences, bullying of other residents, absconding and sexualised behaviour.

1.5.5 CONTRIBUTING TO THE ASSESSMENT

The first days of the new resident's placement are significant for a number of reasons. Clearly it is important to ease any anxieties the young person has regarding the placement.

It is also important to observe the new resident and record observations in detail, particularly to identify potentially problematic behaviour such as self-harm or bullying and to give an early assessment of the resident's response to placement in their planning meeting.

1.5.6 INVOLVING THE NEWCOMER

During this early part of the placement written information on The Full Reach Home must be discussed with and explained to new residents.

Young people must be consulted about their views on their placement prior to their planning meeting and invited to attend.

The new resident's Personal Health Record must be completed with their involvement.

1.6 PROCEDURES

1.6.1 CHECKLIST OF INDUCTION TOPICS

The following topics are covered during the Induction Programme and are recorded on completion using the current documentation.

- The layout and facilities available at The Full Reach Home
- The staff and staffing structure, including people introduced to the young person during the day the daily routine and rules of The Full Reach Home.
- Personal needs and preferences (e.g. food, skin care, medication, religious observance, interests, hobbies, etc.)
- Permitted and prohibited sanctions
- Security procedures
- Action taken in the event of attempts to abscond or / of unauthorised absence
- Medical issues including completion of the appropriate sections of the Personal Health Record.
- Fire and emergency procedures
- Care planning and case contacts with family members, friends and others (e.g. solicitors), including explanation of reasons for prohibited or restricted contact
- The young person's views on their placement and other views for consideration at the planning meeting
- Policy issues (e.g. smoking, bullying, access to files, anti-discrimination)

1.6.2 ENSURING THE YOUNG PERSON GETS TO KNOW THE HOME

During the Induction programme the young person should be shown round the home and learn how each area operates and also;

- The relevant rules and regulations.
- It is important that the young person becomes familiar with the staffing structure and the members of the Management Team.
- The newcomer should be introduced at some point to and welcomed by Deputy Managers and the Manager of the Home.

1.6.3 DAILY ROUTINE AND BEHAVIOURAL EXPECTATIONS

- The induction programme is valuable in helping to put across the expectations on behaviour and rules and routines.

- Relationships with other young people may be helped by purposeful and ordered group activities suited to the new resident's needs and abilities.
- When completed, the Induction Record form is placed on the young person's file
- It is essential that information, which has to be passed on, be communicated effectively (e.g. medication requirements are clearly identified and passed on to all staff).

1.6.4 PROVIDING INFORMATION

Particularly in the days following admission staff should discuss the content of the Young Person's Handbook, especially with younger children or those who may have difficulty reading or understanding the text.

As part of the young person's care plan the key team may plan a series of individual sessions to read, discuss and explain the contents.

If necessary, the young person's key team workers can arrange to discuss the contents with an interpreter. The handbook covers topics included in the establishment's Statement of Purpose and Function.

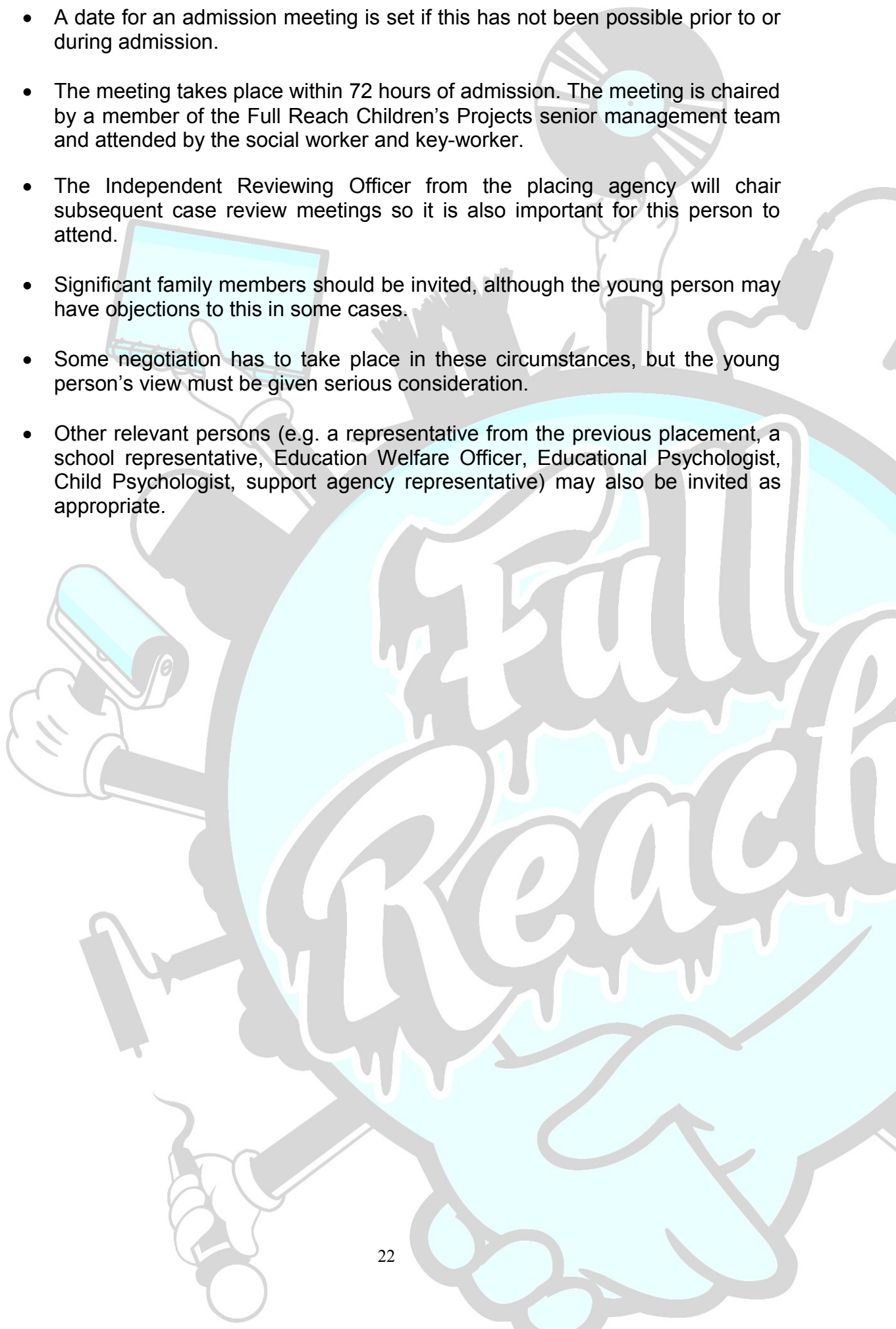
Each Home will display information on the complaints procedure, support and counselling groups (e.g. Child-line, Crack Awareness Team, Drugs-line, Commission for Social Care Inspection), and the Home's policies on bullying, racial and sexual harassment. Staff should cover all these topics in their discussions with the young people.

Staff should not be threatened or uneasy about the provision of information and help to explain it. This makes their own task easier.

At a later stage, for young people preparing for adulthood and moving on to a more independent living environment, a Pathway plan will be devised to ease the transition back into the community.

1.6.5 PREPARATION FOR THE ADMISSION MEETING

- A date for an admission meeting is set if this has not been possible prior to or during admission.
- The meeting takes place within 72 hours of admission. The meeting is chaired by a member of the Full Reach Children's Projects senior management team and attended by the social worker and key-worker.
- The Independent Reviewing Officer from the placing agency will chair subsequent case review meetings so it is also important for this person to attend.
- Significant family members should be invited, although the young person may have objections to this in some cases.
- Some negotiation has to take place in these circumstances, but the young person's view must be given serious consideration.
- Other relevant persons (e.g. a representative from the previous placement, a school representative, Education Welfare Officer, Educational Psychologist, Child Psychologist, support agency representative) may also be invited as appropriate.



2.0 DAILY CARE AND SUPPORT

This section describes the daily care programmes, which have been planned in order to provide the highest standards of quality of life possible whilst in the care of Full Reach Children's Projects. Their purpose is to ensure the young person:

- Is kept safe and free from harm by other people or themselves
- Has some privacy and personal space
- Enjoys good food, health care, recreation, exercise and the other components of a healthy life that can reasonably be expected in a whilst accommodated away from home
- Has a sound education, access to careers advice and opportunities to develop life skills as preparation for leaving and being resettled into the community or long-term placement
- Is involved in all aspects of his or her daily life and care and with staff help to contribute to his or her own care plan
- Can observe his or her own religion and personal and cultural practices
- Maintains or re-establishes contact with family and friends through visits, telephone calls and letters or family counselling or therapy sessions (unless there are good reasons to the contrary)

2.1 POLICIES

2.1.1 A STRUCTURED ENVIRONMENT

Young people in a residential placement benefit from a structured environment that enables them to attain or regain control over their lives.

Our aim is to provide a planned daily programme that helps young people learn how to negotiate and structure their use of time.

2.1.2 A PLANNED PROGRAMME FOR EACH INDIVIDUAL

Full Reach Children's Projects provide a wide range of physical, mental, social and creative activities consistent with age, abilities, preferences and the need for safety. Education is child centred and key workers are responsible in ensuring the young person is given every opportunity to reach their own potential.

The key work system is an important method for ensuring that individual care is provided and the 1:1 staff ratio allows for various activities to be planned with the young person's needs the greatest consideration.

2.1.3 SENSITIVE AND REALISTIC ROUTINE CARE

Young people living away from home can find waking and getting up in the mornings and going to bed at night very stressful. It is important that staff help the young person manage and reduce the stress particularly during the long period of being alone at night. This requires considerable planning by staff with young people to devise routines and procedures that give the young person both a good start to each day and then a comfortable, restful night.

2.1.4 A VARIED AND NUTRITIOUS DIET

It is important that young people are not only well fed but that they enjoy and appreciate their food. Individual preferences and dietary needs due to health, religious persuasion racial origin or cultural background are always assessed.

The aim is to make mealtime's consistently pleasant occasions by offering a high quality of presentation of food and promoting an atmosphere that encourages positive social interaction. Full Reach Children's Projects actively encourage young people have opportunities to obtain, prepare, cook and serve food and meals.

2.1.5 ENCOURAGING PERSONAL RESPONSIBILITY

Young people are encouraged to take responsibility for their appearance and personal hygiene. They are fully provided for in terms of clothes and personal requirements to meet their individual, cultural, medical or special needs.

Staff are made aware of all such needs and without imposing their own values are expected to guide and assist young people to attain acceptable standards of personal care in respect of general tidiness, cleanliness and personal hygiene.

The overall aim is to adhere to commonly accepted standards of personal care and appearance whilst promoting individuality and personal choice and decision taking.

2.1.6 INVOLVING YOUNG PEOPLE AND THEIR FAMILIES

Young people are involved in all aspects of their individual programme, including attendance and participation in case planning and review meetings and in compiling their case records. They are able to contribute to their own records and are closely involved in the daily life at The Full Reach Children's Projects Home and decisions that affect them. The views of family members and significant others are also sought.

2.2 KEY COMPONENTS OF THE CARE PROGRAMME

The purpose of this section is to describe some of the key components of the care practices and staff roles and responsibilities. Particular attention is paid to the involvement of young people, their families and significant others in decision making about their care planning and future and to important staff roles such as key-working, which contribute significantly to high standards of individual care.

2.2.1 A PLANNED PROGRAMME

Planned use of time gives some order to the day. The aim is to balance set routines such as mealtimes and the education programme with adequate provision of free or unstructured time for recreation and leisure.

In this way staff provide young people with positive social, educational and recreational experiences that reduce the boredom and frustration that so often trigger disruptive behaviour.

They also provide young people with opportunities to engage in a variety of group and individual activities that make purposeful use of time. This necessarily involves staff members encouraging young people to participate in social, leisure and educational activities, by, for example, taking an interest in their achievements and progress, providing classroom support and help with homework.

Staff need to involve young people to choose and plan their leisure activities so that they can acquire new skills and experiences. Young people are not expected to take part in activities just because they are on offer and are able to negotiate appropriate alternatives. Daily programmes have to be well planned but flexible, based on understanding and assessment of individual needs, abilities, differences and preferences.

2.2.2 INDIVIDUAL RELATIONSHIPS

The relationship formed by staff members with young people enables good communication and opportunities for listening to their concerns and wishes.

It provides a basis for representing their views to others. For example, they may use their relationship to support and encourage young people who have difficulty in expressing themselves in groups or case reviews because of learning or language disabilities or low self-esteem and lack of confidence.

Staff are expected to accept difference and diversity in respect of young people's social and cultural backgrounds, respond honestly and realistically to their thoughts and ideas and encourage the development of appropriate and effective forms of self-expression and self-advocacy.

2.2.3 KEY-WORKING

The Key team is expected to devise and implement a plan of individual meetings, commonly referred to as 'key-work sessions' with young people. These sessions are used as opportunities to discuss a range of issues of concern to either the young person or the key team as a staff representative.

Agendas include discussion on:

- Issues concerning care planning
- Previous behaviour such as offending or substance misuse
- Current views on daily care and treatment at the Home
- Relationship issues concerning other young people and staff
- Family issues and concerns

Key-work sessions must be formally recorded.

2.2.4 RESIDENT MEETINGS

Regular meetings of young people should be held in each Home to discuss common issues of daily living, including behavioural and relationship issues. These meetings have a purpose of developing social and group interpersonal skills and young people use them as opportunities to express appreciation, make complaints and recommendations for improvements to facilities etc.

Discussion takes place within certain boundaries; for example, rules and routines are not open to discussion, as these are not negotiable, though practical suggestions about some aspects may still be made. Weekly meetings are held in the Home, working to an agenda to which all young people and Unit staff can contribute beforehand. This agenda is displayed on the Home notice board. Minutes are taken at each meeting and discussed at staff and the monthly management meetings. Feedback from staff and management discussions on the issues raised is given at the beginning of each House meeting.

2.2.5 CONSULTATION WITH SIGNIFICANT FAMILY MEMBERS

Significant family members are those who are related to the resident or considered to be family members and other central figures in the life of the young person. The Children Act 1989 (Section 20) stipulates that the views of parents and those with parental responsibility must be taken into consideration, particularly of young people who are looked after by voluntary agreement.

Decisions are taken after careful consideration of all the viewpoints and after any differences or contradictions have been taken into account.

Staff should be seeking the views of significant family members:

- Informing them of significant events involving or affecting the young person (e.g. incidents, restraint, absconding, personal achievements)
- Seeking their views on important, urgent issues (e.g. medical treatment)
- Family visits to the Home and staff visiting the family home
- Consulting prior to case reviews and encouraging participation in meetings
- Consultation in the process of devising care plans
- Doing direct work on care plan tasks with family members (e.g. compiling chronological history of the child, life story work)
- Providing written notes from meetings, care plans

2.3 DAILY ROUTINES

The purpose of this section is to provide guidance on the daily routines of getting up and going to bed. Adherence to these procedures should ensure consistency of approach and that a balance is struck between individual welfare and the needs for safety and care.

2.3.1 TYPICAL DAILY ROUTINE

Time	Activity
7.30 am	Young people are woken by staff. They wash, dress, tidy bedroom, make beds etc. They get up at their own pace, but must be ready prior to 8.30am if they wish to have breakfast.
7.30-9.00 am	Breakfast
9.00 am	Preparation for education programme
9.15 am – 12.15pm	Education/activities, followed by lunch
1.15 pm	Education/activities continue
2.30 pm	Afternoon break
2.45 pm - 4.30 pm	Education/activities
4.30 pm	Free Time
5.00 pm.	Tea/Main Meal
6.00 pm	Residents meeting/individual work Homework Group work (individually planned)
7.00 pm	Recreation/Leisure programme
8.30 - 9.30 pm	Supper

Young people retire to bed at earlier time with a view to settling for bed. There is the opportunity for 30-minute extensions on non-school days or at the discretion of the senior member of staff on duty.

Bedtime	Age
9.15-9.30 pm	13 and under
9.30-9.45 pm	14
9.45-10.00 pm	15
10.00-10.15 pm	16
11.00 pm	Lights out (negotiable)

2.3.2 WAKING YOUNG PEOPLE

Staff members wake young people at 7.30 am each morning.

After waking and before breakfast, all young people should be encouraged to wash, dress, tidy their bedroom and make their bed. Staff of course may need to prompt and help some of the young people to complete such tasks. How young people are awoken and how they wake up often sets the tone for the day.

As part of their care planning staff members should discuss with young people their accustomed and preferred ways of being woken in the morning and how they tend to feel first thing. For example, some individuals just need to be called or reminded to get up some however require regular reminders. Some may prefer to be woken with a low level of music playing from a radio or cassette. The heavier sleepers may require a gentle shake.

As a rule the young person should determine the preferred method of being woken. Staff should be particularly aware of young people's gender preferences and of the needs of young people with histories of abuse.

Within reason all young people should be encouraged to get up at their own pace within the boundaries of the daily routine set, for example, by the need to have breakfast and get off to school. On school days breakfast should be taken no later than 8.30 am.

If a young person complains of being unwell or ill on being woken and is unable to follow the planned programme he or she should stay in bed until seen by the Doctor or Community Nurse.

2.3.3 ENURESIS AND ENCOPRESIS

Particular attention should be paid to instances of bed-wetting or soiling so that the young person affected is not punished or stigmatised as a result. Young people who regularly wet or soil their beds can be awoken first each morning so that bedding can be changed before other residents are about.

Staff must wear protective gloves when handling the bedding, which must be placed in a clearly marked bag before being sent to the laundry. The bag should be removed before other residents are able to see it.

2.3.4 BEDTIME ROUTINES

Bedtimes are staggered according to the age and preferences of the individual young person. Staff should recognise that some young people experience real difficulties in settling to bed and being on their own at night.

Some young people may be reluctant or blatantly refuse to go to their bedroom at night, for any number of reasons. Staff will need to use many methods and skills to settle young people.

On evenings prior to non-education days, staff members can extend bedtimes by a maximum of 30 minutes for all or some of the young people depending on behaviour.

2.4 FOOD AND MEALTIMES

The purpose of this section is to provide guidance on the extremely important but complex matter of provision of food and management of mealtimes. The aims are to ensure that young people have good food that is personally satisfying well balanced and allows them to enjoy mealtimes.

2.4.1 MEETING NEEDS FOR SUFFICIENCY, VARIETY AND CHOICE

All meals provided should be of a high quality and adequate for the maintenance of health and well being. Young people are given opportunities to select meals of their choice from a varied menu. Special dietary needs are catered for, as are those of young people with specific religious or cultural requirements.

It is particularly important to establish quickly the individual dietary needs of every new resident so that staff are able to accommodate these as soon as possible. This is done as part of the induction programme. Staff are expected to pass on the dietary needs and preferences of the new resident to catering staff during the induction day or soon after admission.

2.4.2 MEALTIME ARRANGEMENTS

Main meals consist of lunch and evening meals. There is tea and coffee-making facilities snack facilities and soft drinks available at all times.

Young people have a say in the food that is bought and the meals and menus prepared. It is important that the provision of meals fits in with the daily routine, but the views of young people are constantly being sought and taken into consideration through individual and group discussion.

Metal cutlery, pottery and glass crockery are commonly used. Plastic cutlery and crockery are used only if a young person is considered to be at risk of causing harm or injury to self or others.

2.4.3 MEALTIME MANAGEMENT

The style or formality of meals is very much up to the shift leader and team within the agreed home. The pattern should not be rigid, but adapted to individual needs and circumstances. Some meals should be organised and managed to encourage social skills and behaviour. This is partly because some young people find such mealtimes socially challenging and behave poorly during them.

Staff provide clear behavioural expectations and encourage the development of social skills and relationships through such occasions. It is essential that staff always work together and in partnership with young people in preparing, conducting and clearing away afterwards.

Decisions have to be taken on the format of any meal so that preparations can be made accordingly. It is important that planning and preparations are thorough to avoid possible disruption. Staff should check what each young person has selected. Young people are expected to help clear away and tidy up after meals.

2.4.4 SECURITY ISSUES

Where there are young people at risk of self-harm, Staff (not young people) must do a security check after each meal. Staff count all cutlery and crockery when put out and returned. If any item is missing the Shift Leader should be informed immediately and a full search of the immediate area made.

2.4.5 YOUNG PERSON'S INVOLVEMENT IN PREPARING FOOD

Young people who are approaching or over 16 years of age and who are working towards leaving are encouraged to take part in a planned independent living programme. This includes lessons in budgeting for and buying food during planned outings and in food preparation.

Staff monitor closely the use of all cooking utensils and particularly sharp knives.

2.4.6 MONITORING QUALITY OF FOOD AND MEALS

Group meetings should routinely include discussion on the quality of meals and individual preferences. Young people are encouraged to feedback positive comments and criticisms to the Manager.

2.4.7 FOOD RELATED ILLNESSES

The Manager or other senior member of staff should be informed of any concerns about possible food related illnesses. Where illness is widespread or serious the Full Reach Children's Projects Home Provider must be informed so that the local GP and if necessary the local Environmental Health Officer can be notified. Food samples should be kept for analysis.

Responsibilities for maintenance of good standards of hygiene and food safety in the kitchen, the buying of foodstuffs, devising menus and the preparation of main meals lie with the manager and staff team.

All involved in the preparation of cooked food are routinely trained in food hygiene and safety procedures and must adhere to Full Reach Children's Projects food safety policy.

2.4.8 RESOLVING PROBLEMS

Staff, when eating with young people, eat from the same menu choices and do not for example bring in their own food; unless agreed on the grounds of having special dietary needs.

When dealing with complaints people should be careful not to confuse individual tastes and dislikes with poor quality food. Staff should continue to develop ways of effectively involving young people in menu planning.

2.5 INDIVIDUAL CARE AND APPEARANCE

The purpose of this section is to ensure that staff encourage young people to take responsibility for their personal appearance, rooms and possessions. The procedures seek to clarify the entitlements of young people to personal possessions within the boundaries imposed by security and safety and staff roles in ensuring that young people are able to accept their responsibilities.

2.5.1 USE OF PERSONAL ROOMS

Staff must make a balanced judgement between respecting the privacy of a young person's bedroom and the need to maintain a safe environment for all.

The basic principles and procedures regarding access to bedrooms are as follows:

- Knock before entering a bedroom
- Seek prior permission before going into an unoccupied room check out that the young person is appropriately dressed before entering
- Seek prior permission of a young person before showing a visitor a room.

2.5.2 ACCESS TO OWN ROOMS

When a young person is spending time in their room alone staff must be satisfied that the young person does not intend to pose a risk of harm to themselves.

Young people are encouraged to personalise their rooms, and to keep them tidy. Young people are required to tidy their room every morning as part of the daily routine

2.5.3 WASHING AND BATHING

All young people have access to washing, shower and toilet facilities affording complete privacy. Should a young person prefer to take a bath the Home has at least one bathroom.

Young people should be given ample time to take their shower or bath within reasonable limits. Young people are expected to wash each morning and to take care over their personal hygiene.

2.5.4 PROVISION AND CARE OF CLOTHING

Young people wear their own clothes and may be helped to obtain these. Each young person should have at least three changes of clothing. They have access to a choice of toiletries, cosmetics and sanitary protection.

Staff assess and monitor the clothing needs of all young people on admission and throughout their placement. A clothing inventory is made out on admission. This ensures that a young person has sufficient clothing for the stay, it helps to resolve any disputes about ownership and it enables him or her to leave with their personal belongings.

A staff member records the items of clothing and their description. Young people are encouraged to take pride in their appearance by doing their own laundry and ironing and keeping clothes in good repair.

2.5.5 PROVIDING CLOTHING IN SPECIAL CIRCUMSTANCES

Where young people are admitted without these minimum clothing requirements, for example in an emergency or having been an absconder, every effort is made to make sure that the required clothing is obtained as quickly as possible. For example:

A member of the key team contacts the young person's previous placement to obtain and arrange delivery of any of the young person's clothing there

Asks the young person's social worker to approach the parents to provide or buy any clothes from home

Asks the social worker to arrange for clothes to be purchased or provided and arranges for the clothing to be bought by Full Reach Children's Projects. The young person will go shopping with a member of staff and choose their clothing.

2.5.6 LAUNDRY

Staff ensure that all young people have clean bedding, towels and clothes. Staff support young people where appropriate in washing and drying of clothing and all towels and bedding during the day.

All young people are provided with containers for their personal laundry to prevent items from going astray. Bed sheets, pillowcases and duvet covers are changed at least once a week. Young people can change their bedding more regularly if they desire.

It is important that young people have the opportunity to learn self-care and how to look after their clothing in general, for example, by learning to wash and iron their own clothes.

2.5.7 PERSONAL REQUIREMENTS

Every young person is provided with essential toiletries and towels at the time of admission. He or she discusses with staff how to obtain or purchase other

personal items within defined spending limits.

Young women have the option to keep their own supply of sanitary items which are paid for by Full Reach Children's Projects and purchased by the young person, with a member of staff. Staff are expected to make sure that young people have or have access to all essential requirements by discreet monitoring and discussion.

They should encourage and promote ordinary acceptable standards of personal cleanliness and hygiene such as cleaning teeth regularly.

2.5.8 TOILETRIES AND COSMETICS

On admission young people are provided with toiletries from a stock kept in the home.

During the young person's induction day the arrangements for supplying toiletries are explained and any individual needs established. (E.g. hair and skin care needs of young people).

Toiletries are provided according to personal choice within realistic cost limits. A monthly personal budget is set-aside for each young person, which is administered by the key team.

Staff should encourage young people to use this allowance responsibly and purchase agreed items for them. Staff also keep a record of expenditure.

Staff must pay particular attention to the specific needs of individuals

Where there is a clear risk as defined during the referral and risk assessment prohibited items such as aerosols, solvent and alcohol-based products and glass containers cannot be provided and alternative products must be purchased (e.g. roll-on deodorants, pump-action dispensers).

Some skin care preparations may be purchased for common conditions (e.g. spots and minor rashes), but staff should always seek advice or treatment from a doctor if they feel that the condition is more serious or persistent.

All toiletries are normally kept in the young person's bedroom unless there are concerns about misuse. A decision to disallow a young person from keeping his or her own toiletries is usually made at a planning or case review meeting and reviewed regularly.

On occasions staff, on the basis of a risk assessment, may have to take immediate action to remove a potentially dangerous item. Appropriately undertaken this would not constitute a sanction.

If a young person deliberately disposes of any toiletries the item is not to be replaced out of the personal budget. The young person may purchase a replacement from their own pocket money or, if the item is essential to personal hygiene or personal need, it may be replaced from the stock items kept in each home.

2.5.9 SANITARY PROTECTION

A female member of staff, usually the someone from the key team, regularly checks with each young woman on their particular sanitary requirements and is available to help or advise how to obtain or purchase these. Young women keep an adequate supply of sanitary protection of their own choice in their room.

A female staff member ascertains as soon as possible after admission what kind of sanitary product the young woman requires and ensures that an adequate supply is maintained. Sanitary disposal is available to each young woman.

2.6 HEALTH CARE

To clarify procedures and staff roles and responsibilities relating to the range of health needs and care of young people.

2.6.1 AIMS OF HEALTH CARE POLICY

- Full Reach Children's Projects promotes and ensures the physical health and well being of every young person. It;
- Arranges for an initial and then regular check-up by a registered medical practitioner;
- Complies with best practice principles in the handling and administration of medicines and drugs;
- Arranges for regular dental, vision and hearing screening and immunisation checks;
- Maintains full health records, including information on immunisations and vaccinations given during the period of residence
- Provides information and support on health issues.
- Ensures staff are aware of the general and specific health needs of all young people so that they can actively promote their physical well being
- Ensures best practice in all matters of personal and environmental health and hygiene.

2.6.2 A SENSITIVE AND INFORMED APPROACH TO HEALTHCARE

Young people who have experienced disruption and disturbance in their lives often have health care needs that have not been detected or have been ignored previously.

To ensure young people's health care needs are fully met requires a strategy that:

- Fully involves the young person in the promotion of his or her own well being;
- Ensures professional medical and other specialist help is available as needed;
- Staff are adequately prepared and informed to detect needs as they arise and take appropriate actions.

2.6.3 MEDICAL EXAMINATIONS AND TREATMENT

Occasionally a staff member may need to be present at a medical examination for reasons of support. Sometimes a young person will ask for a staff member to be present. Where a staff member is required or requested the young person's wishes for someone of the same or different gender or a named person should be met if at all practical.

2.6.4 PROMOTING GOOD HEALTH

The Young Person's Handbook given to young people on their admission contains basic information on all key health care issues. The information found in the handbook and other policies and procedures is discussed during the induction programme. The initial planning meeting and subsequent case review meetings routinely focus on relevant health care matters.

A section of each resident's care plan and Personal Health Record is devoted to identified health promotion issues

2.6.5 STAFF ROLES

Staff offer advice and information on health issues raised by the young person such as relating to puberty, sexuality, menstruation, contraception, smoking, alcohol consumption, drug and substance misuse.

They do this openly without embarrassment or causing embarrassment. They may need to suggest sources of further information and advice and help the young person obtain it.

Staff and young people have access to a supply of health education material and resources and sources of further advice and information that ensure all are fully and adequately informed.

The Home has written and displayed information on health matters on the young person's notice board.

2.6.6 HEALTH RECORDS

Each young person has a Personal Health Record, which is maintained by the young person's key team. It contains details of medical history, health appointments, previous medical assessments made while being looked after, immunisations and other information relevant to the promotion of good health. It is an ongoing record requiring contributions from the young person, family, medical practitioners and specialists, where involved.

The record is developed with the help of the young person during the induction programme and with the help of parents and social workers. The young person assumes ownership of the original record at the age of 16 years and has the opportunity to keep it him or herself.

If the young person wishes, the form can remain on file for safekeeping; the young person has a copy, which is then updated with the original. Young people under 16 years of age have the same rights of access to their medical records as to other confidential records. On leaving the home, the health record must be passed on to the new carers.

2.6.7 SPECIAL AND SPECIFIC HEALTH NEEDS

Staff need to be trained in the health care needs of young people from ethnic minorities such as hair and skin care and common medical conditions like sickle cell anaemia and thalassaemia.

All staff must have a working knowledge of gender-specific health issues, emergency first aid, common medical conditions (e.g. asthma), and symptoms of infectious diseases.

2.6.8 FIRST AID AND EMERGENCY MEDICAL TREATMENT

All staff undertake basic emergency aid training, and identified workers are trained to be designated 'First Aiders'.

In the event of a young person suffering injury or illness staff offer care to the resident and give first aid if necessary. They alert the shift leader, who decides the next steps e.g. to call on the services of the designated 'First Aider', to seek medical help or take the young person to hospital. The designated 'First Aider' should clearly be involved in the event of an accident having taken place.

Any accident, which results in injury, must be recorded on the Accident Report Form, and Accident Book, which is kept in each Home office. The Manager and Registered Provider must be informed immediately of any serious or fatal accident.

2.6.9 INFECTIOUS DISEASES

Some infections are notifiable to the local Consultant in Communicable Disease Control it being the responsibility of the medical practitioner making the diagnosis to do this. The medical practitioner will also provide advice and guidance to staff on the implications of any infection occurring and the courses of action to be taken.

2.6.10 ISSUES OF CONFIDENTIALITY RELATING TO HEALTHCARE

Full Reach Children's Projects adopts the principle of confidentiality for any service user or staff member who has a sexually transmitted disease. It is particularly important that information identifying such individuals remains strictly confidential to those people who really must know in order to provide proper care and services to the person concerned.

Where such disclosure is required it must be with the consent of the person concerned. Breach of confidentiality by a member of staff concerning either a young person or colleague is a disciplinary offence and may result in action being taken by the Social Services Department or by the individual concerned.

When dealing with any body products, gloves should be worn at all times. Cuts or open lesions on the hands should be covered with waterproof plasters. Cuts, scratches or skin punctures occurring at work should be reported on an accident form. When dealing with any spillages of blood, urine, vomit or faeces, gloves must be worn. The spillages should be mopped up with paper towels and placed in a plastic bag. Surfaces should then be wiped with a solution of bleach and water 1 part bleach 10 parts water. Splashes of blood or other body fluids should be washed off immediately with soap and water. Splashes into the eyes should be flushed out with clean water and saline wash. **All soiled garments and articles should be handled wearing disposable gloves.**

If an accidental "needle stick" injury occurs with a hypodermic syringe, squeeze the injured site and encourage bleeding, then place under running cold water. Fill out an accident form and inform your line manager.

For further information or support contact local health care practitioner, up to date contact information will be clearly displayed in the office.

2.6.11 HEALTH CARE OF YOUNG PEOPLE FROM ETHNIC MINORITIES

Some young people from African, Caribbean, Asian and other minority culture groups may need access to specialist services. Staff may need to consult doctors; health visitors and other relevant agencies about particular aspects of health care such as detection of bruising that might indicate a child protection issue.

2.6.12 CONSENT TO MEDICAL TREATMENT

Staff must be aware of the right of young people of sixteen years of age and over to give or to refuse consent to medical examination or treatment this right extends to young people under sixteen if it is felt that they have the capacity to understand the nature of the treatment.

The responsibility for making this judgement lies with the doctor concerned. Where there is risk to a young person's life if treatment is not given the doctor may proceed with treatment without the consent of the young person.

Although staff must respect this right they should also encourage young people to make the appropriate health care arrangements considered needed for their health and well being. The views and wishes of parents and those with parental responsibility must also be taken into consideration, particularly in the case of younger children.

In the case of young people who are accommodated by voluntary agreement with parent's written consent to medical treatment must be sought from parents or those with parental responsibility. In other cases the social worker or youth justice worker responsible for the young person must be consulted before medical treatment is given, or as soon as possible afterwards in cases of emergency treatment.

2.6.13 MENTAL HEALTH REFERRALS

Staff should be aware that the Child and Adolescent Mental Health Service is available to young people who present mental health needs.

2.6.14 SERVICES OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

- *Direct work* with young people on an individual basis focusing on a range of interventions. This should include all young people and not simply those who present the most challenging behaviours.
- *Decisions* about psychological interventions will usually be made as part of the normal conference and review process.
- *Staff guidance* i.e. advice to social work and education staff on strategies and approaches to use in the management of young people and in enabling them to develop and manage themselves.
- *Staff support* i.e. assisting staff to identify why issues in their relationship with young people. For example, why they are targeted positively and negatively, by young people and then enabling them to manage the resultant behaviours and feelings of young people.
- Part of this service may involve recognising signs of personal stress and building strategies to prevent stress occurring.

CAMHS will support young people and staff in relation to any of the above issues.

2.7 PROMOTION OF HEALTH OF YOUNG PEOPLE

2.7.1 SEXUALITY POLICY

Sexuality is a central factor in the development of all young people but sadly is often not discussed openly. It is one area of life where it is assumed that youngsters will learn without guidance. It is important that youngsters in our care, who have a very poor understanding of relationships, begin to realise that sexuality is more than a physical act. The following policy seeks to address these issues. This has implications for the training of staff and is under constant review.

2.7.2 PARENTAL INVOLVEMENT

Prior to beginning any educational work on sexuality with a young person we would seek to inform the person or agency holding parental responsibility, in order that we may raise any issues, which, they have. If there is an objection to a young person taking part in any programme then a meeting will be arranged between the young person, parent, a member of the key team, and manager, to discuss the implications of this.

2.7.3 EDUCATION

We feel that it is essential to provide an environment, which invites and encourages young people to feel free to ask and to learn about the following areas:

- Relationships
- Puberty
- Contraception
- Thoughts
- Personal Hygiene
- Pregnancy
- Sexually transmitted diseases

2.7.4 SEXUAL PRIVACY

We consider that all young people should have privacy in which to explore their own sexuality, and other young people are encouraged to respect this. All young people living in Full Reach Children's Projects residencies have their own bedroom.

2.7.5 MASTURBATION

We feel that this is a normal and healthy part of sexuality and that young people should have privacy in which to engage in this. We would teach young people, sensitively, that masturbation in public is not considered acceptable.

2.7.6 PETTING

By petting we mean something more than the occasional kiss or cuddle. While we believe petting to be part of the normal sexual development we would actively discourage such behaviour in public places and in young peoples' bedrooms. We need to be alert to any form of abuse in relation to Child Protection. Please see Child Protection Procedures.

2.7.7 INAPPROPRIATE PUBLIC BEHAVIOUR

We are conscious of the need for young people to behave appropriately in public places and we correct young people who exhibit inappropriate behaviour. By inappropriate, we mean behaviour, which is not considered normal in that particular setting.

Some young people, have, in our view, been labelled inappropriately as being promiscuous. Often the behaviour, which has given rise to this label has had more to do with emotional immaturity, low self-esteem, and the need to feel loved. We recognise that a great deal of these behaviours are about the need for physical contact and closeness, together with the desire to feel comforted and value. We will deal with this behaviour sensitively and avoid making rash assumptions or attaching labels.

2.7.8 SEXUAL INTERCOURSE AND THE UNDER 16'S

Under English Law it is an offence for any male to have sexual intercourse with a female who is below the age of sixteen, with or without her consent. It is not however an offence for a female over the age of sixteen to have sexual intercourse with a male under the age of sixteen as long as both parties are consenting. However, if there is a significant age difference between the parties, this may constitute an illegal act. Sexual intercourse between young people who are both under the age of sixteen is illegal.

2.7.9 CONTRACEPTION

We believe that we should give young people all possible information about contraception at the time of entering puberty or earlier, when requested. Further more we wish to foster an environment in which it is safe to discuss these issues. We try to encourage our young people to share the view that sexual intercourse should take place within a loving relationship. However, recognising that some young people may not in practice live up to this ideal, we also give young people information about where and how contraceptive devices can be obtained.

If a young person asked to be referred to an agency for contraceptive advice, we would arrange a meeting with their social worker, and parents or significant others, if appropriate, in order to discuss the request.

2.7.10 PREGNANCY

We discuss with our young people about pregnancy. In the event of a young person becoming pregnant we would support her, counsel her, provide her with information concerning all possible choices, and together with the young person and relevant social work department, explore how to resource and support decisions, which are made. We would seek to counsel the father on the responsibilities of fatherhood.

2.7.11 ABORTION

It is our policy to support a young person through the legal termination of a pregnancy, if all avenues have been explored. We consider the mother and the father of the unborn child to be the central couple within the making of this decision, and that in the event of conflict between these two the mother must have the greatest choice.

2.7.12 HOMOSEXUALITY

Under the English law a sexual act between two males is prohibited unless each is over 16 years of age, both are consenting parties, it occurs in a private place, and that only two are present.

There is, however, a range of behaviour, which is capable of being interpreted as being either homosexual. Examples might be two young people of the same sex sharing a bed or holding hands. We do not assume that this is necessarily homosexual behaviour, and we would deal sensitively with young people displaying behaviour, which concerned us.

In a case of a young person who declared themselves to be homosexual, we would counsel with the objective of helping the young person to come to terms with their feelings, discussing the legal situation, and helping the young person find acceptance within the group. We would also involve the young person's social worker and any other appropriate person in this process.

2.7.13 PORNOGRAPHY

Legally young people under the age of eighteen may not buy magazines, which contain pornographic material. However, we recognise that young people may acquire magazines which contain material commonly regarded as "soft porn" and allow these to be kept provided they are kept discreetly and not left around the house. In all of this we take into consideration both the young person's emotional condition and the content of particular magazines.

2.7.14 VIDEO VIEWING

We only permit young people to watch video certificates, which comply with their age.

2.7.15 FURTHER INFORMATION

While staff receive induction, training and supervision on health issues it is important that they know where to go for information and guidance. The General Practitioner with which the young people are registered is the first line of call and the manager provides a link role to other Health Services

2.7.16 FURTHER GUIDANCE

The Commission for Social Care Inspection – Standards of Care. Social Services Inspectorate *Standards for Residential Child Care Services*, 1994, E4, which deals with the promotion of good health care in general (E.4.18) and particularly the importance of being able to meet adequately the needs of young people from ethnic minorities (E 4. 11), (E.4. 18). The importance of working sensitively with young people on health care issues is also emphasised in E. 4.28.

Dept. Of Health, *The Children Act, 1989 Guidance and Regulations Volume 4 Residential Care*, 1.92 - 1.104, gives extensive guidance on health care of young people, particularly on their needs for information, education and support (1.95), the needs of young people from ethnic minorities (1.98 & 2.26) policies and practice relating to HIV and A.I.D.S. (1.95 & 1.99) and smoking, alcohol and substance misuse (1.95) and generally sensitive approach needed (1.143 & 1.150).

See regulations and guidance on specific issues relating to:

- Maintenance of health records (Dept. of Health, *Arrangements for Placement of Children (General) Regulations*, 1991, 4,7, *Children's Homes Regulations*, 1991, 15, Schedule 2
- Keeping and handling of medicines (Dept. of Health, *The Children Act, 1989 Guidance and Regulations Volume 4 Residential Care*, 1.143, 1.150, Social Services Inspectorate *Standards for Residential Child Care Services*, 1994, E. 4.28, Dept. Of Health, *Children's Homes Regulations*, 1991, 9
- Young people's access to personal records (see Dept. of Health, *Children's Homes Regulations*, 1991, Schedule 2, Dept. of Health *The Children Act, 1989 Guidance and Regulations Volume 4 Residential Care* 1.153,1.160,

3.0 MANAGEMENT OF BEHAVIOUR

This Section describes the policies and procedures for the management of young people's behaviour. Staff are encouraged to take positive approaches to young people and to enable them to take increasingly greater control and responsibility for their own behaviour and conduct. The sub-sections address specific behaviour management issues such as sanctions, physical restraint, absconding and complaints procedures. A section follows dealing with procedures relating to assaults on staff.

3.1 POLICIES

To identify the policies to be followed by staff in their care and management of young people with particular reference to use of sanctions, physical restraint, prevention and responses to absconding, management of disruptive, aggressive and violent behaviour and management of complaints.

A key objective of all Residential Care is to maintain a safe environment for all young people, staff and visitors, which prevent anyone from being harmed or injured. Behaviour management should be based on encouraging and rewarding positive behaviour and the development of honesty and mutual respect between young people and staff. Recognition of the rights and responsibilities of young people, sound managerial guidance and support of staff, and positive care planning for all contribute to good behaviour management practice.

Staff work within the boundaries of childcare legislation, guidance and local policy. In particular staff must have a clear understanding of the regulations in relation to:

- Sanctions imposed on residents
- Physical contact with and the physical restraint of young people
- Bullying and harassment
- Physical Contact between Staff and Young People

Staff should support one another to promote good practice. Staff also need to be aware of possible abuse of young people and should discuss any concerns immediately with their line manager.

The right of young people to make complaints about their care and treatment is an important component of the behaviour management strategy. Written information is provided to all young people and their significant family members on how to make a complaint about any aspect of their care and treatment

All complaints are treated seriously, as promptly as possible and with care and support for all those involved following the procedures defined.

All incidents of violence to staff and other young people by young people are dealt with in a professional and responsible manner. It is important to follow the principle of accepting responsibilities for both victims and perpetrators of any assaults and have clear procedures and responsibilities that reflect this.

3.2 PRACTICE GUIDANCE

The purpose of this section is to enable staff to develop and implement realistic and constructive behaviour management strategies.

3.2.1 MANAGING BEHAVIOUR THROUGH POSITIVE RELATIONSHIPS

Sound behaviour management in Residential Care is based on developing positive relationships with young people. Such relationships should aim to;

- Help, advise, guide and support young people in their behaviour and identity
- Be non - discriminatory and treat all young people equally
- Encourage positive acts and achievements
- Take into account young people's views, wishes and concerns
- Respect their rights
- Be non-abusive or exploitative
- Achieve consistency of approach by individuals and staff teams
- Set clear, unambiguous boundaries that are understood by staff and young people
- Ensure approachability
- Exercise control and authority positively and constructively.
- Overcome the stigma that young people may face as a 'looked after' child.

3.2.2 EMPHASISE THE POSITIVES

Staff drawing on their relationships with young people through negotiation and communication can deal with many behaviour problems.

Spending quality time with young people, praising and reinforcing positive behaviour and achievements, identifying, obtaining their interests and enthusiasm for constructive activities all lay the basis for effective behaviour management and for addressing behaviour problems and incidents.

Positive achievements should also be reflected in reports, records, care plans and reviews and communications with parents, relatives, social workers and other significant people.

3.2.3 PHYSICAL CONTACT

Staff should be encouraged to offer comfort, reassurance, encouragement, warmth and affection through unambiguous, positive physical contact, when this is needed and appropriate. In making such contact staff should consider a young person's:-

- Age
- Understanding
- Context or situation
- Background, especially in relation to experiences of physical / sexual abuse.

3.2.4 GUIDANCE ON PHYSICAL CONTACT

Physical contact should take place in the presence of others. Staff should make colleagues aware of any physical contact made in private and make sure incidents are fully recorded.

All staff should know background histories and concerns about physical contact with specific young people. Staff are encouraged to discuss openly incidents that might be misinterpreted.

Specific concerns must be conveyed to a line manager straight away, who will then discuss the issue with the individual or staff members concerned.

3.2.5 MANAGING AGGRESSIVE AND VIOLENT BEHAVIOUR

Aggressive and violent behaviour is unacceptable and inappropriate as a means of self-assertion and resolving differences. There must also be in place given the probability of aggressive and violent outbursts occurring, effective risk assessment and management strategies.

These have as aims first to prevent and reduce acts of violence and only when these have failed to take actions that minimise their effects through containment and constructive resolution.

3.2.6 SOME DO'S OF BEHAVIOUR MANAGEMENT

- Remain as calm as possible and try not to inflame the situation
- Divert where possible sources of aggression from the object(s)
- Divert and diffuse the anger
- Propose that the person moves away to cool down elsewhere
- Offer to discuss the problems away from the situation
- Pay attention to body language
- Seek support and involve other colleagues

3.3 APPROVED SANCTIONS

The purpose of this section is to ensure staff are clear about the use of sanctions and punishments and apply them within established guidelines and boundaries.

3.3.1 DEFINITION

It is important that staff communicate to young people the difference between actions taken to ensure safety and security and those that express disapproval of behaviour or are used as punishments. Sanctions are :-

- Expressions of social disapproval for unacceptable behaviour
- Ways of encouraging a young person to face up to the consequences of her or his behaviour
- Means of reparation

Sanctions should not be used without discussing the incident(s) of rule breaking behaviour with the young person (s) concerned. to identify what took place and why and the alternatives. Sanctions must be appropriate to :

- The young person's age and level of understanding
- The behaviour or effect of the misdemeanour
- Time limits (sanctions should usually be completed within 24 hours)

3.3.2 AUTHORISATION AND RECORDING OF SANCTIONS

- A staff member with a proposal or account of an incident should discuss the matter with the shift leader.
- The staff member or shift leader (depending on the circumstances) should then discuss the incident fully with the young person(s).
- The young person should be informed of any decision taken as a result of these discussions and the decision should be recorded in the Home Sanction Book.
- Recording should include the young person's comments along with details of the misdemeanour, a precise description of the sanction imposed, and its time limits.
- The staff member and shift leader / Manager/Deputy Manager should sign the book.
- The behaviour and consequences on the young person should also be recorded on the daily records and in an incident report if appropriate.
- It should be decided if anyone else should be notified (e.g. social worker) of the incident and decisions.

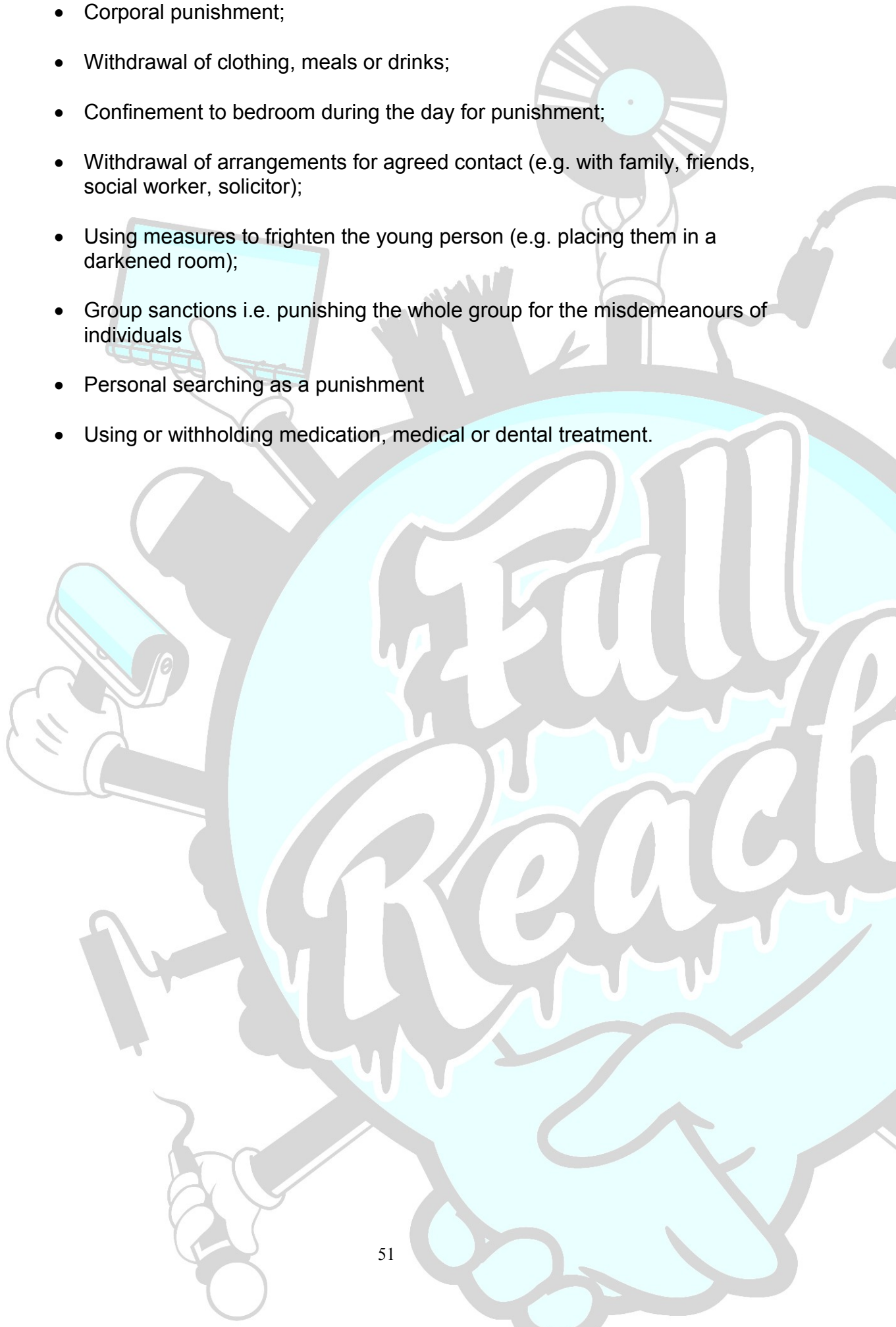
3.3.3 PERMITTED AND PROHIBITED SANCTIONS

Permitted sanctions

- Compensating for losses or damage caused, from pocket money;
- Performing extra tasks or duties;
- Temporary withdrawing of privileged possessions from bedroom (initially time-limited, subject to review decision if persistent);
- Loss of special activity outside the young person's normal routine (including recreational outings);
- Early bedtimes (not more than one hour before the normal bedtime) or other change of routine.

Prohibited sanctions :-

- Corporal punishment;
- Withdrawal of clothing, meals or drinks;
- Confinement to bedroom during the day for punishment;
- Withdrawal of arrangements for agreed contact (e.g. with family, friends, social worker, solicitor);
- Using measures to frighten the young person (e.g. placing them in a darkened room);
- Group sanctions i.e. punishing the whole group for the misdemeanours of individuals
- Personal searching as a punishment
- Using or withholding medication, medical or dental treatment.



3.4 PHYSICAL RESTRAINT

The purpose of this section is to ensure staff are clear about when to use and not to use physical restraint and their practice always follows established guidelines.

3.4.1 PRINCIPLES

Physical restraint must only be used if it is both immediately necessary to prevent injury or serious damage to property, and is likely to succeed in resolving the situation without causing equal or greater injury or damage.

To restrain a young person sufficient staff members should be available to both carry out the restraint and ensure that there is adequate supervision of any other young people who are about. It is essential to record, monitor and review the use of any physical restraint.

All instances must be recorded in the Running Records and in the Homes Restraints Book to be completed by a member of staff who witnessed the incident rather than one who was directly involved in the restraining. All instances where restraint has been used are monitored and reviewed by the Manager.

3.4.2 STAFF TRAINING

As part of their induction all staff are informed of the policy on physical restraint and are required to read, sign and acknowledge that they understand Full Reach Children's Projects policies on the use of physical restraint and on general policies on physical contact between staff and young people.

Staff are trained in approved methods of physical restraint as soon as practicable after starting work at Full Reach Children's Projects.

It is the policy that untrained staff should not be involved in physical restraint except in exceptional circumstances.

Prior to formal training they should receive as part of their induction and supervision programmes limited guidance on what to do in case they are required to assist trained staff.

3.4.3 DETAILED PROCEDURES

Department of Health Guidance gives the criteria against which the decision to intervene physically in a situation should be taken. This states that staff may take action ***immediately if necessary to prevent significant injury to a person or serious damage to property.***

In the case of injury to others it would be necessary to form the view that unless there was *immediate* physical intervention, someone would suffer *significant* injury. This means, in effect, that the person deciding that physical intervention is necessary should be able to demonstrate that had they not done so there was a high likelihood of significant injury or harm, or sexual or physical abuse.

In relation to property, serious damage would normally mean sustained attack on property, which would reach serious proportions, or there are indications that an individual item of value was under threat. By "value" in this context, we would normally mean of high financial value, although the personal property of another resident, which was very important to them, might be appropriately categorised in this way.

The decision to intervene physically is likely to be fairly instantaneous - in fact, if there is time to discuss or debate it is unlikely to meet the criteria of being *immediately necessary*. Therefore the judgement rests with individual members of staff who will need to be able to justify their actions - either to intervene or not to intervene physically - when filling in the Significant Events Form.

Occasions may arise where a situation appears to be escalating to a stage where physical intervention may become necessary. For example, damage is being done and is beginning to mount up to a significant level.

In making the judgement, an assessment of the relative risk to people intervening should be weighed against the risk of damage to property.

Where there is a history of behaviour for which early signs are indicated - for example, when anxious a young person has a history of self-harm using sharp objects on themselves - it may be necessary to intervene before problems arise. In these situations the need to intervene and the triggers for action should be agreed in the case planning and review process so that early intervention is supported.

In considering whether or not to use physical restraint it is worth considering whether the motivation to use it is to control or to protect, as the grounds for the use of physical restraint are all concerned with the need to protect people or property.

A major consideration prior to engaging in a physical restraint is to balance the risks of intervening against those of not intervening.

The Shift leader'/Manager/Senior member of staff on duty is responsible for monitoring the restraint and it's effects on the home at that time this monitoring includes:-

- Ensuring that every effort was made to terminate the restraint as soon as possible,
- Ensuring that any staff member who was losing control was replaced,
- Ensuring that other young people were being kept away from the situation by other staff members
- Ensuring that at the end of the restraint everyone is all right and that appropriate recording and support systems are in place

The Shift Leader/senior person should speak to all the staff concerned and check all written accounts to satisfy themselves that everything, which has happened, has happened appropriately. Where there are any concerns a member of the senior management team should be consulted, out of hours this would be the on-call manager.

3.4.4 INFORMING PARENTS AND SOCIAL WORKERS

When young people are distressed and upset they often wish to contact people outside the home, who they know. This is likely to be a parent or social worker. People hearing of the distress at a distance feel frustrated and concerned, so it is important that they receive information sensitively and accurately to avoid undue concern, and are able to place the young person's distress into context.

Whenever a young person is physically restrained (or has any other traumatic experience) it is important that staff pass the information to parents and social workers as quickly as possible. Telephone contact should be made as soon as possible and the details of the conversation noted in the appropriate records. Where telephone contact cannot be made with a parent a letter should be drafted to be sent out by a senior manager.

Where a social worker is unavailable, their manager or other appropriate member of their team or department should be informed.

3.4.5 RECORDING RESTRAINT

It is important when recording any incident of physical restraint that the reason for instigating it is clearly described on the Significant Events form under "Initiating physical restraint". All people involved should have an opportunity to contribute to the report and should initial the final version to denote they have read it, and if necessary should write a short report indicating where their version of the events differs from that recorded.

3.5 ABSCONDING

The purpose of this section is to ensure that staff have clear strategies and procedures to implement when dealing with absconding.

3.5.1 DEFINITIONS

ABSCONDING

Actions to leave the Home, supervision of staff without authorisation or permission.

Absconding forms part of the risk assessment on admission – for some younger children, who are at risk from others outside of the home there will be times when the agreed risk assessment encourages physically restricting the young person from leaving the Premises. It must be clear from the outset that unless physical intervention is taken the young person will be at great risk.

3.5.2 PREVENTING ABSCONDING

Agreed supervision levels on and off the homes grounds must be adhered to (agreed at admission meeting). It is also important that both the young person and supervising staff are aware of the expectations of them when using the outdoor facilities around the home and when going off site.

Before leaving the Home young people should be made aware that they should:

- Not attempt to obtain or bring back prohibited or restricted items into the Home
- Behave in a socially acceptable manner, particularly towards neighbours and members of the public
- Comply with the agreed level of supervision

Young people must be told that unless these conditions are complied with the activity will be postponed and the arrangements for time out of the Home either on or off site, will be reviewed. If they refuse to agree to comply with supervision requirements,(agreed at admission meeting) then an emergency review must be called to assess the situation. Good planning and communication are essential in efforts to prevent absconding.

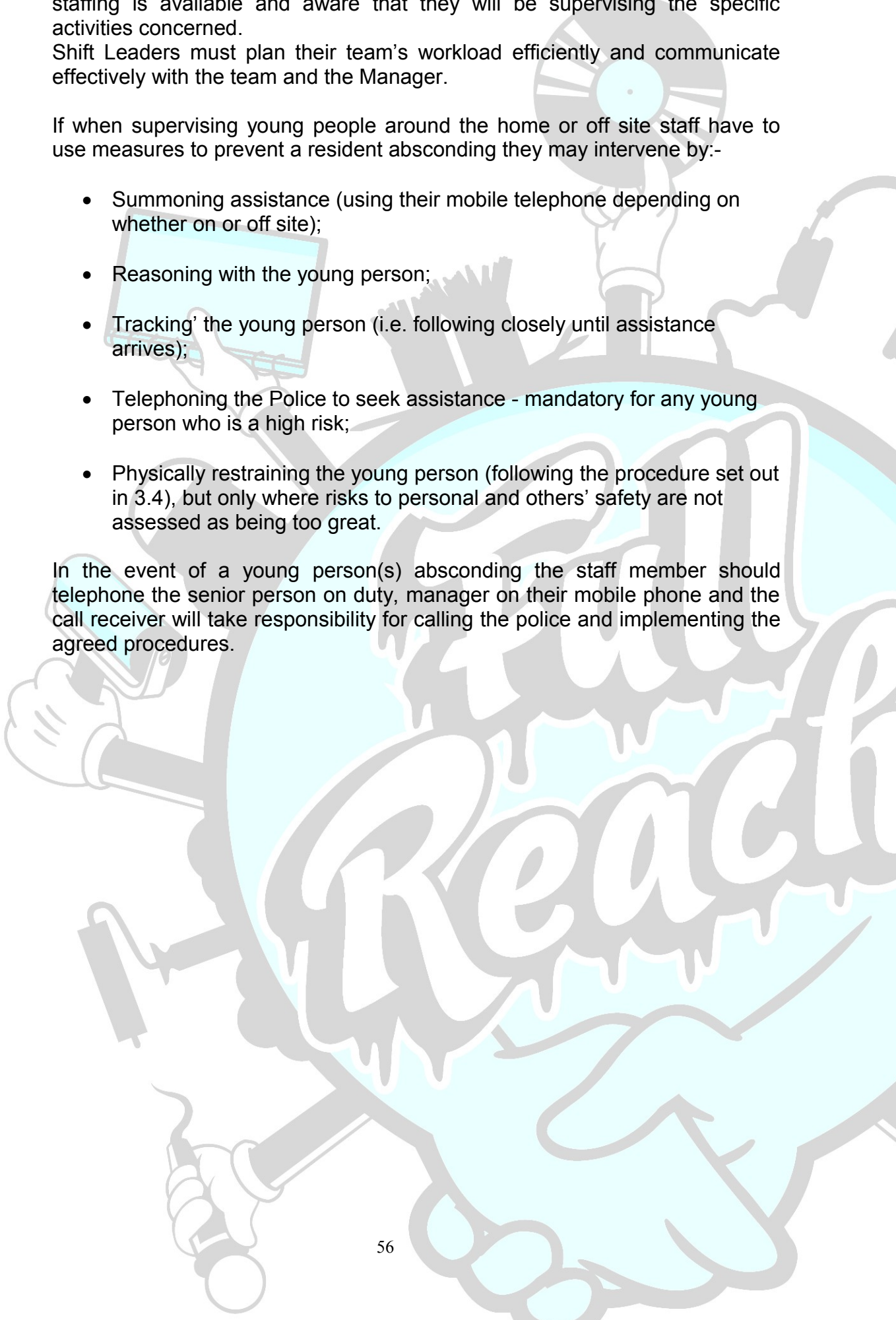
Key teams planning for trips out, court escorting or medical appointments must ensure that planned trips do not clash with other plans, that appropriate staffing is available and aware that they will be supervising the specific activities concerned.

Shift Leaders must plan their team's workload efficiently and communicate effectively with the team and the Manager.

If when supervising young people around the home or off site staff have to use measures to prevent a resident absconding they may intervene by:-

- Summoning assistance (using their mobile telephone depending on whether on or off site);
- Reasoning with the young person;
- Tracking' the young person (i.e. following closely until assistance arrives);
- Telephoning the Police to seek assistance - mandatory for any young person who is a high risk;
- Physically restraining the young person (following the procedure set out in 3.4), but only where risks to personal and others' safety are not assessed as being too great.

In the event of a young person(s) absconding the staff member should telephone the senior person on duty, manager on their mobile phone and the call receiver will take responsibility for calling the police and implementing the agreed procedures.



3.5.3 PROCEDURES FOR DEALING WITH UNAUTHORISED ABSENCE (ABSCONDING)

- Before informing outside agencies a thorough search is to be made of the house and the immediate surrounds to confirm that the young person has actually absconded.
- Inform colleagues and the Manager/person on call, and record absconding in the Home's Log Book.
- Fax description and other details on the young person, as required on the Missing Person form (G71), to local Police Station.
- Inform Social Worker / Youth Justice Worker and significant family members.
- All supervising staff present must write an 'Incident Report' at the time of absconding.
- A copy of this report must be kept on the young person's file and copies sent to the appropriate Team Leader, Manager and the resident's Social Worker / Juvenile Justice Worker.
- Communications with the Police, family, and others must be recorded in the Home's Log Book.

Other residents should be informed discretely, and the missing resident's bedroom kept secure at all times until their return.

3.5.4. RETURN OF MISSING ABSCONDERS

It is important that staff accept and welcome a young people on their return from absconding and avoid punitive or threatening attitudes. It is not generally appropriate to impose sanctions, but in all cases future trips must be assessed regarding the level of risk. In such cases there should always be a review of the risk assessments of the young people concerned.

It is also important to find out the reasons why the young person ran away and to clarify with them the possible consequences of their actions particularly if they engaged in criminal activity while an absconder. Ongoing discussion between staff and young person should focus on trust in general and trust with regard to unescorted trips out.

Absconders should be involved in subsequent decisions about their care plan. Reviews should be held promptly after absconding and be realistic about the risks of further absconding.

3.5.5 PROCEDURES FOR RETURN OF MISSING RESIDENT

It is important that the young person is received in a welcoming manner. Young People generally tend to have reasons for absconding. These reasons should be explored at an opportune time – not directly after the young person has returned at 3am! The young person should be offered food and drink, a bath or shower and change of clothing.

The Shift Leader should delegate a member of staff to supervise the resident during their initial reintegration into the Home, paying particular attention to :-

- Meeting the primary needs of the young person
- Facilitating contact with significant family members
- The possible need for medical attention
- Discussing with the young person his or her experiences as an absconder with particular attention to any criminal behaviour and child protection issues involving the young person.
- Discussing the reasons for absconding and the young person's situation as a result of it
- Offering the young person the opportunity to discuss the matter with their Independent Visitor, or Independent Representative
- Those informed of her/his disappearance should be informed that s/he have been found

A note should be made of the young person's perspective of the event and enclosed on their file. The social worker should be contacted and asked to visit as soon as possible

In addition the Community Police Officer should be asked to attend in order to conduct a "Safe and Well check" It may not be appropriate to arrange this for the same day. Care should be taken as to when this should take place.

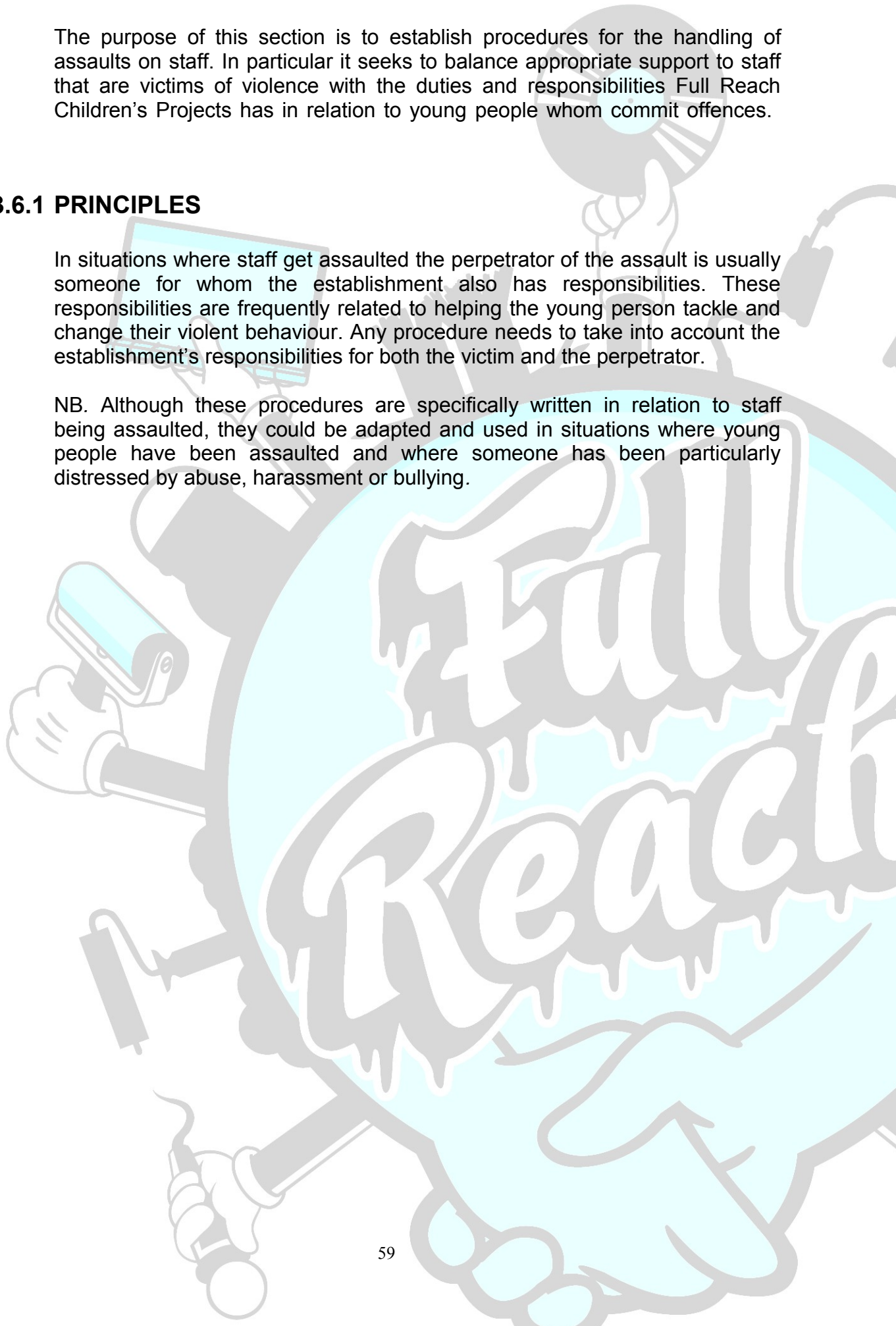
3.6 PROCEDURES FOLLOWING INCIDENTS OF VIOLENCE TO STAFF

The purpose of this section is to establish procedures for the handling of assaults on staff. In particular it seeks to balance appropriate support to staff that are victims of violence with the duties and responsibilities Full Reach Children's Projects has in relation to young people whom commit offences.

3.6.1 PRINCIPLES

In situations where staff get assaulted the perpetrator of the assault is usually someone for whom the establishment also has responsibilities. These responsibilities are frequently related to helping the young person tackle and change their violent behaviour. Any procedure needs to take into account the establishment's responsibilities for both the victim and the perpetrator.

NB. Although these procedures are specifically written in relation to staff being assaulted, they could be adapted and used in situations where young people have been assaulted and where someone has been particularly distressed by abuse, harassment or bullying.



3.6.2 PROCEDURES

Immediately post-incident

- The Shift Leader/Manager speaks to the member of staff who has been assaulted and ascertains whether or not they need to be removed from the scene. When the senior person on duty has been assaulted staff must contact the on-call manager and receive instruction from them. The member of staff's wishes should be a major consideration in making this decision.
- The senior person/on-call Manager ensures that staffing arrangements are in place to cope with the young people and provide immediate support to the member of staff (which may include assistance to get home or to hospital in serious cases).
- Where the Centre Co-ordinator is not a member of the Senior Management Team, the Deputy Manager (Care & Security) should be consulted as soon as practicable (the on-call manager / other senior management team member when s/he is not available).
- Arrangements should be made to remove the young person(s) from the scene.
- If they are still being violent or threatening then it may be necessary to call the police.
- It will be necessary for a member of staff to discuss the incident with the young person at some point. The focus of this discussion should be to encourage the young person to accept responsibility for their actions and the seriousness of the situation. Discussions should be aimed towards making proposals for action to atone for what they have done.
- If at the end of a shift the young person has not completed these discussions to the point where they are making appropriate offers of apology and/or reparation and/or sanction, then arrangements need to be made to continue this process through hand-over to colleagues.
- Throughout the process the seriousness of the actions should be stressed. The young person's normal routine may need to be suspended.
- Where visitors are due or medical treatment is required senior management team advice should be sought before proceeding.

Action within 24 hours of incident

- The senior person on duty must inform the Manager at the earliest opportunity.
- The Manager or a senior person will act as a *support person* whose role over the following 24 hours is to support the member(s) of staff who have been assaulted, discuss with them what they see as reasonable action in relation to the assault, and offer them external counselling or support if required.
- The Manager will either appoint an investigating person or carry out an investigation themselves into the incident.

Action within 48 hours of incident

- Any proposals from the young person should be finalised and the young person prepared for a meeting to discuss further action (see below).
- The investigating person will convene a meeting between the member of staff, the key worker and the young person his/herself to agree a way forward.
- Where there is unwillingness for either party to meet, the investigating person should consult with the Manager who will advise on an appropriate alternative course of action.
- The outcome of the meeting should be appropriately recorded and all agreed actions carried out by those concerned.
- The meeting should attempt to achieve a situation where: -
 - The member of staff feels that they have been supported;
 - An appropriate message has been given to the young person;
 - The young person has accepted responsibility for their actions and demonstrates reasonable remorse bearing in mind their history and understanding;
 - A plan is put in place to rebuild the relationship between the young person and the member of staff;
 - Actions to be taken if a further assault is identified.

- Any action plan should consider the involvement of the young person in reparation, anger-management programmes during their leisure time and other activities which help the young person to change their behaviour or demonstrate remorse to the person they have assaulted.
- Consideration should also be given to a further meeting between the young person and the member of staff after the completion of any programme so they can demonstrate an improved understanding of the seriousness of what they have done.
- Where the assault necessitates the member of staff taking time off work, the Manager or other senior management team member in their stead, should organise an appropriate, planned reintegration to work.

3.6.3. RECORDING

- Details of the assault should be fully recorded on the Significant Events Form by the assaulted party (or parties) or others involved.
- The person assaulted should also complete an internal Violence to Staff Incident form.
- This form should be completed by the end of the shift in which the incident occurred and passed onto duty manager ASAP.
- The Investigating Manager should complete the Violence on Staff - Internal Record of Action form on each person assaulted and pass it or them to the Registered Service Provider within 48 hours of the incident.
- This form should include both descriptions of the events and the actions taken.

3.6.4. VIOLENCE TO STAFF: ACTIONS TO BE TAKEN BY INVESTIGATING OFFICER

- Significant events form has been completed.
- Violence to Staff form has been completed.
- A worker has been allocated to the young person.
- The line manager has been informed.
- An action plan is in place.
- Where needed an Accident \ Loss Form has been supplied and whether it has been completed.
- Investigating Manager's signature is obtained.

4.0 EDUCATION POLICY (brief, see full education policy for further information)

Full Reach Children's Projects in its capacity as an employer is committed to creating an ethos that strongly promotes the education of young people within all of its establishments. This is backed up by the employment of Education Support Workers, Teachers and Teaching assistants who specifically focus on the education of young people.

4.1 PREPERATION FOR EDUCATION PROGRAMME

The Education Support Worker will be proactive in ensuring that each child/young person has a school place or are receiving education appropriate to his or her needs. This would include liaison with schools, admission departments, and any other relevant agency.

Education is planned around each young person with the ethos of instilling the skills needed to learn, outlined in the National Curriculum, through mediums that engage that young person.

The Education Support Worker will be proactive in ensuring that each child/young person is happy with the education planned for them. Full Reach Children's Projects places a strong emphasis on ensuring the views and the feelings of the child/young person are taken into account.

4.1.1 YOUNG PEOPLE WHO ARE REQUIRED TO ATTEND EDUCATION

By law we are required to provide a minimum of 25 hours of education per week.

Young people will be expected to engage in schoolwork activities until 3.30pm. Young people are not expected to spend time in their room occupied in leisure activities.

Staff at the home need to communicate regularly with education staff. Where appropriate a members of staff will accompany and support children/young people in classes.

Members of staff should attempt to engage in conversation with the young person in order to make the time as positive as possible.

Members of staff will be available to offer support and encouragement to the young person by working with education staff where appropriate.

The Education Support Worker will keep in regular contact with staff, monitor attendance, and record achievements and attainments.

The Education Support Worker will ensure things such as homework diaries are checked and signed. The Education Support Worker will attend parent's evenings or any other relevant meetings involving the child/young person.

The Education Support Worker will ensure that each child/young person has appropriate school materials. Also that appropriate resources are available to develop children's/young people's talents and potential.

4.1.2 YOUNG PEOPLE WHO ARE NOT IN SCHOOL

Young people are to be encouraged to attend their education. Each young person will have his or her own individual tailored education plan. If a young person refuses education, members of staff need to try and find out the problem and seek to offer support to the young person and tutor(s).

If the situation is such that the behaviour exhibited means that the lesson is seriously disrupted then the young person must leave the area.

Children/young people who refuse to attend classes the intention will be to access some kind of education for them, but also available would be similar to an Open College Network {OCN} accreditation system, whereby a young person could work towards qualifications in a subject they are interested in by building up a portfolio.

The Education Support Worker will assist care workers in co-ordinating relevant educational activities during school hours for children/young people without a school place, excluded or on a part time education programme.

The period before evening recreational and leisure activities provides staff with opportunities to undertake some constructive work with young people, for example, key worker sessions, discussion groups, educational videos.

These sessions and activities should be carefully planned and prepared by staff as part of the overall programme.

4.1.3 STUDY CLUB

The home shall have a study club the aim of which is to champion the importance of education. It is also to provide additional support and guidance in a way that will be fun and enjoyable while still being educational. There will be a strong emphasis on involving the child/young person in the content and organising of the club, so that there is a feeling of ownership.

Each child/young person will have allocated time with the Education Support Worker where they can receive help with homework, any other schoolwork, or any specific subjects where there are difficulties.

5.0 COUNTER BULLYING POLICY

Full Reach Children's Projects in its capacity both as an employer and a provider of services to children, young people and families is committed to creating an ethos which ensures that no employee, service user or volunteer is subjected to intimidation, discrimination, racial or sexual harassment or any form of bullying.

Full Reach Children's Projects accepts as a minimum the statutory requirements laid down in the Race Relations Act 1976, the Sex Discrimination Act 1975, the Disability Discrimination Act 1996, the Protection from Harassment Act 1996 and the Children Act 1989.

5.1 DEFINITIONS

5.1.1 INTIMIDATION

Intimidating behaviour is any menacing action that causes fear, upset worry in the hearts and minds of others. Intimidation involves the misuse of strength or power to control or subjugate others.

5.1.2 BULLYING

The term "bully" conjures up a child being physically threatened by a larger stronger child for its own personal gain. This is an overt action, which is stereotypical of the term. Bullying however is also a covert action, involving persistent unwelcome behaviour, constant criticism, taunting, teasing, nit picking, aggression, threats deception and lies.

Bullying differs from harassment and discrimination in that the focus is rarely based on gender, race or disability. The focus is often on competence or rather the alleged lack of competence of the bullied child or young person. In reality the target of bullying is often competent and popular, and the bully is aggressively projecting his or her own inadequacy onto the target.

5.1.3 RACIAL HARASSMENT

Racist violence, harassment and abuse are closely related to, and sometimes indistinguishable from bullying. Racial harassment can range from ill-considered remarks, which are not intended to be hurtful to deliberate physical attacks causing serious injury. Racist bullying can be identified by the motivation of the bully, the language used, and/or by the fact that the victims are singled out because of the colour of their skin, the way they talk, their ethnic grouping or by their religious or cultural practices.

Intentional racial harassment is a criminal offence, punishable by imprisonment or fines.

5.1.4 SEXUAL HARASSMENT

Sexual harassment is any unwanted behaviour of a sexual nature from one person to another. It takes many forms, from relatively mild sexual banter to actual physical violence. People may not always realise that their behaviour constitutes sexual harassment but everyone must recognise that what is acceptable to one person may not be acceptable to another.

5.1.5 HOMOPHOBIC BULLYING

Homophobic bullying can involve physical or mental violence by a group or an individual. It is usually aimed at someone who has poor defences and who, as a result may be significantly upset. What distinguishes from other forms of bullying is the language, which is used, and the motivation of those who are doing the bullying. As the word "homophobic" suggests, fear may be one of the reasons why some people attack or taunt others. This can be the fear of the unknown, a fear of someone who is perceived to be different, or a fear, which is based on uncertainty about their own sexuality. It can also be as a result of a lack of awareness and understanding.

Full reach Children's Projects believes that there is no justification whatsoever for children and young people in its homes to be victims of bullying of any kind and will take steps to deal with this problem whenever it occurs. These steps will include the pursuit of a pro-active preventative strategy that will recognise the endemic nature of bullying in situations in which children and young people live together, and which will seek to create opportunities to divert bullies into more appropriate forms of behaviour. It will also provide potential victims with the means to protect themselves from those who would bully them. Staff would support and seek advice from CAMHS and set up a strategy meeting.

Full Reach Children's Projects acknowledge that despite its efforts there will be situations in which bullying will take place in the home. In these situations, whether the instance is witnessed or reported, prompt protective action will be taken to keep the victim safe and the behaviour of the person bullying will be challenged and addressed through the childcare planning process.

As an employer Full Reach Children's Projects acknowledges that intimidation can happen in all walks of life and at all levels of hierarchical structures. Intimidation is negatively destructive and serves no purpose at Full Reach Children's Projects homes or sessions and will ensure that this will not be tolerated. Adequate and appropriate training and supervision/appraisal must ensure that intimidation is actively identified and addressed.

5.2 ANTI INTIMIDATION, ANTI BULLYING POLICY

Practice in working with children and young people

Bullying can be defined as the behaviour of one person or group, which causes distress to another person, or group as a result of physical threat, assault, verbal abuse or threats. Bullying activities may include teasing or horseplay, humiliation, isolation, blackmail and damage to or theft of personal possessions, racial or sexual harassment.

The key factor is the distress caused. Research shows that the most distressing aspect of living in a children's home is the behaviour and actions of other children and young people. The way in which the adults react to bullying and harassment contribute to the ethos of the home or school and can help make it more or less likely that bullying will happen in the future. Ignoring the problem will encourage it to flourish. A heavy-handed approach can drive it underground. However, a positive open response will encourage children and young people to speak up about matters that concern them thus improving the environment.

The staff at Full Reach Children's Projects must recognise that there will be reasons why children sometimes bully. **We believe that it is possible to learn better ways to behave.**

The best way to do this is to try and understand both parties.

We feel that negative punitive methods of intervention will only cause resentment and may make matters worse.

If someone is being bullied this is what you need to do:

- Listen to the child/young person or group. Make a Risk Assessment, is the child safe in this environment. Is s/he at immediate risk?
- Talk to the above and listen
- Member(s) of staff to meet with the person who is bullying
- Discuss with any witnesses. Do this with caution for the position they may be in.
- Invite discussions on how to best help the situation, empower the victim to make contributions
- Devise an action plan
- Set date for meeting to review progress
- Inform all relevant parties
- All Incidents of Bullying need to be recorded.

All injuries to children and young people of a non-accidental nature, and all incidents of disclosures or allegations must be reported to the Manager of the Home and the Registered Provider.

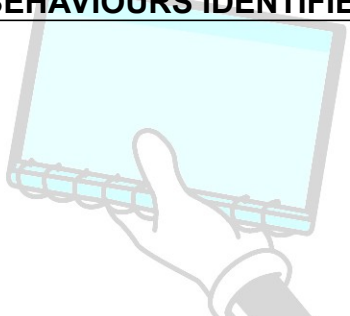
The young person should be given the opportunity to make an official complaint. If there are incidents of persistent bullying which cannot be resolved by a resolution meeting, it will be necessary to consult with the Area Child Protection team, if that child or young person has suffered, or is likely to suffer significant harm or have disclosed or alleged sexual abuse.

EVENT NO: _____

ANTI BULLYING PLAN

NAME:	DOB:	DOA:
LEGAL STATUS	ETHNIC ORIGIN	
KEY WORKER:	SOCIAL WORKER	
DATE OF PLAN:	DATE TO REVIEW	

BULLYING BEHAVIOURS IDENTIFIED AND THOSE AT RISK



POSSIBLE TRIGGERS AND RESPONSES THAT REINFORCE BEHAVIOUR



ACTION



6.0 THE ARRANGEMENTS FOR THE CONTROL AND DISCIPLINE OF CHILDREN

6.1 CONTROL AND DISCIPLINE

Statement of Permitted disciplinary measures as contained in the guidance and regulations to the Children Act 1989

The purpose of sanctions at Full Reach Children's Projects is to respond to and negate behaviour, which in any family or group environment would be regarded as unacceptable.

By a consistent and appropriate response to this behaviour we would hope that each young person would begin to recognise the impact and consequences of their behaviour on others and in time to be able to impose self-control and practice alternative, more acceptable strategies in dealing with problems.

6.1.1 INAPPROPRIATE BEHAVIOUR

If the behaviour continues, we will question the young person about why the behaviour is necessary.

In the event of persistent inappropriate behaviour we will give the young person an opportunity for time out until they are able to take control and behave in an appropriate manner.

In the event of a young person acting out negative behaviours to the group of young people we will seek to re-direct the group and minimise the amount of attention paid to the negative behaviour displayed.

6.1.2 BULLYING

Bullying in any form will not be tolerated. Bullying includes, threatening behaviour or verbal abuse, including racist, sexual, or sexist comments.

The young person will be challenged about their behaviour and encouraged to think about the effect of their behaviour on others. Staff must ensure that all young people and staff members are supported in the event of racist, sexual and sexist remarks.

The member of staff needs to support the young person/staff member, and should advocate on their behalf.

The member(s) of staff need to complete a Significant Event form and make reference to the type of behaviour.

The behaviour needs monitoring. If there is a pattern and this becomes a regular occurrence then a serious incident meeting needs to be called. This will involve the young person, staff member representing the victim of abuse, and a representative from the young persons' placing authority.

6.1.3 DAMAGE TO SELF AND OTHERS OR PROPERTY

Where there is believed to be a danger to self, others or property, we will restrain a young person safely until the danger has passed. Staff will be given training in physical Intervention.

Restraint should only ever be used as a last resort when all other methods of intervention have failed. It should not be used to make a young person comply.

The young person may need extra support and time to reflect upon their behaviour. A member of staff should make themselves available to offer some quality one-to-one time, in order to address underlying factors.

In the cases of damage to property the young person needs to seek to repair and/or replace the property. If the damage is extensive, frequent, and wilful, then a full discussion needs to take place. In this instance a serious Incident meeting needs to be called. The young person's social worker, key worker and senior staff member will attend this.

Serious and extensive damage to property and dangerous behaviour could lead to Full Reach Children's Projects taking police action. {See Full reach Children's Projects Behaviour Management Policy}

6.1.4 DANGEROUS BEHAVIOUR IN MOTOR VEHICLES

Young people behaving in a dangerous manner in motor vehicles will not be able to have the use of the vehicle until a discussion has taken place with the staff member and young person(s)

Attention must be given to the young person's contact arrangements. They must not be denied family or other significant contact and any plans surrounding this must take this into account.

Every effort must be made to ensure that the sanction is time limited; it must not go on for an indefinite period. The young person needs the opportunity to be able to make amends for their behaviour and to learn from it.

7.0 CASE RECORDING AND ACCESS TO RECORDS

7.1 PROVIDING INFORMATION TO MEET DIFFERENT NEEDS

Consistent with its commitment to meeting individual needs and in recognition of the potential diversity of backgrounds and cultures of the young people, the Home is able when needed, to provide information to young people and significant family members in different languages.

Such services include translation of documents and case records, information on complaints procedures and on arrangements for religious observance.

Similar information can be provided for young people who belong to other cultures following their cultural interests. Key workers should make the necessary arrangements when such services are required.

7.2 KEEPING OF FILES AND RECORDS

Staff must treat young people's files and records kept at Full Reach Children's Projects Homes and offices as confidential. These include admission records, clothing and personal possessions records, case review reports and meeting minutes, care plan, personal health record, and daily records written by staff.

This means that they are kept secure and are only open to view by those people who are authorised to see them.

Full Reach Children's Projects recognise the importance of recording the individual child's needs, development and progress.

As in accordance with standard 35, each child/young person will have a permanent private and secure record of their history and progress.

We actively encourage young people to have access to their records, with the exception of confidential or third party information.

We believe that a young person should be able to discuss their records with their key team, and see this as a ways of service user feedback being essential to measure our working practices.

Full Reach Children's Projects log sheets clearly identifies areas for "Young Persons' Comments"

We aim to work in partnership and consultation with the young person and other agencies.

People authorised to have access to the Confidential Personal Files include:

- Full Reach Children's Projects Directors Managers, social work and teaching staff;
- Local Authority Social Work staff
- Guardians ad Litem;
- Legal Services representatives
- Officers investigating complaints
- Social Services Inspectorate.
- Commission for Social Care Inspection

Independent Representatives involved in complaints procedures have a right of access to information that can be shared with the young person with his or her consent, but no general right of access.

All information pertaining to an individual young person is kept together in a Confidential Personal File, all of which are kept in the administration area of the building in a lockable, cabinet.

A distinction should be made between those records that are required to be kept on the management, organisation, administration, and events in the establishment, and those that pertain to individual young people.

The former include such documents as logbooks, visitors' book, or pocket money records.

Staff must treat all administrative records containing information about or relating to young people with great care.

They should ensure that rooms containing records are kept locked at all times and documents are not left open to view from outside the room.

They should make sure that young people are not given access to these records and take care when transporting them from one place to another. Records should never be completed in communal rooms of the building.

7.3 ACCESS TO PERSONAL INFORMATION

Full Reach Children's Projects operates an open access to personal files policy. The policy is concerned with formal requests for access to personal information made by service users, parents/guardians, through an agent or third party, or by carers.

Staff are expected to comply with this policy through the active and regular involvement of young people in reading records and contributing to them. To support this practice a separate personal file is kept in the Home office in a lockable, cabinet. This file contains information that the relevant key worker team has examined and feels is appropriate for the young person to have access to.

This also protects information that a young person should not see (e.g. records which make reference to other young people or where access could result in harm to the young person and /or others). Such restricted information is kept in the main personal file. Access to this information can still be sought through the Access to Personal Information Records procedures.

Staff need to plan carefully any arrangements for young people to have access to their personal files. For example, they should not simply hand the file to the young person to read through unaided. They need to make time to work through the records together with the individual, record it in the Home diary and book a private room.

The file should not be left with the young person either during or after such sessions. Staff should encourage young people to contribute to the information on the file, particularly by producing their own Consultation Paper for case review meetings and by adding to or writing their own daily records. Staff may need to offer active help to the young person to make these contributions.

In writing entries for inclusion on personal files staff should note that their contribution will be open to access by the resident concerned.

Reports and records should be objective with great care taken over the language used. All records should be:

- Accurate and objective
- Legible
- Comprehensive but concise
- Signed and dated

8. CARE AND PLACEMENT PLANS

Full Reach Children's Projects recognise the importance of children and young people having their needs assessed effectively, comprehensively, and in written Care and Placement Plans.

At the pre-admission stage it is vital to liaise with, and to request all the appropriate documentation in relation to the child/young person. Placement Plan Part One should be available, together with the Looked After and Essential Information.

This will enable us to have to hand the required information. This information will specifically focus on the Health Needs and Health Promotion, Care Needs, Physical and Emotional Needs, educational Needs, Cultural, religious, Linguistic and Racial Needs.

This plan will be consistent with any plan prepared for by the child/young person's local authority.

The Key Team will take an active role in using this information to form the Care Plan. The child/young person's wishes and feelings are sought, and staff will work in partnership with them, in consultation.

The Care Plan will be written in language suitable to the needs of the young person, they will know the overall content.

The Care Plan is a working tool, one that needs to be regularly reviewed by the Registered Manager and Key Team.

8.1 CARE PLANNING AND CASE REVIEWS

Young people are routinely invited and encouraged to attend their admission meeting and case reviews, unless there are exceptional circumstances, which make this impractical or inappropriate. Before the admission meeting the designated key worker meets with the young person to ascertain his/her views so that these are adequately represented at the meeting.

Before all subsequent case reviews, key-workers read through and discuss with the young person the contents of the review report to be presented at the meeting and encourage him or her to write or present their own report. In some instances a part of a case review meeting may be set aside for discussion without the young person being present. In most cases, however, the young person is present for the whole meeting.

Attendance and participation provide important learning opportunities for young people to increase their presentational and self-advocacy skills. Young people who choose not to attend or who are excluded from a meeting must receive feedback from it, usually from the chairperson and social worker /key worker.

Key workers routinely address all case planning and review discussions and decisions in their sessions so that the young person fully understands them. Young people are then involved in devising and revising their care plans in line with the discussion and decisions taken.

The placement Plan will be instrumental in creating the Young Person's Residential Action Plan {Care Plan}. This will ensure that the needs of the Young Person is being met plus there is an agreed plan of work.

9. CHILD PROTECTION STATEMENT

As an organisation Full Reach Children's Projects recognise its responsibility to make sure that the children in our care are developing in a safe and secure environment.

Statutory Agencies (i.e. Education, Health, Social Services, Probation, Police and NSPCC) work together using Area Protection Procedures. The Area Child Protection Committee has representatives from all the above agencies and promotes and monitors the procedures. Whilst we are not a statutory agency we aim to work in a way, which provides the same level of protection to children in our care.

If a child is injured in any way whilst accommodated at within our care, then we will always inform the relevant bodies how it has happened. If the injury is serious we will notify you immediately and get the necessary medical treatment. If a child arrives at our centre with an injury, it is expected that Full Reach Children's Projects will be informed.

There may be occasions when we have concerns about an injury, we see changes in behaviour, or are concerned that a child is being harmed. As part of our responsibility to keep children safe we must report any concerns of this nature to the Social Services Department.

The law says that the Social Services Department must look into any reports concerning injury or risk to a child. A decision about who will inform family or those with parental responsibility, of this course of action will be made between Social Services and ourselves. Doctors, Health Visitors, Teachers, Childminders and Playgroup Leaders all have the same responsibility as ourselves. A leaflet compiled by Social Services is available which explains their duties and responses, including how they will keep various parties informed of the process.

9.1 INFORMATION LEAFLET ON CHILD PROTECTION FOR YOUNG PEOPLE AND THEIR PARENTS

The safety and well being of the young people in our care are our main concern. We are therefore committed to all aspects of safety, welfare and protection of the children. This includes:

- Ensuring correct supervision.
- Meeting required staff to children ratio.
- Making sure that the police checks are undertaken on all staff and that adequate checks are undertaken on volunteers to establish that there are no known reasons why they should not work with children.
- Providing access to appropriate training for staff in First Aid.
- Having a clear recording policy, which includes an accident and incident book.
- Providing a safe physical environment, which meets registration and safety standards.
- Providing training for staff in all aspects of child development and protection.
- Providing staff support systems.
- Providing information on how staff manage children's behaviour.
- Keeping a record of who has parental responsibility
- Having a clear agreement about who will bring/collect your children.
- Knowing emergency contact points.
- Having child protection procedures.
- Being able to talk with children and carers in a way, which does not disadvantage them.

9.2 WHY DO CHILD PROTECTION PROCEDURES EXIST?

It is everyone's responsibility to protect children. Child Protection Procedures should ensure that individuals are not left with the sole responsibility and anxiety for protecting children.

Child abuse can take a variety of forms such as emotional abuse, physical abuse, sexual abuse and neglect; it spans all classes and cultures and is not always immediately obvious. No one person is ever in the position of knowing the total picture regarding the well being of a child, so it is everyone's responsibility to share information and concerns.

It is important to recognise that the children cannot protect themselves but have a right to be protected.

9.3 WHEN SHOULD CHILD PROTECTION PROCEDURES BE USED?

If a child is at risk of harm / significant harm.

Concerns may arise from feelings, observations or statements made by a child or carer. In isolation these may appear to be minor but colleagues may also have similar concerns about a child. It is therefore crucial that any information or feelings, which cause individuals concern, are shared and recorded immediately. No concerns should be seen as too trivial or treated as such, and it is important that assumptions are not made that someone else will have already taken action.

9.4 WHAT ARE FULL REACH CHILDREN'S PROJECTS CHILD PROTECTION PROCEDURES?

Child Protection Procedures provide a clear structure for sharing, reporting, decision-making and recording concerns about a child.

All staff should know the contact points for Social Services together with information regarding the duty of Social Services to respond.

The person reporting concerns and the manager of the implicated home, must take responsibility for reporting concerns to the Social Services. However, it is still an individual's responsibility to check that this action has taken place.

The procedures should ensure that the information regarding concerns about a member of staff/volunteer is reported appropriately. If the concern relates to the designated member of staff, the most senior worker, owner or ultimately the Inspection Unit or Area, Registration and Inspection Officers should be contacted. This indicates that all staff/volunteers would need to know the role of the CSCI and how to contact them.

Given that, in most settings, written information is shared with carers, the procedures need to state where information regarding Child Protection concerns are recorded and stored, together with who has access to them.

Support for workers should be made available.

9.5 HOW TO APPLY THE CHILD PROTECTION PROCEDURES

Children often appear with bruises or scratches for which there is a logical explanation readily given by children and carers. The majority of injuries to children happen accidentally, but should, nevertheless, should be discussed with carers and noted. However there may be occasions when concern is ongoing:

- The child and/or carer may be unwilling to talk about an injury or gives an explanation, which appears inconsistent with the injury.
- There is a series of unexplained injuries.
- The child's mood changes and they become more withdrawn and upset.
- A child shows fear of an adult or particular situations.

There may well be explanations that count for this, but these may be indicators that a child is being harmed in some way.

- If a child has a specific injury, or
- If a child tells of a worrying incident, or
- Concerns are expressed by a third party about a child, or
- There is a significant change in a child's behaviour

Action should be taken. The immediacy of the action will depend upon the assessed need for medical attention, which may need to take priority.

In cases of physical injury, concerns may be eliminated as result of talking to the child or carers, but this should still be noted. It is advisable that organisations do not seek out carers in their own home without taking advice from social services first.

If:

- The concern remains
- There is a build up of concern
- There is suspicion of sexual abuse

Discussions with carers should not take place prior to decisions taken to refer to Social Services, and then be dependant upon their advice as to who will inform carers and at what stage.

Where a child has made a specific statement it may be necessary to clarify what they have said, and it will be very important to record this accurately together with the circumstances in which the statement was given.

Managers should understand the duties and responsibilities of Social Services, who have a duty to offer advice as well as a legal duty under the children act 1989, to investigate such information or concerns and take any action necessary to protect a child.

Referrals to Social Services should be made as early as possible on the day the concern arises, to enable them to respond effectively. The duty officer for Children's Services would be the contact point for any referral, and the person responsible for keeping Full Reach Children's Projects informed of the process and outcome.

All observations, concerns, discussions and actions should be thoroughly recorded by the relevant person at Full Reach Children's Projects. These could provide crucial information which may be needed at a Child Protection Case Conference or, occasionally, for the Courts.

Following any Child Protection investigation, Social Services may agree with Full Reach Children's Projects to an on-going role, which would be made clear to carers.



10. RECREATION AND LEISURE

Full Reach Children's Projects recognises the importance of providing leisure activities for young people in our care. The Manager and the staff team will consult with the young person and all relevant parties in order to establish the wishes and feelings of the young person.

If a young person has a particular skill/hobby/interest then staff should endeavour to actively encourage this. Young people often find difficulty in planning their own time, so staff should provide ideas for activities.

Some of the best activities are unpaid and unplanned.

The emphasis should be on individual interest and group learning. Activities, which seek to promote team building and confidence building, should be included.

Each young person will have their own care and weekly programme. Their choices of activities should be discussed at the Residents Meetings. These take place on a regular basis, each Friday, and may be called at any other time at the request of the young people and/or staff team.

10.1 OPPORTUNITIES FOR RECREATION AND LEISURE

Staff enthusiasm and interest is key to involving young people in activities. It is their sustained creativity and encouragement that obtains young people's commitment and participation. Staff must also work together to make sure that the activity programmes are well planned, organised and efficiently run.

The weekly staff meeting is a useful occasion for programme planning and organising. Young people should be encouraged to participate in activities but it is important that staff recognise that at times young people will want to be left alone.

A leisure period can also be a useful occasion to talk to a young person about other issues. Sanctions preventing participation in leisure activities should only ever be used as a last resort to protect or contain particular behaviour.

Activity planning should take into account the needs of the: -

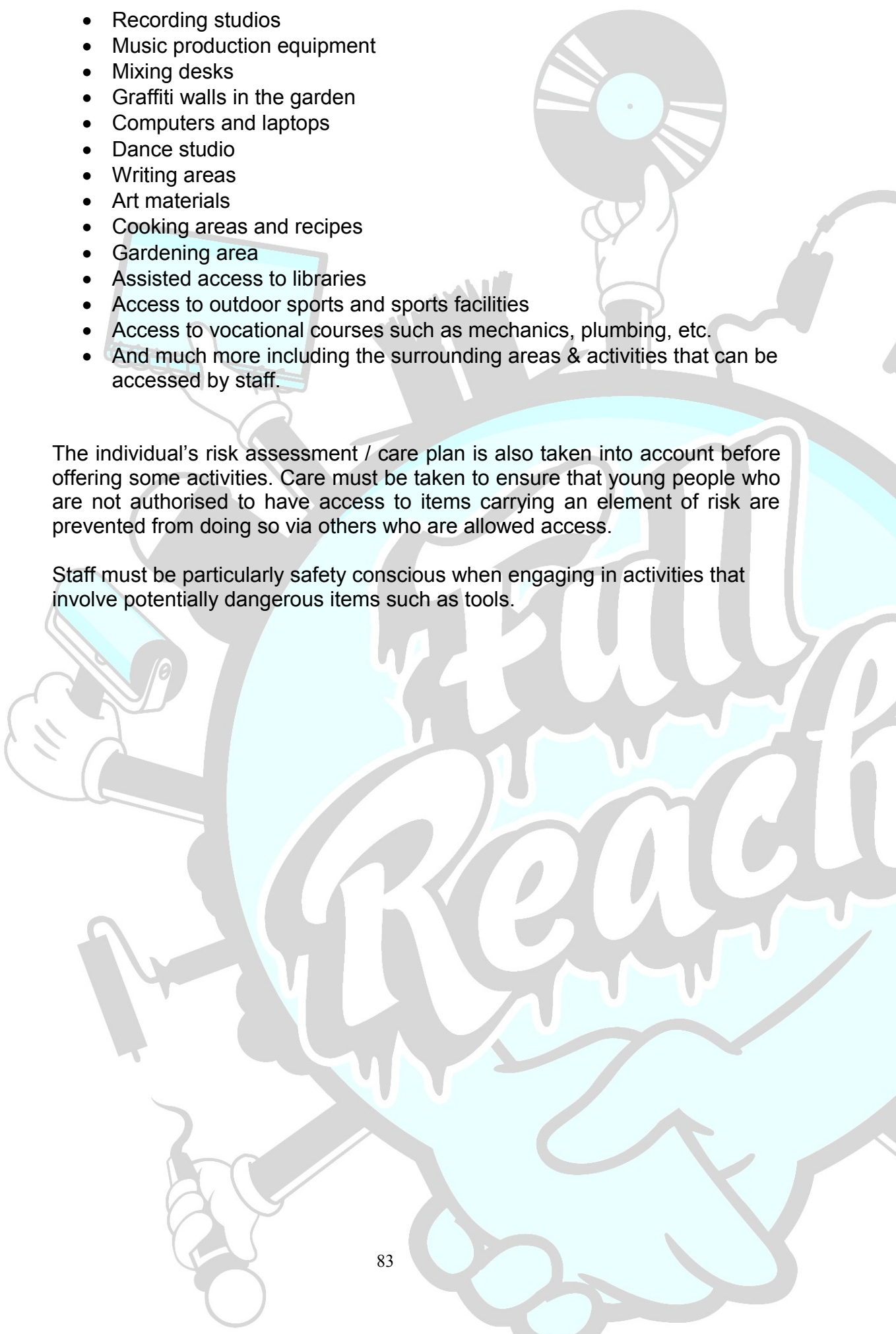
- Individual
- Young people as a group
- Layout of the Home
- Management issues
- Supervision levels
- Risk factors

Available facilities include:

- Recording studios
- Music production equipment
- Mixing desks
- Graffiti walls in the garden
- Computers and laptops
- Dance studio
- Writing areas
- Art materials
- Cooking areas and recipes
- Gardening area
- Assisted access to libraries
- Access to outdoor sports and sports facilities
- Access to vocational courses such as mechanics, plumbing, etc.
- And much more including the surrounding areas & activities that can be accessed by staff.

The individual's risk assessment / care plan is also taken into account before offering some activities. Care must be taken to ensure that young people who are not authorised to have access to items carrying an element of risk are prevented from doing so via others who are allowed access.

Staff must be particularly safety conscious when engaging in activities that involve potentially dangerous items such as tools.



11. LOG BOOK AND DIARY

Full Reach Children's Projects understands the importance of keeping accurate records. As part of our procedure staff must keep updated the Log Book and diary to record the events of each shift. This tool provides continuity and justification for action taken and further supports the effectiveness of handover. Contents must be thorough and factual.

11.1 RECORD KEEPING

11.1.1 THE DAILY DIARY

Accurate record keeping is essential. The daily diary should be completed on each shift. Contents should be thorough, factual and relevant.

The details contained within this document should be more comprehensive than the young persons log book and is not available for young people to read, due to confidentiality.

Records will be monitored on a regular basis by the manager and/or deputy manager to ensure that they are being maintained to a good standard.

11.1.2 YOUNG PERSON LOG BOOK (RUNNING RECORDS)

Each young person has a logbook that completes their case files these files contain necessary information as detailed in schedule 3 of the children's home regulations 2001. Each young person has a permanent, private and secure record of their history and progress. Information that is required on a daily basis includes;

- A brief outline of the day
- Behaviours
- Contact with family and friends
- Sanctions and rewards
- A section for young person(s) comments.

The log sheet (running records) is available for the young people to read and add appropriate comments.

12. PRINCIPLES OF CONFIDENTIALITY

All staff involved with receiving information about young people accommodated at Full Reach Children's Projects, should see it as a general principle, that to use private information for a purpose other than which it is given, without the consent of the person giving the information is a breach of trust to be avoided wherever possible. In child protection cases where information is given in the interests of the child at risk, there would seem to be no ethical problem about passing information on to other professional workers who need to know it.

Section 3.1.4 of Working Together under the Children Act quotes from the code of ethics for Social Work adopted by the British Association of Social Workers in 1986 and it states as a principle of practice:

"They will recognise that information clearly entrusted for one purpose should not be used for any other purpose without sanction. They will respect the privacy of clients and others with whom they come into contact, and confidential information gained in their relationships with them. They will divulge such information only with consent of the client (or informant) except where there is clear evidence of serious danger to the client, worker, other persons or the community, or in circumstances judged exceptional, on the basis of professional consideration and consultation".

13 ADMINISTRATION OF FINANCE (PETTY CASH) AND SECURITY

13.1 BUDGET PRINCIPLES AS A TRADING ORGANISATION

The purpose of this section is to clarify the principles of budget delegation and procedure for authorising expenditure.

13.1.1 POLICY

The Full Reach Children's Projects budget is controlled by the Manager of the establishment who as budget holder must authorise all expenditure incurred. Expenditure may be authorised either directly or, more commonly, indirectly within the framework described within this Guidance Note.

13.1.2 ROLE AND RESPONSIBILITY OF THE BUDGET HOLDER

The Manager of Full Reach Children's Projects is responsible for the budgets. This responsibility is not delegated during periods of leave or short absence.

The Manager will assume overall responsibility for all financial matters relating to Full Reach Children's Projects in line with the financial regulations of UK government.

13.1.3 ROLE AND RESPONSIBILITY OF THE BUDGET MANAGER

A Manager within each Home or centre who has delegated authority within defined parameters to manage expenditure of a sum of money in order to achieve specific objectives.

The Manager will use their budget allocation within the following parameters to support and implement agreed policies and procedures:

Where there is an identified need potentially to spend money outside these parameters to seek approval from the Manager either directly or following discussion at a Senior Management Team meeting.

Manage and control all expenditure within their budget allocation and provide clear procedures for the authorisation of expenditure by others in writing.

13.1.4 PROCEDURES

- Expenditure must be within the budget areas for which money has been allocated.
- That there are no revenue cost implications above routine and planned maintenance implications.
- Transactions do not put Full Reach Children's Projects into a long-term contractual relationship or for which money is paid in advance of the receipt of services or goods.
- In areas of major expenditure (e.g. information technology, training, staff development materials, major facility developments) the vast majority of this expenditure will be in accordance with a strategic plan agreed in advance.
- No single transaction should exceed £300.00.

13.1.5 ROLE AND RESPONSIBILITY OF THE AUTHORISED PERSON

To allocate and expend money on behalf of a Budget Manager within cost limits or other parameters set by the Budget Manager.

To spend, allocate or use money on behalf of a Budget Manager in order to implement policies and procedures authorised by the Budget Manager.

13.1.6 ROLE AND RESPONSIBILITY OF ADMINISTRATION STAFF

To provide responsive procedures which enable all Budget Managers to manage their finances effectively.

To ensure all expenditure is appropriately authorised before issuing orders or making petty case disbursements.

To provide regularly accurate and meaningful information to Budget Managers to support them in this role.

To maintain records of expenditure and income which can be used to support the budget holder in monitoring the financial performance of Full Reach.

13.2 INTERNAL BUDGET ALLOCATION AND MANAGEMENT

The purpose of this section is to describe how budgets are planned and managed in an annual cycle and to describe the procedures involved.

To describe how budgets are planned and managed in an annual cycle and to describe the procedure involved.

13.2.1 AIMS OF MANAGEMENT INFORMATION

- To detail current years actual expenditure by groups of codes to informed plans for next year's expenditure.
- To detail current years income based on actual occupation capacity
- To estimate income that can be earned based on given percentages of occupation.
- To ensure accurate and effective budget information is obtained.

13.2.2 INFORMATION COLLATION

- Prepare expenditure details for current year and budget plans for next financial year.
Provide expenditure records from groups of codes for each unit and section and for codes managed through Support services.
- Provide information on budgetary control ability through actual expenditure details, highlight over and under spends
- Show through representative months any anomalies in expenditure.
- Identify additional areas of spend for next financial year for groups and sections.
- Identify actual total anticipated over spend / under spend as necessary.
- Identify areas of saving and possible savings.

13.2.3 INCOME AND EXPENDITURE TARGETS

- Prepare income and expenditure targets, which include given percentages of occupation and show the implications for stipulated staffing numbers and agreed levels of cover and training and individual expenditure code allocations.
- Send outline budget proposals to all Managers for comments and proposals.

13.2.4 BUDGET WORKSHOP

- Review outline budget proposal for all expenditure based on various levels of occupation.
- Set unit and section budgets based on anticipated level of occupation and proven or stipulated need for resources.
- Levels of occupation must be based on previous ability to maintain a given occupation level and staff resources and current levels of bed requirements.
- Agree any additional expenditure based on clear and concise financial information which has been previously agreed to be actioned by the Senior Manager.
- Set budget review dates to ensure income and expenditure targets are being met.
- Agree unit and section code allocations to ensure correct budget management and allocation.
- Agree monthly budget reporting dates and format.
- Agree any changes in level of budgetary authority
- Agree any change in procedure for charging and collating costs for relief cover needed for staff training, overtime, holiday and sickness.
- Review petty cash impress for the units.

13.2.5 BUDGET MANAGEMENT FOR UNITS

- Provide training in budget management and reports as necessary.
- Identify individual staff within unit and sections with budgetary spend authority and the level.
- Sign for agreed staff that have budget authority.

13.2.6 BUDGET INFORMATION AND REPORTS

- Send agreed budget format and reports to all budget holders for verification and information.
- Contact accountancy to confirm changes within cost code allocations and to supply relevant information.

13.3 ADMINISTRATION OF PETTY CASH AND INVOICING PROCEDURES

The purpose of this section is to describe the procedures for the administration of internal petty cash - Weekly and Monthly.

13.3.1 INTERNAL PETTY CASH

Admin Assistant will carry this out weekly.

PROCEDURES

Wherever possible, the Full Reach Children's Projects ordering system should be used and an invoice obtained. Petty cash is intended for use when this is not possible and is kept centrally in the safe in the Administration office.

An impress of £100 is to be maintained in each house unit with a payment from Admin every Friday morning to replenish the expenditure that has been made that week.

Receipts covering expenditure from the previous week are passed to the Admin Officer each Thursday. The payment will be to the value of the receipts received. The receipts are attached to petty cash forms, which are signed twice: by the person making the expenditure (the claimant) and the Unit Leader or Asst Unit Leader (Authorising Officer)

In addition to the weekly payment to restore the impress the following payments are added from the petty cash held in the Admin office:

- Payments for Clothing.
- Pocket money: each young person is allocated a sum each week according to his or her age.
- Payments for items bought by staff outside the House Units, where it is not possible to order goods and obtain an invoice.

All payments of petty cash require the completion of a petty cash form, signed by the claimant and a Budget Manager.

13.3.2 EXTERNAL PETTY CASH

The Purpose of this section is to *describe procedures for administration of external petty cash.*

The Manager & Admin Assistant will carry this out monthly.

PROCEDURES

Wherever possible, Full Reach Children's Projects ordering system should be used and an invoice obtained. Petty cash is intended for use when this is not possible and is kept centrally in the Administration office.

We have a chequebook with which we can withdraw cash and pay suppliers. The following staff may sign cheques:

- Responsible Individual
- Finance Director

13.4 INVOICES

The Full Reach Children's Projects Administrative Assistant is responsible for on going monitoring of invoices.

PROCEDURES

- All delivery notes, original order should be stapled to an order.
- If these are missing, check with person, department to check that they have received goods.
- When this is all completed check price etc., details.
- Photocopy original invoice, with goods received, clip copy to order.
- Put all details onto Excel orders spreadsheet.
- Double check with all orders etc.
- Complete the order book with details

13.5 USE AND BOOKING OF ROOMS AND OTHER COMMUNAL RESOURCES

The purpose of this section is to describe the procedures for booking rooms and other communal resources.

13.5.1 DAILY / ONGOING BOOKINGS

The Full Reach Children's Projects administrative assistant is responsible for ensuring that an accurate list of bookings is kept. All enquiries for facilities and resources should be directed through the administrative assistant.

RESPONSIBILITIES AND PROCEDURES

- Upon request check availability of room, offer alternative.
- Note down informant/Bookers Name.
- Note Date booking arranged.
- Confirm verbally with booker
- Check if any outside agencies/visitors to be present.
- Transfer details to centre diary so all reception staff are aware when/who.
- Remember if cancelled/or re-arranged please note details by original entry.

13.5.2 MEETING FACILITIES

All enquiries should be directed through the Administrative Assistant

PROCEDURES

- Discuss with Manager what requirements are needed.
- Decide on location.
- Book room, meals, drinks for required number attending , OHP etc.
- Make an order out in the X order book.
- Check with Manager for any typing etc. required.
- Do a final check with Manager to see all is attending.

13.5.3 ROOM DIARY BOOKINGS

PROCEDURES

All appointments requiring a room booking must be entered in the diary. All diary entries must have the name of the person who has booked the appointment and the name of the person who has written it in. This will enable reception staff to resolve any mix-ups.

14. REPAIRS AND MAINTENANCE

Shift leaders have the responsibility to ensure that repairs or maintenance in the unit are reported to the Manager as quickly as possible. If the repair is a minor chore then the task should be completed by an employee of Full Reach Children's Projects or, if more complicated, then a reputable tradesman. Repairs should be done ASAP and recorded in the Maintenance file.

Certain repairs may require a risk assessment to be completed and staff should be alerted to this and the Company's Health and Safety advisor may need to be contacted and consulted. Repairs affecting Health and Safety in the unit should be highlighted as urgent and an expected day / time for the repair to take place should be recorded along with the request.

If this does not take place the staff have a responsibility to chase this up immediately and any problems should be passed to a Manager who may need to deal with the issue further.

There are numbers in the Maintenance file in the staff office for emergency out of hour's repairs.



15. FIRE SAFETY POLICY

The fire safety policy has been drawn up in consultation with the fire safety officer. So far as practicable, staff must ensure that children and young people resident at Full Reach Children's Projects homes and centres and any visitors are aware of any aspects of the fire safety measures which affect them.

The Fire Service regularly reviews the fire safety measures at any location we use or run and any recommendations made by them are fully implemented.

A member of staff will be allocated responsibility for Fire Safety any concerns must be drawn to their attention immediately. It is equally important to take measures to contain the effects of fire once started.

Fire poses a threat to life through fume, smoke, burning and structural collapse. The aim of the fire safety policy is to minimise the risk of fire by taking adequate fire precautions.

15.1 FIRE PREVENTION

Fire Prevention measures centre upon the removal or control of available fuel and ignition sources. "Fuel" includes waste, debris, flammable gases and liquids, flammable materials.

Waste materials must not be allowed to accumulate in and around Heronridge Home's. Waste bins are provided in each room and must regularly emptied and rubbish disposed of.

Gas cylinders are to be stored above ground level in a secure store. Care is taken to ensure that the correct hoses, regulators etc are used.

Furnishings, bedding, curtain fabrics and upholstered furniture must comply with the appropriate British Safety Standards relating to the flame and smoke retardant properties and use of non-flammable materials. Where children wish to use their own bedding etc, care is taken to ensure, so far as practicable that this complies with British Safety Standards.

Full Reach Children's Projects Home's are centrally heated and therefore the need for portable heaters should not arise. In the unlikely event that portable heaters are necessary, they will be provided with suitable guards. Portable heaters will not be placed near flammable materials and will be located where they cannot be inadvertently knocked or impede walkways, particularly fire exit routes.

Electrical equipment and installations are regularly inspected and maintained. A competent electrician carries out all electrical work. Isolator and fuse box covers are locked; residual current circuit breakers are regularly checked.

Children and young people are supervised when using the gas cooker, which is regularly cleaned and maintained in accordance with the manufacturers

instructions. The gas is lit by a push button ignition system. Tea towels and oven gloves are kept away from naked flames.

Smoking is prohibited in any part of the home. Children and young people may only have access to cigarette lighters and matches under supervision of a member of staff.

Where there is a perceived risk of arson extra supervisory measures are put into effect.

15.2 FIRE DETECTION

Audible smoke detector alarms are fitted throughout the building as advised by the Fire Safety Officer. Smoke and heat detectors are checked by rotation during the routine fire drills to ensure that they are in working order and also that the residents and staff are familiar with the sound of the alarm. Inspections and maintenance are recorded in the fire logbook.

15.2.1 FIRE CONTAINMENT

Fire doors (which are clearly marked as such) are needed to stop the spread of smoke and flames and must never be wedged open.

15.2.2 FIRE FIGHTING APPLIANCES

Fire extinguishers are located at various points in the building to enable staff to deal with small outbreaks of fire (NB PROCEDURES FOR WARNING OF OUTBREAK OF FIRE AND EVACUATING THE BUILDING MUST ALSO BE FOLLOWED). The location and type of fire extinguisher is as advised by the fire safety officer. All fire extinguishers are visually checked as per each fire drill.

Extinguishers are inspected and maintained by the contracted supplier in accordance with the manufacturer's recommendations and the inspection and service record is marked on the extinguisher. All inspections (including the weekly visual checks are recorded in the fire log). Fire extinguishers must only be set off when fighting a fire – this is never a means of testing them. If the fire extinguishers are set off, they must be inspected and refilled as necessary by the contracted supplier. Staff are regularly trained in the use of fire extinguishers and in which extinguisher is appropriate in any given circumstances. A fire blanket is located in the kitchen.

15.2.3 WARNING OF OUTBREAK OF FIRE

15.3 GENERAL FIRE PROCEDURE

FIRE INSTRUCTION NOTICE

ON DISCOVERING A FIRE:

- IMMEDIATELY RAISE THE ALARM BY OPERATING THE NEAREST FIRE ALARM ACTUATING POINT

ON HEARING THE FIRE ALARM:

- LEAVE THE BUILDING BY THE NEAREST AVAILABLE FIRE EXIT AND REPORT TO THE ASSEMBLY POINT, WHICH IS ON THE CAR PARK.
- DO NOT STOP TO COLLECT PERSONAL BELONGINGS
- DO NOT RE-ENTER THE BUILDING

15.4 STAFF FIRE PROCEDURE

FIRE ROUTINE

- ANYONE DISCOVERING A FIRE NO MATTER HOW SMALL SHOULD RAISE THE ALARM FROM THE NEAREST CALL POINT IMMEDIATELY.
- THE SENIOR PERSON PRESENT SHOULD IMMEDIATELY DIAL "999" AND CALL THE FIRE BRIGADE. COLLECT LOG AND VISITORS BOOK ON LEAVING PREMISES.
- A NOMINATED PERSON ON EACH FLOOR SHOULD BE DESIGNATED TO ENSURE THAT ALL AREAS ARE EVACUATED, INCLUDING TOILETS, ETC.
- WHEN ALL FLOORS HAVE BEEN EVACUATED ALL PERSONNEL ARE TO PROCEED TO THE CAR PARK AT THE FRONT OF THE PROPERTY IMMEDIATELY. REPORTING TO THE SENIOR PERSON PRESENT, WHO WILL CALL THE ROLL.
- NO PERSON IS TO RE-ENTER THE PREMISES WITHOUT THE PERMISSION OF THE FIRE BRIGADE OFFICER.

16 RISK ASSESSMENT

Risk Assessments must be carried out within the homes, grounds and any likely activities that may occur, to identify hazards and assess the risk to health, safety or welfare of both the employees and the young people.

Any potential hazards identified should be measured for severity and probability of risk occurring.

Control measures to reduce the risk to an acceptable level should be implemented.

All risk assessments need to be recorded in writing and staff must be made aware of outcomes. It is essential that a regular review of assessments be carried out to allow for effective monitoring of the risk.

This process will also highlight any modifications that may be required and encourage continuous improvement.

When a young person is admitted into the home a risk assessment is essential.

Staff will be trained in risk assessment the opportunity to gain an ASET certificate in this area through distance learning is available.

Preventative measures may extend to locking parts of premises this may include locked cupboards for the storage of chemicals. Medical Cabinets must be locked.

16.1 Introduction

16.11 The definition of "risk" for the purposes of Children's Homes is

"The likelihood of harm, damage or injury being realised"

16.12 Risk assessment and the subsequent management of that risk is a key component of the care planning process. By the very fact that a young person is accommodated within Residential Care implies that a degree of harm to self or others has been experienced and therefore an element of risk is currently evident or is likely to be evidenced during the period of accommodation.

16.13 The legal framework for the assessing of risk focuses on Sec 31(1) Children Act 1989 which identifies the benchmark by which risk is assessed and managed in relation to potential harm to the health and welfare of the young person.

16.14 Whilst this protocol will primarily focus on children and Young People "Missing From Care" this document will address the wider picture of Risk Management. Therefore Social Work Staff will need to read the full document and Police Officers need only refer to Section 4.7 onwards, although the full document will provide a wider view.

16.2 IDENTIFYING AND PLANNING TO MANAGE RISK

16.21 Whilst assessing the type and degree of risk of any given situation or behaviour, it is important that strategies take into account the availability of resources, support procedures and management arrangements.

16.22 Within Children's Residential Services a key component of the assessment process is the calculation, estimation and management of risk and/or harm to/by young people accommodated. This assessment must ultimately consider a range of strategies that minimise the likelihood of the identified risk occurring.

16.23 For the purposes of managing risk at within Children's Homes, the analysis of that potential risk is broken down into two components:

Primary: This relates to the risk factors that have led to admission and therefore will include issues relating to offending suicide, self

harm and violence, challenging behaviour and Missing from Care (absconding).

Secondary: This component relates to the continuous assessment of managing day to day behaviours within the Unit. Such matters may relate to the provision or use of specific resources that may be misused to the physical detriment of others and other day to day supervisory issues where an element of risk in terms of harm to self or others may be realised.

16.24 Both the primary or secondary risk components are broken down into the following risk elements:

1. Self Harm (this may include suicide attempts, substance misuse etc.)
2. Risk to Staff (physical, sexual, verbal, and psychological)
3. Risk to Residents (physical, sexual, verbal, and psychological)
4. Risk to /from Community (due to offence)
5. Internal Supervision Levels
6. Missing from Care

16.25 When making an assessment of risk it is important to take into account the full range of information and knowledge of the young person, which is available. In practice this means that the identified risk must be:

- **Specifically** and not generically described.
- **Measurable** in that the risk can be identified as significant or insignificant
- **Achievable** in that the methods and strategies developed to managed the risk are realistic within the policies and procedures, timescales and staff resources of the Unit.
- **Reviewable:** The risk must never be seen as being permanent. The strategies developed to manage the risk will hopefully be successful but may not be in some circumstances. They will be reviewed at the internal review meetings for each young person.
- **Trackable:** The risk as well as the management of that risk should be recorded in such a manner that it allows staff to identify patterns of responses and behaviours.

16.3 Points for Practice:

16.31 All risk assessments will be completed at the admissions meeting (within 72 hrs of admission). The Unit Manager or Assistant Unit Manager will chair the meeting in her/his absence.

If an element of risk has been identified that is LOW, then it is not necessary to devise an action plan to manage that identified low risk.

It is the responsibility of the Key-worker (co-worker in their absence) to ensure that the completed Risk Assessment is conveyed in detail to the staff team for it to be accessible to relief/temporary staff who may periodically work with the young person concerned.

16.32 In many circumstances the most effective strategies are those that have involved the participation of the young person whose behavior has been identified as a risk. Consideration must be given to issues relating to care and control.

Children do not always know what is best, but the principle of enabling them to contribute to decision making about difficult decisions is widely accepted by those who manage challenging behaviors.

16.33 All residents will be treated as high risk until the Initial admissions meeting at which the process of risk assessment and review will begin.

16.34 Risk will continued to be reviewed at both Internal and Statutory Reviews . All staff have a responsibility to identify changes in the level of risk presented and to inform managers.

16.35 Managers are responsible for ensuring that where an identified increase in risk has been perceived, that a REVISED risk assessment or the relevant section is completed. The whole document need not be rewritten.., only the element of risk that needs to be changed.

16.4 ASSESSING RISK

16.41 The main areas of risk are defined in the following paragraphs. The process of assessing risk should take into account a number of aspects.

Each aspect must be considered and recorded for each individual *whether or not there is a risk identified in relation to a particular aspect.*

- 16.42 **Risk of Self-Harm:** This covers all aspects of self-harm from self-mutilation to serious suicide attempts. Issues to consider are whether there are patterns of behaviour which will place the individual at risk from other people:- Specific aspects of self harm where the young person has deliberately or subconsciously overdosed or abused a substance that has led to physical or psychological (temporary or permanent) damage; Where she/he has expressed a desire to kill her/his self, where they have a medical history of depression or where there has been a recent death of a significant other; the combination of which may act as a catalyst for suicidal thoughts.
- 16.43 **Risk to staff:** This specifically relates to the threat posed to the safety of others in close proximity. This may relate to physical or sexual violence, verbal and physical intimidation or bullying, fire-raising or other reckless behaviour.
- 16.44 **Risk to residents:** This specifically relates to the threat posed to the safety of others in close proximity. This may relate to physical or sexual violence, verbal and physical intimidation or bullying, fire-raising or other reckless behaviour.
- 16.45 **Risk to/from the community due to the nature of the offence:** This aspect of risk assessment is particularly important, but frequently overlooked by staff.

17 HEALTH & SAFETY

17.1 RESPONSIBILITIES

INTRODUCTION

“It shall be the duty of every employee while at work to take reasonable care for the health and safety of him/herself and of other persons who may be affected by his/her acts or omissions at work.”

This is clearly set out in the Health and Safety at Work Etc. Act, 1974 and means, quite simply, that every employee of Full Reach Children's Projects, from the Registered Provider downwards, has an input into this 'shared' responsibility.

The degrees of responsibility do vary, however, and as a rule of thumb can be said to increase as the employee's overall level of responsibility increases.

RESPONSIBILITIES

SERVICE / REGISTERED PROVIDERS

Full Reach Children's Projects is deemed to be 'The Employer' and could be held responsible for any breach of statutory requirements.

Service Providers must give due consideration to health, safety and welfare matters when allocating resources and responsibilities. This will enable Managers to provide and maintain a safe working environment for all employees of Full Reach Children's Projects and other persons who may be affected by its operations.

ALL OTHER EMPLOYEES

As set out in the Introduction to this Guidance and Information Sheet, it is the responsibility of ALL employees of Full Reach Children's Projects to play their part in maintaining healthy and safe working practices. This is a legal requirement.

17.2 FOOD HYGIENE GUIDELINES

17.21 YOUR RESPONSIBILITY AS AN EMPLOYEE

- To keep articles or equipment, with which food comes into contact, clean
- To place food so as not to involve risk of contamination
- To maintain personal cleanliness as far as practicable
- To wear protective clothing
- To keep clothing clean as far as practicable
- To keep any cut or abrasion covered with a waterproof dressing
- To keep the relevant foods at the required temperatures
- To refrain from using tobacco while handling food or when in a room where there is open food

17.22 YOUR EMPLOYER'S RESPONSIBILITIES

- To provide wash hand basins to be used only for personal cleanliness
- To provide accessible first aid materials
- To provide facilities for washing food and equipment
- To ensure that food rooms are maintained in a state of cleanliness and repair
- To ensure that staff wear sufficient clean and washable over-clothing if handling open food apart from raw vegetables
- To take all practicable steps to avoid the entry of vermin and pests
- To provide adequate refrigerated storage space.

17.23 FOOD HYGIENE

1. Food of all kinds should be kept covered as far as possible to avoid contamination by dust, flies etc.
2. Food should be handled as little as possible and where possible utensils should be used rather than the hands
3. Cooked food and raw food must as far as possible be kept apart to avoid contamination of cooked food by raw.
4. Use separate equipment for raw and cooked food to avoid cross contamination.
5. Food should not be kept at temperatures between 5°C and 63°C for long periods of time i.e. no longer than half an hour is recommended
6. Food, which is to be served hot, should be served above boiling point and should not be allowed to cool.
7. Food to be served cold should be cooled quickly and stored under refrigeration. It must never be reheated or served on hot plates with hot vegetables and gravy as this provides ideal conditions for bacterial growth.
8. Food should be cooked as near to the service time as possible and transferred to the hot-cupboard or heated trolley for the service period. It should be kept for as short a time as possible in the hot-cupboard or heated trolley
9. Part cooking then re-heating food allows time for bacteria to grow so must not be done
10. Food should not be stored at room temperature for long periods of time
11. Meat and other protein foods should be cooked on the day that it is to be eaten and should not be reheated
12. Meat for stewing should be sealed off quickly. Hot rather than cold stock should be added to ensure heat penetrates quickly through the meat.
13. Leftover meat should not be kept unless it can be served cold
14. Meat should be cut into small joints or small cubes for stewing so that it can be cooked on the day in which it is to be eaten. Part cooking then re-heating food allows time for bacteria to grow.
15. Custard, gravy and other sauces must be made freshly every day because as protein foods, they provide an ideal medium for the growth of bacteria.
16. Fresh fruits and vegetables should be washed thoroughly in running water before use

17. Ensure meat, particularly pork and poultry is cooked thoroughly and always cook stuffing separately
18. Use a clean teaspoon for tasting food and wash it after use. Never use your fingers or the same teaspoon without washing it first
19. Food on sweet trolleys, on counters or refrigerated self-service displays should ideally not be on display for more than two hours (although the law allows a maximum of four hours)

17.24 FRIDGE AND FREEZERS

1. Use the refrigerator as a means of controlling the growth of bacteria in food. Below 5°C, the bacteria cannot produce poisons and they are unable to grow. Use a thermometer in the fridge and check the temperature, twice a day. The fridge should operate at 4° C. Clean and defrost the fridge regularly, keep raw and cooked food separately, wrap food which is to be stored in the fridge.
2. Keep a record of the temperature and use.
3. Do not overfill the fridge, as it will not function correctly.
4. Allow space for cold air to circulate round the fridge.
5. Allow food to cool before placing in the refrigerator.
6. Adjust the thermostat according to the time of year.
7. Freezing controls the growth of bacteria at temperatures of -18°C or below
8. Freezers should be cleaned and defrosted regularly
9. Frozen meat and poultry must be completely defrosted before cooking. Use the refrigerator for controlling thawing. Although this takes longer, the food will never reach the temperature at which bacteria can grow. Allow sufficient time for frozen food to defrost completely.
10. Put frozen food away as soon as it is delivered so that it does not have time to thaw.
11. Protein foods are most at risk from bacterial spoilage so care must be taken in handling, cooking, storing meat, fish poultry, eggs, milk, cream, jellies and sauces.
12. Damaged canned food should not be accepted. Canning kills the bacteria present in food, but if cans become split or punctured bacteria can enter the can, contaminate the food and cause the cans to blow.
13. Utensils used for handling food should be clean and in good repair. Cracked and chipped equipment should be replaced.

18 ROOM SEARCHES

Full Reach Children's Projects recognise that as an organisation we are working with a client group of young people with complex and challenging behaviours.

We also acknowledge that it is important to be able to work with that young person as an individual, to build professional working relationships, developing trust and confidence.

The "normal" challenges of adolescence, coupled with the need for individuality and self-expression, will present us with some testing behaviours.

Full Reach Children's Projects will not tolerate any illegal substances, alcohol, and weapons, racist material or dangerous items that could put a young person at risk and/or cause offence to others.

We also recognise the need for privacy, personal space and consultation with young people. Legally we are obliged to contact the police if we believe a young person(s) to be in possession of any illegal substance(s)

Where possible the young person should be able to take an active role in handing over prohibited materials. If this is not forthcoming then the senior member of staff on shift should liaise with the manager and considers police intervention. In the case of illegal substances (drugs), the police should be contacted without delay.

In the event of finding items, which put a young person at risk of self-harm, then these should be removed. Staff should seek to consult with external professional bodies if they feel that there is a serious problem that needs to be addressed, for instance an alcohol or drug dependency.

Staff must ensure that any action taken is recorded in the prohibited items book and daily diary and must justify reasons for these actions. Above all it is important that staff do not put themselves at risk particularly in the disposal of sharp instruments.

Above all staff must maintain a balance between health and safety, risk assessment and privacy for each young person.

Room Searches; Circumstances and Protocol

There may be specific occasions when it is necessary for staff to search a young person's room:

1. If there is real concern that:
 - a) A young person is at risk of significant harm
 - b) That a young person may be hiding drugs or alcohol in their room
 - c) That a young person may be hiding another young person in their room.

OR

2. The police arrive with a warrant to search the room of young person in relation to a criminal investigation.

Guidelines

1. Staff on duty should consult with the Shift Leader as to whether a search is appropriate. The decision and reasons for search being undertaken should be recorded in the Daily Log.
2. Where possible, consent and presence of the young person should be gained and reasons explained to them.
3. Two staff (minimum) should undertake the search.
4. If staffs are entering a room whereby they feel a young person is at risk, they should shout their intention to enter the room to the young person.
5. A Significant Event Form should be completed in the event of a room search by staff.
6. A Notifiable Event Form should be completed if the incident involved the Police.

19 ARRANGEMENTS FOR REGULATING AND VETTING VISITORS TO THE HOME

Any visitor to the home who has not been satisfactorily checked, either through the police or CRB checks, is not allowed unsupervised access to the home.

All professional visitors should show staff an ID badge.

A 'Visitors' book has to be in place in order to have a written record of person's visiting the properties.

Visitors are not invited into the properties without due consideration and consultation with the young people.

The visitors are only permitted in designated areas. There may be exceptional circumstances resulting in visitors requiring access to the bedroom or bathroom areas used by the young people. For instance a Fire Officer or contractor. Under these circumstances where time permits, young people will be informed and a member of staff will supervise to ensure that young people are safe.

In group living we recognise the importance of maintaining friendships outside the home, but this has to be balanced with the needs of other young people in our care who are also resident in the home.

We encourage the young people in our care to access facilities in the community and to consult with other residents and staff regarding visitors. At no point will person (s) visiting the young people be allowed unsupervised access unless they are permitted to as a social worker or family member with access rights.

20 ROSTERING OF SHIFT HANDOVERS

Full Reach Children's Projects endeavours to provide a consistent quality of care. As such we recognise the importance of detailed handover periods between each shift change. Alongside the written reports a verbal handover is essential.

Staff rotas are planned to provide a minimum handover period of thirty minutes in the morning and 1 hour in the afternoon and night, although this may be insufficient during difficult periods. The Manager and deputy manager have a rota that is arranged to provide a greater degree of flexibility to ensure that staff have support and where appropriate are adaptable to provide continuity between handover periods.

It is vital that the senior member of staff on duty leads the handover period with a senior Residential Support Worker and Residential Support Worker from the following shift.

21 THE ARRANGEMENTS TO MEET GENDER NEEDS

Gender stereotyping can be harmful to the development of a young person.

Children and young people tend to live up or down to our expectations, to please us. If we always think in stereotypes then we are limiting their choice of behaviour and may be frustrating their natural inclinations. We should ensure that the children and young people in our care are presented with a wide range of options, so they can fulfil their potential without restriction.

Work with children and young people should help them to be aware of how gender conditioning affects them. It should empower them to make choices based on what they want, rather than solely on their gender conditioning.

Workers need to explore the ways in which gender conditioning has affected them, especially in the area of sex and sexuality and to understand the impact that their own attitudes will have on the children and young people in our care.

We should endeavour to provide a wide range of activities to both sexes and attempts made to overcome peer group pressure, if this prevents a child or young person pursuing her/his own interests.

There should be equal expectations that boys and girls, and male and female staff will participate in domestic tasks.

Children and young people should be able to choose clothes, which they feel confident and comforted rather than expecting them to be “ladylike” or “manly” in their dress. This does not preclude reasonable expectations of cleanliness and tidiness.

Staff should be alert to sexist attitudes from both children and adults and be prepared to challenge such attitudes and promote choice.

22 RESPONDING TO ALLEGATIONS OR SUSPICIONS OF ABUSE

The Staff at Full Reach Children's Projects will take any allegation of abuse seriously and will ensure the young person making the allegation is safe. Staff will on every occasion follow the Area Child Protection Committee procedures.

ALLEGED ABUSE OF CHILDREN BY OTHER CHILDREN

The revised 1995 ACPC Procedures introduced a Section describing what constitutes alleged abuse by children of other children. This poses dilemmas for staff in all ACPC agencies and as a result the Procedures are quite detailed and specific. This Section

Therefore aims to: -

- guide staff in making a judgement as to whether the behaviour of one child towards another is:
 1. bullying or child abuse;
 2. physical/emotional abuse;
 3. sexual abuse;

AND

- assist fieldwork staff in carrying out their children in need and child protection duties;

AND

- Assist Residential and Foster Care staff in the care and management of children looked after where there are concerns about children abusing other children.

BULLYING OR CHILD ABUSE

"The ACPC expects each agency to have in place a policy and practice guidance with strategies for dealing with incidents of bullying, intimidation and harassment... It is not intended that incidents of bullying will normally be considered under Child Protection Procedures." (See ACPC Procedures Section. 8.6-9)

Section 47 of the Children Act 1989 requires the Local Authority to consider whether they should make enquiries to enable a decision to be made on whether any action is necessary to safeguard or promote the child's welfare. It may appear that a

particular victim is being put at risk of further injury as a result of a school or establishment's difficulty in effectively dealing with systematic bullying. The Unit Manager should consult with the Children's Services Manager to decide what action may be taken to prompt a review of how that particular establishment is handling the matter.

Risk of significant harm/need for a Child Protection Plan

In deciding whether the child is suffering, or likely to suffer, significant harm consideration should be given to:

- Was the alleged abuser knowingly or unwittingly put in a position of responsibility for the victim by the victim's parent/carer(s)? If this was the case, has the parent/carer responsible for the victim taken steps to ensure this will not be repeated?
- Was the victim placed at risk of suffering harm by acts of omission or Commission by parent(s) or carer(s), for example being left out on the streets after school finishes without a suitable person to take responsibility for them?
- Are the alleged abuser and victim siblings or living in the same household? Have the parent(s)/carer(s) taken suitable steps to protect the victim? Is this a one-off incident or is there a pattern of repeated assaults?
- In the case of serious assaults, have parent(s) or carer(s) taken suitable steps to instigate or facilitate a Police investigation?

SEXUAL ABUSE

The following criteria will assist in forming a reasoned judgement as to whether allegations of sexual abuse by one child towards another meets the threshold for Section 47 enquiries from the point of referral:

- the serious nature of the current referral, e.g. the Police referring a child charged with a sexual offence, or there is a reliable witness to behaviour which is sexual abuse as defined in the ACPC Procedures (see Section 8.6); and/or
- acts of omission or commission by parent(s)/ carer(s) which directly contributed to the abuse and resulted in risk of significant harm to either the victim or the alleged abuser; and/or
- How was the activity revealed? Was there a spontaneous account from either the 'abuser' or the 'victim'; or was the behaviour 'discovered' or disclosed after an inadvertent comment?
- Does the 'abuser' appear to target a particular type of 'victim'? Common features such as age, sex or vulnerability may suggest a target group, which is indicative of abuse. Has the abuser been confronted about such behaviour before?

- What is the nature of the activity? Is a particular game involved which isolates the victim? Is the type of sexual activity likely within the child's age range? If not, and it shows 'excessive sexual knowledge' or there appear to be age-inappropriate sexual motivations in the actions of the abuser, then the act is more likely to be abusive.
- Normal exploratory behaviour tends to be short-lived. Has a pattern of activity changed over time? Has it become more frequent, severe or deviant? Are there successive 'victims' and are they getting younger? An evolving pattern of behaviour can be suggestive of abuse.

The boundaries between what is "normal" sexual experimentation between children and behaviour which is sexual abuse are blurred because of:-

- variations in adults' understanding of what constitutes 'normal' sexual development;
- different views about childhood sexual development:-
 - how much sexual knowledge children have, at what age;
 - how current power structures in society, in peer groups, affect children's behaviour to one another;
 - the effect of TV, films and availability of pornography.

If enquiries conclude that a child has sexually abused another child(ren), the Social Worker's report to the Initial Child Protection Conference should include information as to:

- the alleged abuser's view of the situation and attitude to the alleged offences;
- sexual history (include whether the child has suffered abuse) and knowledge, including details of any previous offending and criminal record;
- any details about sexual experiences and fantasies;
- the view of parent(s)/carer(s), school and any other relevant professionals;
- the nature and frequency of the behaviour and the context in which it occurred;
- assessment of any immediate risk of further offending.

Each child must be regarded primarily as a child with needs for affection, care and support. From this perspective we are able to focus on the sexually abusive behaviour as the problem, rather than the child.

A significant number of children who display sexually abusive behaviour may themselves have been victims of abuse. As a general rule, these children should be considered for their abusive behaviour first - with intervention geared to helping them

accept responsibility for their own behaviour - and as victims second. The exception to this is where a child is currently being subjected to abuse, when protection is the paramount issue.

ASSESSMENT OF RISK

Guidance is included in Section 5: Assessments.

- seeing a build-up of patterns or clusters of different concerns - good recording skills, using the file as a tool for reflection;

- the age and developmental level of the child -effects of any disabilities or other special needs.

The first principle should be to DISCUSS CONCERNS with:

- Line Manager/Link Social Worker;
- Child's Field Social Worker;

AND/OR

- Child Protection Co-ordinator for advice or consultation.

REFERRING BOTH CHILDREN

The ACPC Procedures (see Section 8.6), based on 'Working Together', require both alleged abuser and victim to be referred to their District Social Worker. The individual needs of each child should be separately addressed.

Much thinking with regard to criminality in children may be towards minimum legal intervention and techniques of diversion. A sexually abusive child will more often require a different response, given the potential of such a child having been a victim of abuse and the addictive nature of such behaviour.

Therefore, work should focus on the total child and not polarise or label the child as an abuser or a victim.

To do otherwise:

- criminalises and reinforces behaviour and denies support/therapy for experiences as a victim;

OR

- excuses abusive behaviour, colludes with denial of responsibility and may diminish the opportunity of treatment.

CREATING A POSITIVE ENVIRONMENT IN RESIDENTIAL CARE

Many children in residential care will have experienced abuse and neglect, from which they are likely to have learned some damaging lessons about how power can

operate within families and how undervalued children are. The damaging affects to children's social and psychological development can result in, for example:

- inability to form one to one relationships;
- inappropriate behaviour in group situations;
- poor self-control;
- poor cognitive skills;
- a learned 'victim' role;
- self-harm;
- lack of trust.

There is a need, therefore, to create a positive model of relationships for children living in a residential unit:

- which aims to redress, as far as possible, the above problems;
- where the unit values are based on concepts of human rights and respect for children's rights;
- where there is a climate of care within which clear boundaries and expectations are set for children and adults;
- which assists the development of self-responsibility, inner controls and self-worth;
- where abusive behaviour is not tolerated and always challenged;
- where children feel safe about speaking out.

Expectations in respect of the primary responsibility of staff in residential care are extensively described in the Policy Procedure Guide.

23 CARE PRACTICES TOWARDS CHILDREN OF THE OPPOSITE SEX

It is essential that staff working in residential care settings meet the physical and emotional needs of the young people they support.

It is vital that adequate information is made available at the pre-admission stage in relation to a young person's particular needs. This will enable staff to help, guide and support appropriately.

For some young people physical contact may evoke feelings of fear of potential abuse, for others it may provide a forum for non-verbal communications, particularly if verbal interactions are difficult.

It is also well documented that residential care homes can provide an attractive environment for potential abuse. Care staff hold powerful positions, with this in mind we have safeguards in place in order to protect the safety and well being of all.

- Where possible the staff group needs to meet the gender needs of the young people accommodated.
- Children and young people should initiate contact and staff may respond in a professional and appropriate manner, being aware of their physical location, body contact, age, maturity and gender of the young person.
- Members of staff need to communicate their whereabouts and document any incidences of verbal and physical interactions.
- If a member of staff leaves the house with a young person then they should complete a one to one form, this details duration of time away plus a brief account of the contact. The senior member of staff on duty should sign this. A record of this should be kept in the young person's file.

The term sexuality becomes easier to understand when it is divided into three parts: sexual orientation, sexual behaviour and sexual identity.

Sexual orientation refers to a person's sexual attraction, be it the same, opposite or both sexes. Sexual behaviour refers to what a person does sexually. Sexual identity refers to how people see themselves and present themselves to others.

Our sexuality is a crucial part of who we are and how we see ourselves in relation to others.

Our children and young people are growing up in a world where sex is openly acknowledged. Messages about sex, sexuality and relationships permeate pop songs and TV programmes. Clothes, cars, beer and even ice cream are sold by invoking sexy messages. Rumours about sexual affairs (gay and straight) of the great and good fill our media. Sorting out what to think and how to behave in all this can be confusing.

The great divide between heterosexuality and homosexuality on the other hand is a false one. Although many people do spend the whole of their lives, as gay or straight, many others are bisexual – have relationships with both sexes, or some start out relating to one sex and then change to another. All this is normal, but this is rarely openly acknowledged.

Children and young people need to know that sexuality is not necessarily fixed and that not all people will be heterosexual. We have a duty to be open and honest with children and young people about homosexuality and bisexuality and to acknowledge its existence in every day life.

Young people need to feel comfortable with their growing sexuality, and to develop self-esteem, self-image and decision making skills. This needs to be supported by accurate information to help them establish positive relationships and enable young people to make informed decisions about becoming sexually active. Behaviours and attitudes formed when young are a major influence on future life styles. It is important to work in a way that encourages the development of good sexual health.

Information about sexual health can be obtained from the Health Education Authority and the Brook Advisory Centre.

If a young person needs any form of support in relation to these issues, Full Reach Children's Projects will fund any services they wish to access which is approved by all necessary parties.

25 STAFFING POLICY

Full Reach Children's Projects believe that in order to be able to offer quality care in a supportive environment then young people need to be given time and opportunity in order to be heard and to develop.

Members of staff are carefully selected for their skills, experience and qualifications in the caring field. In addition they are subject to an enhanced criminal records check.

Our homes offer a full staffing compliment. There will be the following personnel in place in order to run a safe and stimulating environment over a twenty four-hour period.

Our homes provide a manager, deputy manager, senior residential social workers, residential social workers, sleep over staff and waking night staff. We also have a pool of relief staff.

The rota system offers a three weekly pattern, which allows for adequate cover, in order to be able to offer consistency of care and meet the assessed and emerging needs of the young people.

The deputy manager's rota will work in conjunction with the Manager in order to provide adequate senior cover and support to the teams. The flexibility will allow for any changes in circumstances, which may affect the quality of care provided.

We recognise the importance of supporting young people over a twenty four hour period and where necessary will adapt our working practices to provide supervision where required, i.e. recognising that young people may be unsettled at night.

25.1 ROTA COVER POLICY

staffing -

1 Home Manager
1 Assistant Manager
4 Full time Residential Care Workers
2 Part-time Residential Care Workers
2 Night Awake Care Staff

Rotas are intended to maximise all available staffing resources to the benefit of young people. We endeavour at all times to have 2 staff on duty during the waking hours of 8.00 am to 10.00 pm. All staff, with the exception of the Home Manager, works on a rolling rota. Morning shifts are from 8.00 am to 3.00 pm. Afternoon shifts are from 2.00 pm to 11.00 pm.

The sleep-in staff member will be on duty until 11.00pm or later if deemed necessary plus start at 7.30am the following morning. This makes their shifts 2.00pm to 11.00pm and 7.30am to 3.00pm.

At all times there will be 1 Awake Night staff on duty between the night hours of 10.00 pm until 8.00 am the following morning. The staff member sleeping in will support the night staff.

The rota will reflect a staff balance of gender, age, experience and culture but this is subject to the availability of staff at that time.

When there is not a manager on duty in the Home, a rota system operates so there is always a manager available 'on call' 24 hours a day should it be necessary.

RECRUITMENT POLICY

Introduction

'Recruitment On Merit' aims to ensure that those involved in recruitment and selection for Full Reach Children's Projects, enable Full Reach Children's projects to recruit people on their own merit to it's workforce.

This is also a requirement of the 'The Local Government and Housing Act. This will be achieved through fair, flexible, efficient and cost effective approaches, and by taking into account legislative obligations and Full Reach Children's Projects commitment to equal opportunities in employment.

Aims

Chairs will lead and work with their recruitment panels, with support and guidance from Human Resources teams, to achieve the following aims, to:-

- Attract a diverse pool of applicants to all vacant posts and appoint the best candidate for the job, on the basis of merit, in order to provide services for our diverse communities.
- Reach all our communities in the City of Bristol; producing accessible information for all people, cost effectively and consistent with Best Value principles.
- Consistently provide high standards of applicant care by ensuring fair play, transparency, equity and professionalism, in accordance with the Applicant's Contract, thereby promoting Full Reach Children's Projects as a good employer.
- Increase the diversity of the workforce to reflect the community of Bristol by using fair selection processes in a cost effective and efficient manner.

26 WAKING NIGHT POLICY

Full Reach Children's Projects recognise that the nature of the service we provide requires the need for night-time supervision. We need to display a visible presence around the house in order to discourage young people from moving around the house after bedtime.

The safety and welfare of the young people is paramount, we need to be seen to be preventing/minimising the likelihood of any situations of abuse whilst in our care. We need to protect young people and staff on issues of health and safety and discourage cooking meals after bedtime.

Staff must ensure that;

- All doors are locked and secure
- Young people hand in cigarettes and lighters
- Whilst communicating and engaging young people is positive, this is to be discouraged at bedtimes, as it could be used to extend bedtime and over stimulate the mind at night.
- Lights are dim enough to give enough light to move around safely but not left on to disturb young people or encourage movement around the house.
- They circulate around the house noise can be comforting in giving a presence and the feeling of safety.
- If young people get up, they are calmly settled, and asked to leave in depth conversations until the morning.

Staff must not;

- Sit and entertain the young people by playing games, playstation or watching TV with them. Please remember that other staff and residents are trying to sleep, keep the noise levels down.

Remember night times can cause fear, anxiety and the anticipation of abuse for some young people. Staff presence is required to allay those fears.

27 ANTI-DISCRIMINATORY PRACTICES

27.1 RACISM

Racism is the belief that people from some races are innately inferior to others because of things like the colour of their skin, their ethnic origin or the country that they come from, prejudice is knowing next to nothing about people but prejudging them anyway on the basis of stereotypes.

Racial discrimination occurs when someone is treated less favourably because of their skin colour, or their racial national or ethnic origin. Discrimination occurs because of what someone does, not what they think.

Racial discrimination includes racial harassment and is against the law.

While few of the children and young people in our care will be direct immigrants, the origin of their families will form a significant part of their cultural identity, particularly as racial characteristics are obvious i.e. skin colour, hair type etc. Children and young people with significant physical characteristics will be subject to varying degrees of racist attitudes and behaviour. Racism damages young people both black and white, intellectually, emotionally and socially.

27.2 ADDRESSING DISCRIMINATION

The dictionary definition of discrimination is *“to treat differently because of prejudice”*. Prejudice arises because of ignorance and fear of the different and the unknown. Children and young people must be given the right information about racial, cultural and physical differences. When a question is asked or a racist remark is overheard, it is vital that you do not ignore it or side step it and pretend you have not heard. Do not excuse the remark by thinking that the child or young person does not really mean it or think that it will go away if you ignore it. Explain why the reply or remark was wrong and try to give accurate information.

If you feel uncomfortable, ask yourself why? It may be because you feel that you cannot give the correct information or you feel threatened because you feel that you may appear ignorant or even racist yourself.

If you feel unable to pass on the right information then tell the child or young person that you will go and find out. You could do this together. If the remark is left unchallenged, the child or young person will assume what was said was right and may repeat it in the future.

28 SPENDING TIME ALONE WITH CHILDREN

Regulation 17 Relationships with Children States that;

“Children enjoy sound relationships with staff based on honesty and mutual respect”

Standard 21

“Relationships between staff and children are based on mutual respect and understanding clear professional and personal boundaries which are effective for both the individuals and the group.”

Full Reach Children's Projects recognise the benefits of forming quality professional relationships with children and young people, working with them on a one to one basis can be both positive and supportive of their overall development.

We recognise the importance of being able to support young people with boundaries to be observed which include the provision of such care to children and young people of the opposite sex.

Staff need to be aware that young people may develop attachments, which could be deemed unhealthy and damaging to their emotional well being.

In addition, staff members need to maintain a professional supportive relationship and one, which does not create dependency for both parties.

Research shows that there have been, and is always the potential for abusive practices in residential care settings. Residential care staff hold very powerful positions in the lives of children. Young people living in residential care may have experienced different forms of abuse. Due to this they may be affected by the gender of a member of staff. It could be that they are reminded of a particular situation. It is therefore essential that staff make themselves aware of a young person's background and provide appropriate care according to their individual needs.

Whilst it is important to have this information, staff must also guard against displaying any practice, which could discriminate against a young person. Care needs to be given in providing adequate, yet sensitive support in one to one situations. Staff should not put the young person at risk in communicating with them in areas, which are considered private. Communication to other members of staff is essential in supporting the child and the worker.

Guidance for one to one contact with Young People

There will always be times in Residential work when staffs are required to spend one to one time with young people and this can often be a positive and enjoyable time. However, in order to safeguard both staff and young people it is important to follow the guidelines to ensure safe practice.

1. There may be individual young people who have a Risk Assessment to say that currently one to one time is inappropriate and the recommendations of this assessment should be adhered to.
2. Staff should never take young people to their home.
3. If you are spending one to one time with a young person, you should ensure that your colleagues are aware of your whereabouts.
4. If you are in a young person's bedroom alone let others know and keep the bedroom door open.

Key sessions, which take place individually, should be planned so that everyone knows where you are and whom you are with.

29. DISABILITY EMPLOYMENT POLICY

29.1 PURPOSE AND SCOPE

Full Reach Children's Projects undertakes to develop a working environment and provide conditions of employment, which as far as practicable, will offer people with disabilities the opportunity to seek and maintain employment with the Company.

This policy will apply to all established and temporary employees and job applicants. The policy has particular reference to all those concerned with recruitment, training and promotion.

29.2 POLICY STATEMENT

Full Reach Children's Projects will:

- Implement fair procedures in recruitment, training, promotion, transfer and terms and conditions of employment
- Ensure that people with disabilities are equipped with all reasonable support and equipment facilities to continue their employment
- Make reasonable adjustments to working arrangements or the physical features of the premises where they cause disadvantage for a person with a disability
- Ensure that disability will not be used as a criterion for redundancy

29.2.1 RECRUITMENT

Vacancies will be open to suitably qualified people with disabilities Full Reach Children's Projects guarantees to interview all disabled applicants who meet the minimum criteria for the job vacancy

29.2.2 TRAINING

All employees with a disability will have access to training and development opportunities

All employees will be made aware of Full Reach Children's Projects policy on the employment of people with disabilities

29.2.3 RETENTION

The duties and working conditions of employees with disabilities will be reviewed each year through an interview under staff review and development. If a person with a disability is unable to carry out her/his duties every effort will be given to making reasonable adjustments, including alternative employment

29.2.4 MONITORING

Monitoring will be used to measure the success of this policy and to review its progress

29.2.5 CONSULTATION

The council will consult with employees with disabilities at least once a year about their employment needs to ensure that they can develop and use their abilities at work

29.2.6 GRIEVANCES

Any employee or job applicant who considers that she/he has been treated unfairly or discriminated against on the grounds of her/his disability should raise the matter through the grievance procedure

29.2.7 ADHERENCE TO POLICY

Responsibility for the implementation, monitoring and development of this policy lies with the Senior Management Team/Directors

29.2.8 COMPLAINTS

Any employee who has a concern regarding the application of this policy should normally make use of Full Reach Children's Projects Grievance Procedure. Employees wishing to raise a grievance alleging unlawful discrimination during an internal selection procedure should discuss this with the recruiting line manager in the first instance, any appeal should then be made to the Manager, and Directors. The Directors decision will be final. The employee will receive written notification as to the outcome. Any prospective employee wishing to make a complaint should do so in writing to the Manager who will then discuss this with the Directors. The Directors ruling will be final and the employee will receive written notification as to the outcome.

30 EQUAL OPPORTUNITIES POLICY

30.1 PURPOSE AND SCOPE

To promote equal treatment for all service users, employees or job applicants irrespective of race, colour, sexual orientation, nationality, ethnic origin, religion, political belief, disability, age, gender or marital status; and that this is managed in such a way that Full Reach Children's Projects complies with and embraces Equal opportunities legislation and Codes of Practice.

All established and temporary employees and all job applicants. This policy has particular relevance to all those concerned with recruitment, training and promotion.

30.1 POLICY STATEMENT

Full Reach Children's Projects is committed to providing equality of opportunity and will challenge and address any form of discrimination. All employees have a part to play in achieving this and Full Reach Children's Projects will ensure that individuals are aware of their personal responsibility to follow and support the equal opportunities policy.

No employee or prospective employee should receive unfair or unlawful treatment due to race, colour, ethnic or national origin, gender, age sexual orientation, disability, marital status or religious or political beliefs.

Full Reach Children's Projects will seek to identify and act upon any unfair or unlawful discrimination, which denies individual opportunity on any of the criteria mentioned above. Employees and applicants have the right to complain about unfair discrimination through the appropriate procedures.

Active steps will be taken to ensure that this policy is implemented and regularly reviewed. Full Reach Children's Projects will make the best possible use of the skills, talents and abilities of all employees to ensure that as far as possible its services reflect the diverse needs of the young people in our care.

Demonstrate achievements in Equal opportunities against planned measures. Whilst the emphasis on this policy is on the fair and equal treatment of employees, the principle of creating an environment which eliminates discrimination applies equally to the treatment of young people and other agencies who have contact with Full Reach Children's Projects.

30.3 ADHERENCE TO POLICY

It is the responsibility of the Directors/Managers to:

- Ensure that within their areas of responsibility the standards established within this policy are followed.
- Review the effectiveness of the policy and communicate their findings and views to the Directors/Managers.

All employees must:

- Co-operate with any measures introduced to ensure equal opportunity
- Report any suspected discriminatory acts or practices
- Not persuade or attempt to persuade others to practice unlawful discrimination
- Not victimise anyone as a result of them having reported or provided evidence of discrimination
- Not harass abuse, or intimidate others on account of their race, gender etc
- Not lobby job applicants in an attempt to discourage them from applying or taking up a post.

Any breach of the Equal opportunities will be dealt with through the disciplinary procedure. Serious offences, such as harassment, will be treated as gross misconduct.

30.4 COMPLAINTS

Any employee who has a concern regarding the application of this policy should normally make use of Full Reach Children's Projects Grievance Procedure.

Employees wishing to raise a grievance alleging unlawful discrimination during an internal selection procedure should discuss this with the recruiting line manager in the first instance. An appeal, where necessary, should be made in the first instance to their direct line manager. An appeal, where necessary should be made to the manager who will consult with the directors to investigate the matter further. The Directors decision will be final and the employee will receive written notification as to the outcome.

Any employee wishing to raise a complaint should do so, in writing, in the first instance to their manager and within 14 days, this will be investigate and the employee will receive verbal as well as written feedback.

31 THE ARRANGEMENTS FOR CHILDRENS RELIGIOUS INSTRUCTION AND OBSERVANCE

We believe that there should be the opportunity for both young people and staff to develop their faith.

A practical application of this statement would include:

- Acceptance and respect for each other
- A willingness to allow, and support, growth and change in others
- Respect for other cultures and their faiths.
- Opportunities to share in fellowship and prayer with one another. This is open to everyone whether Christian or not, but there is no obligation to participate.
- Encouraging and supporting young people and staff who wish to attend church or other forms of worship.

31.1 VALUES AND BELIEFS

Most people agree that it is important to have a set of values and beliefs to help and guide us through life. Our values and beliefs help us to decide what is right or wrong and how to behave. We acquire our set of values – the do's and don'ts of life – as we grow. Some we get from our families, some from school, and others from friends and other people who influence us.

Some people get their set of values from religion. That is what we consider religion to be a set of beliefs or values that influence a person's life and behaviour. Religion is personal to each individual

32 STAFF DISCIPLINARY AND GRIEVANCE PROCEDURE

32.1 PURPOSE

The fundamental purpose of this procedure is to provide a consistent framework by which to deal with the breach or alleged breach of company rules and a defined process of improving individual conduct where appropriate. Any implied disciplinary offence will be thoroughly investigated prior to the implementation of any disciplinary action. Depending on the nature and severity of the offence Full Reach Children's Projects reserve the right to suspend you on normal basic pay whilst appropriate investigations are completed.

A disciplinary warning will only be issued following a formal disciplinary meeting with you, and you will be given the opportunity to be accompanied by a work colleague. This right does not extend to legal representation. Through the disciplinary process you will be given every opportunity to respond to any complaint prior to any decision on disciplinary action is taken.

At any time during your first year of employment, disciplinary action including dismissal may be taken without resort to this disciplinary procedure.

Our Staff disciplinary procedure is as follows.

Disciplinary Action	Administered By	Record
Verbal Warning	Line Manager	Written record of offence sent to you and a copy placed in your personnel file
Written Warning	Line Manager	As above
Final Written Warning	Line Manager/Director	As Above
Dismissal	Line Manager	You will be notified in writing of the reason for dismissal and full details together with a copy of the letter retained in your personnel file.

32.2 DISCIPLINARY RULES

We expect all staff employed by Full Reach Children's Projects to behave in a reasonable and respectful way towards residents in our care, other staff members, visitors and any external agency representatives that they come into contact with during their day to day remit.

32.2.1 GENERAL RULES

Full Reach Children's Projects expect the following general rules to be observed,

- To achieve and maintain an excellent standard of care towards the residents in our care.
- To show a good standard of personal hygiene and cleanliness
- To demonstrate the skill and aptitude required for the job, especially where such skills are claimed or implied at the time employment commenced.
- To show a flexible approach to working practices required in the establishment of 24 X 7 care provided to the young people in our care. You must be willing to undertake additional duties that are deemed reasonable to ensure that this level of care is maintained.
- To maintain an orderly and courteous manner towards residents in our care, other staff, visitors and external agencies involved in your day to day work commitments.
- Smoking is only permitted in the designated areas.
- To read and observe all relevant notices displayed within the workplace and to act upon them appropriately.
- To ensure that you conform to the requirements of the equal opportunity statement and policy of Full Reach Children's Projects, and not act in a manner, which could be, considered to be of an unlawful discriminatory nature.
- As a permanent member of staff you are required to consult your manager if you intend to undertake work for other residential establishments.
- You may be liable, depending on the circumstances of each case, to disciplinary action following accidents, which were wholly or partially caused by you.

Please note that this list is not exhaustive.

32.2.2 GROSS MISCONDUCT

Full Reach Children's Projects will act swiftly in cases of gross misconduct to protect the Interests and Safety of the residents in our care, the company, external agencies and staff. The following are examples acts of Gross Misconduct that we will investigate.

- Committing, attempting or threatening fighting, physical assault or dangerous behaviour.
- Refusal to carry out a reasonable instruction from a person in authority
- Insolent behaviour towards a person or persons in authority.
- The use of aggressive behaviour or excessive bad language
- Theft, wilful damage or negligence, which leads to damage to property belonging to the company or other employees.
- Fraud or any other offence committed against the company, which would breach the law.
- Possession, consumption or supplying of any drug, or other substance, which may induction intoxication, or being under the influence of any drug or intoxicant, whilst conducting company business.
- Acts of gross negligence or misconduct involving careless or reckless driving.
- Breach of safety rules and or any action that seriously endangers the health or safety of an employee or any other person whilst at work.
- Deliberately making a false entry in the written records of the company
- Unlawful discrimination
- Receipt of bribes in order to omit or change information or that would suppress the true pattern of events.
- Inaccurate or fraudulent recording of financial transactions.
- Non compliance with the company's cash handling procedures
- Non-compliance with the company's security procedures.
- Unauthorised disclosure of confidential information whether intended or not.

- Failure to comply with the company's procedure with regards to emails and Internet use.

32.2.3 APPEAL PROCESS

If you decide to appeal against any type of disciplinary action you must do so in writing by notifying Rosie Mai Iredale, Director. If your appeal is against a decision made by Rosie Mai Iredale then you must apply in writing to a member of the Senior Management Team.

You must do this within five working days of the receipt of a formal letter, which specifies the details of disciplinary action taken against you. You must ensure that you clearly outline the reason (s) you wish to appeal against the original disciplinary action.

You have the right to be accompanied by a work colleague at any stage of the procedure. This right does not extend to legal representation.

The appeal will be considered at the earliest opportunity and an invitation made to discuss the matter in full. You will receive a written reply giving the final decision within five working days of the appeal hearing.

The outcome of any appeal, including all relevant correspondence will be retained in your personnel file.

33 DELEGATED AUTHORITY AND NOTIFICATION TO SENIOR STAFF

It is recognised that there will be times whereby the manager of the home is unavailable to address all issues, it will therefore be necessary for them to delegate some tasks to their deputy manager/senior staff team. Whilst we can delegate authority, there are measures in place to ensure that tasks are managed well, and the manager will have ultimate responsibility in ensuring that the right decision has been made.

The current systems in place to meet this need will enable managers and senior staff to monitor progress and areas of development, the formal Supervision of care team members, Job descriptions and Individual Personal development Plans.

Where possible the weekly staff meeting will provide the forum for discussion. There will be times when this would be inappropriate, in matters of misconduct for instance. In this situation a named member of staff would be identified in order to act on the manager's behalf, this would normally be the Deputy Manager. In the absence of the Deputy Manager then the Care Director would assess the situation and manage accordingly

In cases of misconduct/practice issues the senior staff member would follow the procedures laid down in the Staff Handbook.

A written record would need to be kept on the member of staffs' personal file.

34 THE REVIEW PROCESS

The staff of Full Reach Children's Projects believe that it is both essential and necessary to be actively involved in the review process for a young person.

The manager of the home will contribute effectively to the young person's Placement Plan review and Child in Care Review process. This will be done in consultation with the staff team and key team.

It is good practice to ensure that the child/young person is fully consulted, before, during and after the review process.

The manager will contact the child/young persons' placing authority to request both Emergency and Statutory Reviews when due for any child/young person.

The staff, manager and key team will contribute to the Review Report in consultation with the young person, provide relevant information on request and attend any necessary meetings in order to support the child/young person.

The young person's wishes and feelings need to be met, and every attempt should be made in order to provide a supportive environment for their attendance.

The written copies of the reviews should be made available to the young person, they should be written in language suitable to the age, development and educational ability of the young person.

The individual's responsible for pursuing the outcomes of the review are clearly defined with time scales.

35 DEALING WITH VIOLENCE - MINIMISING THE RISK

RECOGNISING THE POTENTIAL FOR VIOLENCE

Watch for changes in behaviour:

- Increased agitation
- Tone of voice
- Sudden unusual calmness
- Tearfulness
- Invasion of your personal body space
- Pacing
- Shouting
- Hostility
- Changes in body behaviour / language

Always try to listen attentively and effectively and look for early warning signs of the potential for violence.

ACTIONS THAT CAN BE TAKEN TO REDUCE THE RISK OF VIOLENCE

The following lists of preventative measures are not exhaustive and other ideas/options can be equally effective. Some preventative measures listed have resource implications for managers. Other measures will emerge from specific risk assessments.

On-Site Visits

- When you go out on site, **ALWAYS** ensure that there is:
 - (a) A visible record of your location.
 - (b) An expected time of return to base.
 - (c) An agreed method of communication to base (this may include the use of a mobile phone).
- Check to see if there is any information available on clients before you see them.
- Don't see known 'potentially violent' people on your own and work in pairs where identified risks are high.
- Don't keep people waiting unnecessarily
- Make a mental note of exits
- Keep out of kitchens where possible (potential use of weapons e.g. knives)
- Always park your car in well-lit areas and when parking in cul-de-sacs, have the vehicle pointing outwards.

For further guidance on lone working can be found within 'Working alone safely' Guidance and Information Sheet.

Office / Interview Room

- **ALWAYS** be nearest to the exit when interviewing or in a room with any customer or client (who you think may be potentially dangerous).
- Try to have chairs at a slight angle when interviewing. (face to face can be taken as confrontational)
- Don't have unwarranted interruptions.
- Don't see known 'potentially violent' people on your own.
- Don't let people know you are alone in the office.
- Use technology such as:
 - .panic alarms
 - .buttons
 - .close circuit television
 - .2-way radio.

COMMUNICATION AND INTERVIEWING SKILLS

- **Communicate effectively** - speak clearly, slowly and to the point
- **Appear calm and relaxed** - breath normally
- **Do not lose control** - try not to demonstrate anxiety.
- **Be assertive and take control** - say you recognise that the person is upset and you want to help. (show empathy)
- **Calm the individual** - say you cannot help while being shouted at.
- **Try to defuse the situation** - ask questions, give reassurance, and use counseling skills.
- **Maintain normal eye contact** - if you are stared at, do not stare back.
- **Keep your distance** - violent people need more personal space.
- **Do not hurry unduly** - levels of aggression tend to decrease with the passage of time.
- **Take action before the situation gets out of control** - leave a potentially violent situation to get information' or 'get assistance'.
- **Sound an alarm (if available)** - get away from potential danger if no other options are available.

POSTURE (Your own body position)

- **Try to keep your distance** - at least an arm's length.
- **Try to avoid standing directly in front of the individual** - this may be perceived as confrontational.
- **Stand at a sideways angle and weight evenly balanced over each foot** - this provides a smaller target area and enables you to move more easily out of danger when in a face to face situation with no barriers.

REMOVING YOURSELF FROM A POTENTIALLY VIOLENT SITUATION

- Look for the exits.
- Keep talking and move towards the exit.
- Use a diversionary tactic such as "I think I left my car unlocked" or "I will need to talk to my manager before agreeing to that issue".

IF YOU ARE ATTACKED

- Try to get away safely if you can.
- Use only 'reasonable force' or only force that is absolutely necessary to disengage yourself from the attacker.
- Remember: victims can become aggressors themselves.

MEASURES THAT CAN BE TAKEN BY OTHER STAFF MEMBERS

- If you overhear an interview getting out of control, call for assistance.
- Discreetly interrupt the interview to break tension.
- If you overhear a threat made (i.e. you are in reception and here a service user say they are going to sort out the worker) inform the interviewer immediately.
- When an alarm sounds in an interview room, staff should follow the established agreed procedures.
- The colleague should be removed from danger.
- The police should be called.
- The objective is always to escape to safety.

PROCEDURES AFTER AN INCIDENT

- Line Managers must be advised as soon as possible.
- The recording and reporting procedure must be followed.

SUPPORT FOLLOWING AN ASSAULT

- Immediate comfort / peer support for the victim.
- Routine and sympathetic debriefing when appropriate by their line manager or a delegated person
- Possible referral, or access to, specialist help and support. E.g. Counsel Line
- Feedback to the victim on any follow-up actions, e.g. liaison with the police.

FURTHER MEASURES AVAILABLE

- Discussed incidents that have occurred at team meetings.
- Training courses covering all of the aspects of this Guidance Sheet are available.
- Private prosecutions can be taken by individual employees against their assailant. The employee should deal with this matter in conjunction with a solicitor and support by management on this should be given.

36 MEDICATIONS POLICY

This policy applies to the administration of all medications to children and young people residing within Full Reach Children's Projects properties. The policy applies to both medications prescribed for the individual child and to "homely" remedies. In particular circumstances there may be variations to the general requirements of this policy these exceptions are clearly stated. The aim of the policy is to enable medicines to be used in the most appropriate way to meet each child's needs; to ensure regular reviews of medications for each child; and to provide information procedures and facilities to enable staff to perform their duties relating to medicines safely and with confidence.

On admission to Full Reach Children's Projects a current medication profile is drawn up for each child stating medications currently prescribed, details of dosage etc, details of known allergies and contraindications and the proposed date of review of the profile. One copy of the child's medication profile is placed on the child's care file and a duplicate copy is placed in the central medication log. Copies are available to health care professionals and pharmacists as required. Reference is made to the medication profile before the administration of all medications including "homely" remedies and the profile is updated where further medication is prescribed. Any special directions given by the GP/Pharmacist for administration of medication must be recorded (e.g. Certain medications such as Temazepam should be administered by two members of staff to double check that the correct dosage is given).

Generally all medications (including "homely" remedies) are stored in a locked cabinet, designated for that purpose. (The exceptions are certain medications administered by the child and also medicines taken outside Heronridge Homes.) Medicines are stored in their original containers, clearly labelled with the child's name, details of the medication, dosage instructions and quantity. Details are entered in the "medicines held" section of the central medications log, together with the date the medication is received into storage.

Access to the medicine cabinet is restricted to staff authorised by the manager to have such access and to Pharmacist and health care staff for statutory inspection.

Medicines may only be administered (other than by a registered nurse or medical practitioner) by a member of staff authorised by the officer in charge, to have access to and administer medication. Such staff have been trained in the Heronridge Homes procedures for administration of medication (including the proper completion of documentation) and have access to appropriate information and advice.

Any administration of medications (including "homely" remedies) by staff or visiting doctors or nurses is recorded in writing on each occasions on the child's individual medication log, date, time, medication, dosage, how administered, reasons for use are logged together with the initials of the member of staff administering the medication or the name of the doctor/nurse. Any problems are noted and discussed with the GP or Pharmacist, as

appropriate. Medicines must be administered from the original container and in accordance with dosage and other instructions.

The child's medication log is kept on the central medication log whilst the child is residing at a Full Reach Children's Projects Home. The child's medication log's are part of the individual child's case records and must be transferred with the child's care file when he/she leaves Heronridge Homes care.

If an incorrect dosage of medication is administered this must be noted on the child's medication log and IMMEDIATE ADVICE SOUGHT FROM THE GP OR PHARMICIST. All action taken must be recorded. The manager must be notified.

Medicines remain the property of the child to whom they were prescribed and in no circumstances will they be administered to another child. Prescriptions should be for a maximum period of 28 days and must include instructions for use. Where prescriptions are for a period exceeding 28 days the reason should be clearly stated on the child's medications profile. Courses of medication should be completed. Any surplus medicines must be disposed of in accordance with the instructions of the pharmacist and details and the reasons for and method and date of disposal recorded on the central medications log.

At least monthly, the record of medicines held (including "homely" remedies) is reconciled with the individual records of medicines dispensed and the quantity of medicines in stock. The quantity of medication in each container is checked and logged using appropriate pharmaceutical equipment. Any discrepancies are investigated and accounted for.

"Homely" remedies are purchased, dispensed and disposed of in accordance with advice of the pharmacist. A range of "homely" remedies is kept in the locked medicine cabinet. Staff are reminded that the procedures relating to administration of medication and keeping of records also applies to "homely" medications. Only medications, which are part of the approved stock of homely medications, should be administered. Particular care should be taken in referring to the child's medication profile for contraindications and allergies and also to following the specific instructions for dosage and administration for each medication.

Children and young people are encouraged to be involved in their medicine usage by being given information about their medications commensurate with their age and understanding. Where it is appropriate (and with a level of support appropriate with their needs) children are supported in self-administration of their own medication. The decision as to whether a child has sufficient understanding to self-administer specific medication is normally a medical one.

Where a child is over 16 years of age, he/she will normally be considered to be of sufficient understanding to retain and self-administer his/her own medication, subject to any medical advice to the contrary and subject also to the manager being satisfied that such medication will be securely stored (e.g. asthma inhalers) the manager will ensure (with advice of GP or pharmacist as appropriate) that the child concerned has access to appropriate advice and support. Where it is recommended that a child (e.g. diabetics) self inject medication specific advice will be sought on storage of medication and safe disposal of needles and syringes.

Where a child or young person is looking after their own medication, the pharmacist will advise that small quantities are dispensed into separate properly labelled containers for the child or young person. This should only be done on the advice of the pharmacist using the containers supplied for that purpose.

As part of Full Reach Children's projects wider Health Care Policy, children and young people are routinely advised and guided on the dangers of medicine abuse (see Health Care Policy).

Where the child or young person is away from Full Reach Children's Projects properties for holidays etc. the following procedures should apply. The leader will ensure that sufficient medication for the duration of the expedition is taken for each child, this will be securely stored and dispensed into properly labelled containers as advised by the pharmacist. Relevant information will be extracted from each child's medication profile to ensure that any medication administered is in accordance with the child's needs. "Homely" medication, painkillers etc will be available. As advised by the pharmacist. Records will be kept of the administration of all medication (including "homely" remedies) and details will be entered on the central medications log on return to the property.

Where the child or young person is away from a Full Reach Children's Projects property for other reasons (e.g. visits home) details of medication will be supplied to his/her carer to ensure consistency of care. Staff will ensure that the child has sufficient prescribed medication with him/her, as advised by the pharmacist. Details of action taken will be entered on the central medications log.

When a child leaves Full Reach Children's Projects, a copy of their current medications profile is forwarded with their child care file and unused medications are disposed of or forwarded to the appropriate professionals as advised by the pharmacist or GP. Action taken is recorded in the transfer summary, the child's medication log and the central medication log.

All staff involved in the administration of medication participates in regular health care training as part of the health care policy.

The medications policy is reviewed annually or earlier if required in consultation with the pharmacist. Any concerns about issues relating to the medications policy should be raised with the manager.

36.1 THE KEEPING AND ADMINISTRATION OF MEDICINES

The Home holds and makes records in a Medicine Book. This book is a record of all medicines coming into or going out of the establishment, and all medicines administered by staff.

The Home has a designated member of staff who is responsible for monitoring the maintenance of records in the Medicine Book;

The supply and use of medicines (e.g. for expiry dates)

Stock items of household medication and the contents of the Unit's first aid kit and replacing these as indicated.

36.2 SELF MEDICATION

Decisions about whether a young person should keep and administer his or her own medication are taken by a Planning or Case Review meeting, or with the agreement of the Manager in consultation with appropriate others (e.g. medical practitioner, pharmacist, parents).

The following criteria must take into account:

The age and level of understanding of the young person

The dangers posed by an overdose of the relevant medication balanced against the need for immediate use (e.g. as with inhalers for asthma sufferers)

The history of the young person and their response to their placement

Safety arrangements to ensure that other young people cannot have access to the medication if the young person keeps it.

36.3 PROCEDURES FOR ADMINISTRATION OF MEDICINES

On admission all medicines in the possession of the young person or intended for their use are recorded by the admitting staff member in the Medicine Book and on the young person's Personal Health Record.

All medicines must be handed over to staff and locked in the medicine cabinet. Entries on health records must state the name, strength and quantity of the medication and the regularity with which it must be administered.

Each handover record must contain information on medicines administered over the last 24 hours and on those to be administered by the on-coming shift team over the next 24 hours.

All medicines except those kept and administered by the young persons themselves must be kept in the locked medicine cabinets in the Home Office.

Staff administering medication must ensure as far as possible that the young person has actually taken the medicine. (Particularly important in cases where the young person has a history of self-harm or of attempted suicide where the medicine is known to be dangerous if taken in large doses).

Staff need to avoid the possibility of engaging in physical restraint or of their actions being interpreted as physical assault when attempting to ensure that medication is taken

All medication given is recorded in the Medicine Book, including name, the medication, dosage, date, time, and the member of staff's signature.

Refusal to take medication or other concerns (e.g. possible storing up of medicines by feigning to take them) must also be recorded.

37 WORKING WITH PARENTS AND CARERS

37.1 POLICY AIMS

- .To recognise the importance of working in partnership with parents and carers where appropriate.
- .To encourage continuity and participation by allowing children and young people access to families and significant others where appropriate

37.2 CONTACT

Full Reach Children's Projects provide the young people and children in our care with practical support for constructive contact with parents, family and significant others and are actively encouraged to maintain contact.

Each Child or young person's placement and Care Plan will identify the rights of children, parents and carers to maintain contact. Discussions will take place with the social worker in the admissions meeting to consider access rights.

Parents, Carers and significant others are encouraged to participate, where appropriate, in the child or young person's care and are consulted and invited to the required statutory meetings.

In addition parents, carers and/or significant others where deemed appropriate are fully informed in relation to issues affecting their child.

The necessity to facilitate supervised visits in order to safeguard the child or other children in the home will be documented on the child/young person's care and placement plans.

38 INTIMATE PERSONAL RELATIONSHIPS

Full Reach Children's Projects has a commitment to the provision of high quality services within the context of legislative requirements. The need for policy relating to personal relationships and sexual health is highlighted in the Children Act 1989.

The experience of being looked after should also include the sexual education of young people. This is absolutely vital since sexuality may be one of the most potent forces affecting any young person in transition from childhood to adulthood.

Full Reach Children's Projects work in partnership with young people according to their age and understanding, taking into account their wishes and feelings and is committed to a practice which is anti discriminatory and sensitive to issues of race, culture, disability, religion, gender and sexual orientation.

Full Reach Children's Projects is committed to taking an active role in promoting all aspects of the health of young people in our care, including sexual issues involved in personal relationships and HIV/AIDS.

Full Reach Children's Projects will work in partnership with the parents of children and young people, where appropriate, and will ensure that it has their understanding and agreement in undertaking such work.

Full Reach Children's Projects considers that looked after young people should have opportunities to develop caring and fulfilling personal relationships. It is acknowledged that these relationships may at some time involve sexual expression. Providing this is not abusive, coercive, or illegal Full Reach Children's Projects will respect acceptable expression for young people, having due regard to the constraints of individual placements settings.

Full Reach Children's Projects considers that it is unacceptable for sexual activity to take place within its homes. A range of potential "house rules" concerning the physical expression of relationships amongst young people may be appropriate depending upon individual and local circumstances, customs and beliefs. Whatever specific "house rules" prevail; it is important that these are openly discussed amongst carers, social workers and young people concerned.

Full Reach Children's Projects considers that residential social workers will in many cases be the people best placed to provide support, advice and information about personal relationships that the young people they look after will require as they mature. Appropriate training will be required for the staff concerned.

Full Reach Children's Projects recognises that, despite the advice and guidance offered them, young people may have relationships that are abusive, coercive or illegal. We will always act in accordance with the principle in the Children Act 1989. "*That the child's welfare is paramount in deciding all questions about her/his upbringing.*" (Chapter 41, Part 1.1) We

will also work within the requirements of “Working Together to Safeguard Children” and its own and local Area Child Protection Procedures. Although sexual intercourse involving young people under 16 years of age is unlawful, Full Reach Children’s Projects acknowledges its responsibility to safeguard and promote the welfare of those in its care and this should include the provision of advice, information and access to contraceptive and HIV prevention services, where this is considered necessary and appropriate.

Full Reach Children’s Projects will promote a multi-disciplinary approach to the provision of services, collaborating with the young people, their parents and other agencies.

Full Reach Children’s Projects are committed to the development of training targeted at key staff involved in direct work with young people to facilitate the successful implementation of this policy.

38.1 ADVICE AND GUIDANCE

Young people are entitled to a range of services in response to individually assessed need. These include;

1. Effective and anti-discriminatory sexual health education including
2. HIV/AIDS prevention
3. Safer sexual practices
4. A safe and non-discriminatory environment in which to develop their sexual identity
5. Access to information on sexual health services, including contraception
6. Support and counselling on personal sexual matters
7. A safe environment for the disclosure of sexual abuse
8. Help in dealing with issues of power and in handling abusive situations
9. An understanding of the legal framework of sexual activity
10. Age appropriate education on personal relationships
11. Nurturing self-respect and respect for others
12. Help in understanding inappropriate touching
13. Developing good personal hygiene
14. Providing information to allay fears and anxieties about HIV/AIDS and other sexually transmitted diseases

The range of information provided to children and young people on personal relationships should develop from simple concepts to more complex issues as the young person matures and their understanding increases.

It is important that the programme is not just based on sexual facts, but also includes an understanding of different kinds of relationships (families, friend’s etc) values, attitudes and moral issues.

Some young people may find accepting advice, guidance and support in the development of personal relationships very difficult, or impossible. It should

39 WHISTLE BLOWING POLICY

39.1 INTRODUCTION

Full Reach Children's Projects is committed to the highest possible standards of openness, accountability and probity in the delivery of its services to the young people within our care. Whilst Full Reach Children's Projects has introduced a range of rules, procedures, regulations and codes of practice to deliver this commitment, malpractice and/or wrongdoing may unfortunately occur.

Full Reach Children's Projects is not prepared to tolerate any malpractice, abuse or wrongdoing and therefore we expect employees, and others that we deal with, who have concerns about what is happening at work to come forward and voice those concerns. This policy has been introduced to enable you to voice your concerns at an early stage, and in the right way, without the fear of victimisation, subsequent discrimination or disadvantage. It is intended that the policy will encourage concerns to be raised rather than overlooking the problem.

Full Reach Children's Projects has the responsibility of protecting and safeguarding the welfare of young people and children within our care, therefore employees are under an obligation to raise concerns about the abuse or potential abuse of our residents.

Employees are often the first to realise that there may be something seriously wrong within Full Reach Children's Projects. However you may feel that you are being disloyal to colleagues or Full Reach Children's Projects as a company if you raise a concern. You may also be concerned that it is none of your business, which it is only a suspicion, and you may feel that you will be harassed or victimised as a result of your actions. Also, you may have raised a concern, but you have not spoken to the correct person or you have raised the issue in the wrong way and you do not know what to do next.

39.2 AIMS AND SCOPE OF THIS POLICY

This policy aims to:

1. Encourage you to feel confident in raising any serious concerns about any malpractice or wrongdoing within the organisation.
2. Provide suitable avenues for you to raise these concerns and receive relevant feedback on any action taken.
3. Ensure that you receive a response to your concerns and that you know of how to pursue them if you are not satisfied.
4. Reassure you that, if you have made any disclosure in good faith, you will be protected from possible reprisals or victimisation.

The procedures set out in this policy are primarily for the concerns where the interests of young people in our care, or others, are at risk and are, therefore, in addition to Full Reach Children's Projects complaints procedures. If you are aggrieved as an employee about your personal position then you should follow Full Reach Children's Projects existing Grievance policy. The Whistle Blowing policy is intended to cover all major concerns that fall outside the scope of other procedures. These include:

- Abuse of young people within our care (whether sexual, physical, psychological, emotional, exploitation or neglect);
- Abuse of power (e.g. harassment/bullying);
- Any unlawful act whether criminal (e.g. theft) or a breach of the civil law (e.g. libel or slander);
- Disclosures relating to the miscarriages of justice;
- Health and safety risks;
- Fraud and corruption;
- The unauthorised use of BMH funds;
- Breach of codes of practice;
- Deliberate breach of any BMH policy;
- Serious failure to comply with appropriate professional standards;
- Other unethical conduct.

39.3 OUR ASSURANCES TO YOU

Full Reach Children's Projects recognises that reporting your concern may have been a difficult decision to make. If what you are saying is true then you will be doing your duty to your employer and to those, whom we provide a service, therefore you have nothing to fear.

If you raise a concern in good faith, it does not matter if you are mistaken. A genuine concern raised under this policy will not result in you losing your job or suffering any form of retribution. However, Full Reach Children's Projects will view very seriously any false and/or malicious allegations made under this policy. Any such misconduct will be treated as a disciplinary offence.

Full Reach Children's Projects will not tolerate any harassment or victimisation (including informal pressures) and will take appropriate action to protect you when you raise a concern in good faith.

All concerns will be treated in confidence and, if you should wish, Full Reach Children's Projects will not disclose your identity without your consent. Unfortunately this may result in it not being possible to resolve the raised concern (e.g. if your evidence is needed in court). If this should arise, then we will discuss with you how we can proceed.

Any disciplinary or redundancy procedures that may already affect a member of staff will not influence, or be influenced by, any investigation into allegations of potential malpractice.

39.4 ANONYMOUS ALLEGATIONS

This policy encourages you to put your name to any allegations whenever possible.

Any concern expressed anonymously may prove far less powerful, but will be considered at the discretion of Full Reach Children's Projects. In order to exercise this discretion, the factors to be taken into account would include:

- .The seriousness of the issue raised;
- .The credibility of the concern; and
- .The likelihood of confirming the allegation from reputable sources.

39.5 HOW TO RAISE A CONCERN

The earlier you express a concern the easier it will be to take action.

You should have reasonable grounds for your concern, but you do not need proof beyond doubt.

It is acceptable for you to discuss your concern with a colleague. You may find it easier to raise a concern if there are two or more of you who have experienced the problem.

Concerns may be made verbally or in writing. Those who wish to make a written statement should follow the following format:

Set out background and history of the concern – include the relevant dates;

Express the reasons why you are particularly concerned about the situation;

The extent of which you have witnessed or experienced the problem;

If you have a concern then we hope that you feel able to raise the matter first with your immediate senior, their superior, or the appropriate manager. If you feel that this is not appropriate, then you can contact the Directors of the company.

If you have followed the channels overleaf and you still have concerns, or you feel that it is so serious that you cannot discuss it with any of the above then you should contact **Commission for Social Care Inspection**:

39.6 HOW WE WILL HANDLE THE MATTER

Once told of your concern, Full Reach Children's Projects will look into it to assess what initial action should be taken. Testing concerns is not the same as accepting or rejecting them. An internal enquiry, or a more formal investigation, may be necessary. It may also be felt to be essential that the situation is reported to the police or other relevant agencies. We will tell you who is handling the matter, how you can contact that person and whether your further assistance is needed. If requested, we can write to you summarising your concern and setting out how we propose to handle it.

It may be necessary to arrange a further meeting with you and, if you so wish, you can be accompanied by a representative or a colleague.

The person handling the matter will write to you within 10 working days:-

Acknowledging that your complaint has been received;

Indicating how it is proposed that we will deal with the matter;

Stating an estimate of the length of time that it will take to provide a final response;

Telling you whether any initial enquiries have been made;

Telling you if further investigations will take place and, if not, why not.

We will give you as much feedback as we possibly can, but, due to possibility of infringing a duty of confidence owed by us to somebody else, we may not be able to tell you the exact action that has been taken. Information will therefore be given to you on a 'needs to know' basis.

HH will take steps to minimise any difficulties that you may experience as a result of raising a concern.

Some concerns, such as Child Protection, may require urgent action, which will be taken before any investigation is undertaken.

40 REPRESENTATIONS AND COMPLAINTS PROCEDURES

40.1 MANAGEMENT OF COMPLAINTS

The Purpose of this section is to ensure that staff understand and follow the purpose and processes of the complaints procedures. It is particularly important to understand how these processes form part of the establishment's quality assurance strategy.

40.2 PRINCIPLES

Complaints are seen to form an important part of the feedback on the service. It is important that they are all responded to promptly and honestly - however trivial and unjustified they may seem to be. All staff have a responsibility for ensuring that young people, purchasers of the services and the general public feel their service providers are approachable and responsive.

On admission all young people are given a copy of the Full Reach Children's Projects young people's information booklet, which contains guidance on how to make a complaint and the procedures to be followed. Significant family members are also given these documents. During each young person's induction into a Full Reach Children's Projects Home the complaints procedure is routinely explained. Information on the complaints procedure is also displayed on the notice board.

Young people are also made aware of independent agencies such as Independent Representative, Independent Visitors that they can also contact.

40.3 PROCEDURES

Staff are expected to respond promptly, sensitively and professionally to any complaint made by a young person by explaining and following the procedures and supporting any young person, who seeks to proceed with his or her complaint.

NB A complaint can be made by a parent or someone who has parental responsibility or any other person who has sufficient interest in the welfare of the child / young person to warrant their representations being considered.

Informal problem solving

Many issues can be resolved constructively but informally, for example, through group meetings, key-work sessions and case review meetings.

Young people are encouraged to use these opportunities to raise concerns and resolve conflicts.

Formal Complaints Procedure

Some problems are not easily resolved informally and young people are then expected to complete the formal complaints form, if necessary with the help of a staff member. All formal complaints are administered centrally with the procedures having a number of stages.

Stage 1 - Receiving the Complaint

1. The complaint is written up on the standard form for the "Problem Solving Stage" in conjunction with a member of staff, parent or advocate as the complainant chooses.
2. The complaint will be passed immediately to the Manager of Full Reach Children's Projects who will decide the method of investigation and the appropriate investigating person.
3. This may be the Team Leader or the Manager may conduct the investigation personally, or it may be appropriate for the matter to be investigated externally (e.g. where the complaint is about the poor management of the establishment)
4. In this latter case the Directors would be approached.
5. The investigating person will be given a task and time-scale to provide a report and recommendations to the Manager.
6. Usually this will involve discovering the facts, soliciting opinions and looking for ways to resolve the issue raised.
7. The Manager will give a response to the complainant(s) and inform her, him or them of their rights of appeal.
8. Staff should provide any necessary assistance with an appeal, although the first line would be to suggest that the young person seeks the help of an independent advocate.
9. Where the allegation is against a member of staff and handled internally, that person will be made aware of the response to the complainant.
10. In the absence of the Manager the Deputy covering for the period of absence will receive the complaint and determine action.

Stage 2 – Investigation

1. This stage should last no longer than 10 days. An extension to this period may take place only with the agreement of the complainant and in exceptional circumstances.
2. During this period the Investigating Manager will interview the complainant and relevant others, recording what is said. All records must be filed and kept confidentially.
3. The purpose of this stage is to attempt to resolve the complaint to the satisfaction of the complainant.
4. If the investigation raises heightened concerns about the seriousness of the case the Investigating person must refer the case to the Manager for further consideration.

At the end of the 10 days at the very latest the Investigating person must produce a report detailing the following: -

1. The nature of the complaint
2. The outcome desired by the complainant
3. The views of witnesses and relevant others
4. What has been done to try to resolve the complaint
5. The Investigating person's assessment of the problem, report of any conciliation during the period of problem solving and her/his recommendations for further action.

This report and the file of records on the complaint is passed to the Manager for further assessment and decision on the outcomes to be communicated to the complainant and others involved. These are always given in writing.

Stage 3 - The Registered Stage

1. This stage should last no longer than 28 days unless the complainant agrees to an extension of the period.
2. If the problem has not been resolved to the satisfaction of the complainant in the view of the Manager the matter must be referred to a Director.
3. An independent investigation, lasting no longer than 14 days, takes place.
4. Following the investigation the designated Director writes a report, which recommends ways of resolving the complaint, including appropriate time-scales for this action.
5. S/he meets with the Manager and with the complainant to discuss their views and her/his recommendations.
6. If the problem is resolved at this stage the designated Director will write to all parties concerned to register this conclusion.

Stage 4 - The Appeals Review Stage

1. This stage should last no longer than 28 days unless an extension is agreed with the complainant.
2. If the complaint remains unresolved after the last stage s/he may request that the placing authority takes an independent view. This is always available to the young person as the placing authority will be informed at all stages.
3. The authority will then hold a review, which the complainant and/or their representative is invited to attend.

40.4 REFERRAL AND NOTIFICATION TO FAMILIES AND EXTERNAL AGENCIES

While care is taken throughout this process to take an objective and impartial view of complaints this does not mean that young people may not wish to discuss their grievance or seek representation or advocacy from a person outside of Full Reach Children's Projects or Social Services in general. Parents or other significant family members may act as representatives or advocates on behalf of the resident concerned.

In any case it is essential that those with caring responsibilities (i.e. Social Workers, Juvenile Justice Workers, those with parental responsibility) are kept informed throughout the complaints procedure. It should be stressed that the purpose of the procedure is to resolve problems, and the partnership and co-operation of important other parties may be instrumental in achieving this.

40.5 MONITORING COMPLAINTS

The local authority has the responsibility to monitor all complaints.

The National Care Standards Commission closely monitors all complaints and young people always have access to this body.

Full Reach Children's Projects also undertakes its own monitoring and evaluation of complaints and its complaints procedure as part of its quality assurance process. The Directors undertake monthly Regulation 33 visits that monitor all aspects of care.

The responsibility for monitoring complaints is that of the Manager. This task involves the compilation of statistics on complaints, recommendations on potential improvements to service provisions highlighted in this evaluation, and the ongoing evaluation of the effectiveness of the complaints procedure itself. The subject of complaints is a standing agenda item for management meetings and is part of the periodic management review process.

40.6 INDEPENDENT VISITORS

The Children Act 1989 (Paragraph 17 of Schedule 2) requires that the appointment of an Independent Visitor should be considered for any young person who has infrequent contact or has had no contact at all over the last twelve months with parents or those with parental responsibility. This role, which is performed by a volunteer who is independent of the Centre, the Social Services Department and the local authority, is primarily one of visiting and befriending the young person.

On occasions the young person may look to the Independent Visitor to act as advisor or advocate. (See The Children Act, 1989 Guidance and Regulations Volume 4 Residential Care, chapter 6 for full guidance on the role of Independent Visitors). Responsibility for the appointment of an Independent Visitor lies with the placing authority. A proposal is considered at the young person's initial planning meeting and at subsequent case review meetings. The young person's view must be taken into consideration in making this decision.

40.7 INDEPENDENT REPRESENTATION SERVICE

Young people also have access to an independent advocacy or representation service to assist them to exercise their rights and if necessary to make a complaint. The service consists of regular visits by an appropriately trained and managed volunteer to each Home to meet young people at their request in confidence individually and/or in groups.

A telephone contact point is also provided to enable young people to get access to an advocate and for an advocate to be available within 24 hours of such contact.

Where specifically requested the service will provide male, female, white or black volunteers. Staff must respect the need for discussions between the young person and Independent Representative to remain confidential. The Independent Representative will only breach confidentiality where it is considered there is an immediate danger of significant harm to any individual unless information is passed on. This is to be done through the volunteer's Manager to the designated Manager of the home.

It is permissible for the Independent Representative, through his or her manager, to apprise the Centre Manager of any general concerns that can be raised without any breach of individual confidentiality.

41.0 SUBSTANCE MISUSE POLICY

It is our policy to discourage all young people from indulging in substance misuse whilst they are resident at a Full Reach Children's Projects Home.

41.1 OUR AIMS

1. Help young people to resist substance misuse allowing them to achieve their full potential.
2. Protect Full Reach Children's Projects from substance related anti-social behaviour and criminal behaviour
3. Enable young people with drugs/alcohol problems to overcome them and live healthy and crime free lives.
4. To stifle the availability of substances in the wider community.

41.2 ACTION TO BE TAKEN

If there is a suspicion that any young person has brought any substance, illegal or otherwise, into a Full Reach Children's Projects premises, the senior person on duty must be informed immediately. They will then instruct others to inform the Senior Manager on call and the duty social worker for the placing authority.

If it is thought that the substance is illegal (cannabis heroin etc) the police must be informed. The substance should be removed from the young person and locked in the office. If the substance is thought to be illegal it must be handed to the police when they arrive.

If the young person appears to be suffering the effects of substance misuse, the senior person on duty should assess the potential risk to the young person. If there is any doubt about their well being, medical advice should be obtained from NHS Direct 0845 4647 or an ambulance should be called.

Further information on substances, their symptoms and possible side effects are contained in the drug information folder at each of the homes.

41.3 SMOKING POLICY

It is our policy to discourage all young people from smoking whilst they are resident at a Full Reach Children's Projects property. We are fully aware of the dangers of smoking both to the smoker and to those who inhale smoke from the environment (passive smokers).

For those young people who do smoke they may only smoke in the designated area. Many of the young people admitted to Full Reach Children's Projects have a smoking addiction of many years and it would be impossible for them to stop smoking on admission. It is our policy to engage with the young person, in a programme designed to remove the addiction in accordance with medical advice.

As part of our health care policy, smoking and the effects are discussed and advice is sought to help this person reduce this addiction, with the aim of ceasing smoking completely. (as with other forms of addiction, the addict has to acknowledge the dangers of their addiction, before they can genuinely respond to help or guidance.)

We believe it is immoral to knowingly allow our young people to buy tobacco from shops, putting the seller outside of the law. Department of Social Service regulations prohibit members of staff from buying cigarettes for the young people. In exceptional circumstances, and only with permission from the placing Social Worker, cigarettes may be purchased for young person known to be addicted. All purchases are to be specifically authorised by the Manager.

For the benefit of staff and visitors we are a non-smoking establishment, smoking is not permitted within Full Reach Children's Projects buildings.

41.4 DRUGS AND ALCOHOL POLICY

The misuse of alcohol and drugs by residents of Full Reach Children's Projects is a serious issue for all concerned. Given the potential for a detrimental effect upon the lifestyle of a child or young person following the misuse of controlled or prescribed drugs or alcohol, it is essential that intervention by employees of Full Reach Children's Projects, Police, or supporting agencies is swift and effective.

For that reason offences involving the misuse of controlled drugs that come to the attention of unit staff (including incidents of simple possession), **must** be notified to the Police.

Seizure of drugs and alcohol

Articles suspected of being controlled substances or alcohol that are found within the building or grounds of a Full Reach Children's Projects Home by unit staff must be seized to prevent potential harm to young people or offences being committed. Upon being taken into possession by staff the articles must be put into secure storage at the earliest opportunity. A record of the seizure is required to be kept by unit staff in a property register containing the following details:

- . Name of person seizing article
- . Description of the article
- . Circumstances of seizure
- . Time and date of seizure
- . Time and date article put in secure storage
- . Signature of person putting the article into storage, countersigned by second member of staff
- . Time and date of notification to the police (where appropriate), together with the message number obtained from the Police Control Room
- . Time and date article moved/taken into Police possession
- . Time and date alcohol disposed of on site by two members of staff

Controlled Substances

Whilst not requiring an immediate response from the Police, efforts should be made by unit staff to secure Police attendance at the earliest convenient time. It would not be appropriate to have controlled substances stored in a Home for any length of time.

Notification to Police

The first point of contact should be the local police control room to arrange for the beat Constable's attendance at the Home. This route allows for the recording of the request on the Command and Control system, generating a message number for the benefit of the unit staff. If this officer is unavailable then arrangements should be made for another officer to attend.

The officer is then responsible for recovering the suspected controlled substances into Police possession and conducting any subsequent investigation in line with existing police force policy.

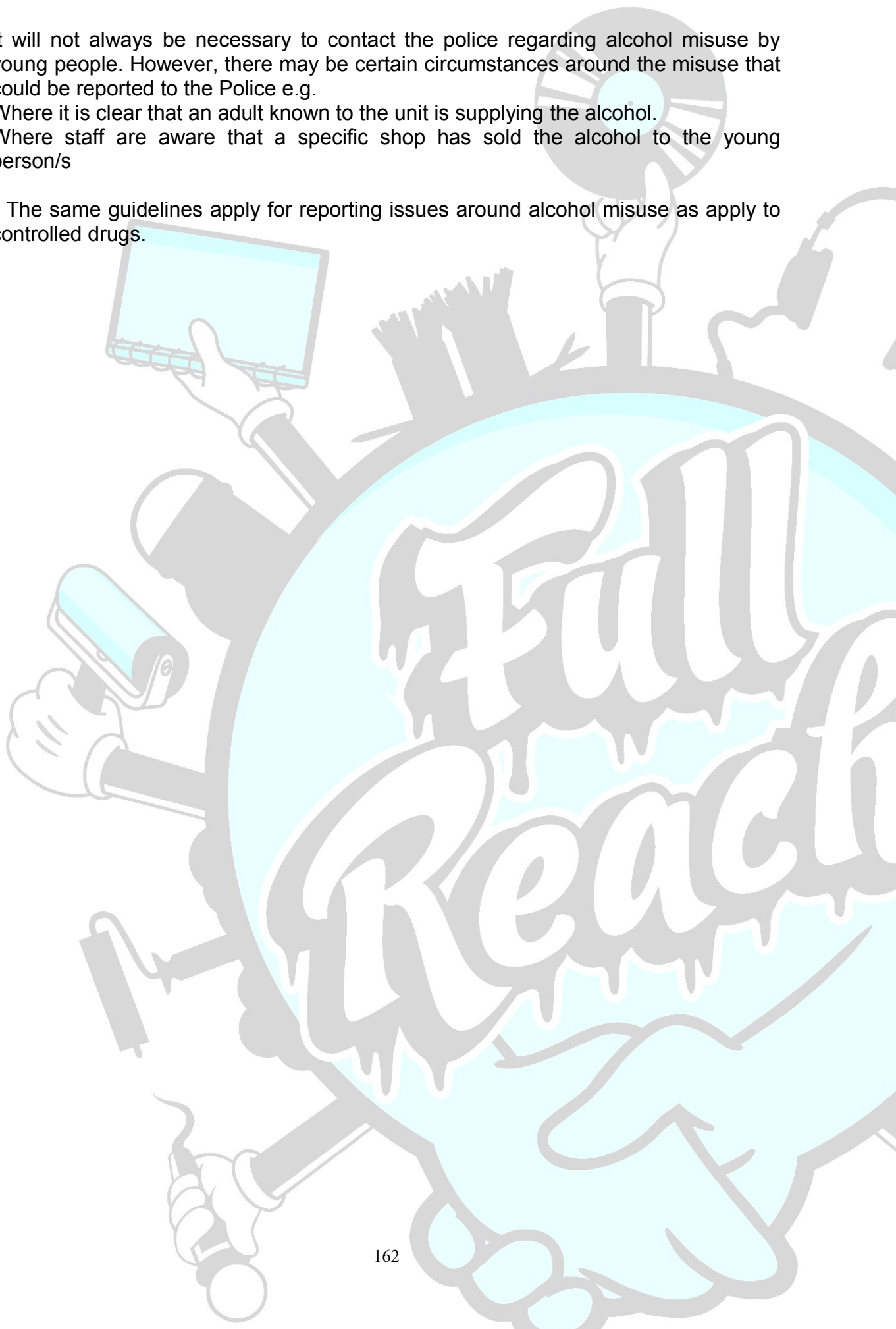
Alcohol

It will not always be necessary to contact the police regarding alcohol misuse by young people. However, there may be certain circumstances around the misuse that could be reported to the Police e.g.

Where it is clear that an adult known to the unit is supplying the alcohol.

Where staff are aware that a specific shop has sold the alcohol to the young person/s

* The same guidelines apply for reporting issues around alcohol misuse as apply to controlled drugs.



42 GIFT GIVING AND RECEIVING

The acceptance of gifts and / or hospitality by employees must be treated with extreme caution.

No offer of a gift or inducement, whether made at specific occasions (e.g. at Christmas) or casually, should be accepted when the gift is made by, or indirectly by, a person, firm or organisation which, to the knowledge of the employee, has or seeks to do business of any kind with Full Reach Children's Projects or to have an interest in its decisions.

There is a delicate balance between acceptance and refusal of hospitality or tokens of good will on certain occasions. On each occasion a judgement must be made between causing offence by refusal or risking improper conduct by acceptance. The receipt of minor articles, often by way of trade advertisements, which *will* be used on Full Reach Children's Projects business (e.g. diaries, calendars, office requisites, etc., which are customarily distributed at Christmas and, occasionally, at other times) is acceptable. Gifts other than such promotional materials are not acceptable.

Offers of hospitality and invitations to social occasions from those that do or seek business with Full Reach Children's Projects, or have an interest in its decisions, should similarly be treated with caution. They should be considered only where the scale of hospitality is of a modest standard. A working lunch or breakfast to allow the parties to discuss business might be acceptable but should be cleared with a Service Provider first. Again, it is the duty of the employee concerned to be satisfied that personal integrity is not put at risk.

Details of every offer of a gift or hospitality (other than those which this code exemplifies as being acceptable) either offered to and refused or offered to and accepted by employees in their Unit, including themselves will be maintained by the Unit Manager in a Company register(s) kept for that purpose. The following information will be recorded in the Home's register(s):

- The person or body making the offer.
- The gift or offer that was made
- The reason why the gift or offer was made
- The date it was offered
- The date it was / was not accepted

Under no circumstances should employees receive, offer or provide personal gifts or favors to service users – As this could lead to confusion about the role employees play in the young people's lives and help eliminate potential 'grooming' of young people.

43 CATERING FOR YOUNG PEOPLE WITH A DISABILITY

Disabled people are often treated as second-class citizens, by being effectively excluded from many aspects of public life that non-disabled people take for granted. Until very recently that even extended to the choice of words that are used to define and describe them. Traditionally they may have been defined according to medical categories, sometimes to a point that a person's medical condition is used to refer to the whole person e.g. 'spastic' 'the disabled'

Disability has a medical side to it and most disabled people would welcome any advances in rehabilitation, pain alleviation, treatment and even a cure. But unfortunately there are hardly any real medical cures for the vast majority of medically disabling conditions. Rehabilitation, however, has improved so much that a lot of disabled people are now able to live out a reasonably normal life span, despite their medical condition.

The "Social Model" of disability understands disability as a social rather than an individual condition, focusing on the barriers faced in society geared by and for non-disabled people. In working with children and young people with disabilities, staff at Full Reach Children's Projects should be prepared to challenge and support the young people to challenge prejudice and discrimination in any form, whether that be for example, a limited choice of educational provision or a recreational facility with poor access.

When working with children and young people with any form of impairment, it is important to remember that they are, first and foremost, children and young people and that their emotional and social needs and sense of identity will be defined in the same way as that of any other child of similar age and background.

44 THE PARTICULAR CARE NEEDS OF CHILDREN FROM MINORITY ETHNIC GROUPS

As an organisation we have a duty to consider a child's religion, racial origin and cultural background when placed in our care. We need to be very sensitive about many aspects of these placements; it would be unwise to adopt a stance where it is claimed that these matters are not important, they are to the young person. A child needs and has the right to grow up in an environment where they are to value their religious background, origins, culture and language.

As a care provider we will benefit by gaining as much knowledge about different cultures as we possibly can and to explore the opportunities that exist within our neighbourhood and elsewhere, which might be used to address the young person's needs. We must also consider practical issues which may be involved in their care, for example dietary needs, as some religions forbid the eating of certain foods, and also particular hair and skin care they may require.

In preparation the key team will take responsibility for meeting the individual needs by actively seeking out facilities and opportunities in line with the young person's requirements.

Staff members need to be alert to the potential for harassment and bullying of those in ethnic minority groups, and seek to address without delay, using the anti bullying procedure if required.

45 RESTRAINT AND HOLDING – Policy Guidelines

The D.O.H. differentiates between restraint and holding as the degree of force applied: -

- 'Physical restraint' uses the degree of force necessary to prevent a child harming himself, others or property.
- 'Holding' would discourage but in itself would not prevent such an action.

Physical restraint is defined as the reasonable application of the minimum force necessary to overpower a child with the intention of preventing them from harming themselves, others or from causing serious damage to property.'

In addition to the requirements of the Children Act 1989, any restraint or restriction of liberty applied to a child must also be within the general law. Briefly, the law states that any unwanted physical contact, restriction of liberty or genuine fear of immediate physical harm, is an assault. The law does recognise that there are circumstances where legal justification or defences do exist for what otherwise would be deemed to be an assault.

These are:

- Self defence
- Protection of a particular child
- Protection of other children and / or adults
- Protection of property from serious damage
- Consent

Thus the act of restraining a child can be considered under:-

- The Children Act 1989
- Child Protection Procedures
- English Common Law

Therefore, the reasonable application of the minimum force to deal with a particular situation in order to protect oneself, others or a particular child, or to prevent serious damage to property is PERMISSIBLE.

45.1 Restraint

An incident involving the use of restraint should be considered in three timescales:

- The build up (Antecedents, stimuli, cause)
- The act of restraint (Behaviour)
- The follow up (Consequence)

45.1.1 Principles

Principles relating to the use of physical restraint:

1. Staff should have good grounds for believing that immediate action is necessary to prevent a child from significantly injuring himself or others, or causing serious damage to property.
2. Staff should take steps in advance to avoid the need for physical restraint; e.g. through dialogue and diversion; and the child should be warned orally that physical restraint will be used unless he desists.
3. Only the minimum force necessary to prevent injury or damage should be applied, it should be reasonable in the circumstance and for the benefit of the child.
4. Every effort should be made to secure the presence of other staff before applying restraint. These staff can give assistance and act as witnesses.
5. As soon as it is safe, restraint should be gradually relaxed to allow the child to regain self-control.
6. Restraint should be an act of care and control, not punishment.
7. Physical restraint should not be used purely to force compliance with staff instructions when there is no immediate risk to people or property.
8. Staff should be aware of the risk to themselves particularly if the child under the influence of alcohol, drugs or solvents.
9. Restraint should be the exception rather than the rule.

45.2 Matters which should be considered in the use of restraint.

The Child

History -

Is there a past history of violence? (Either to the child or by the child)

Does the child have phobias or fears?

Has the child been sexually or physically abused then the power dimension or contact with parts of the body will be significant?

Size -

Big/small, weak/strong. The size differential both physically and psychologically, is significant.

Health -

Is the child generally fit and healthy, are they robust or fragile? If female, is the child pregnant?

State of Mind

Including, are they under the influence of drugs, alcohol, solvents. Distress and anger give added strength.

The Location

Can the situation be contained or isolated?

Are others in real danger?

Is the environment generally a safe one in which to carry out restraint?

The Employee

Does the action have to be taken?

Is there a reasonable alternative?

Is assistance available / needed?

Is there any action, which would isolate, remove or end the problem?

What would the effects of any action be?

What is the risk to themselves of action or non-action?

The Other Children

Can they be isolated from the situation?

Is there a risk that they will join in?

What is the potential to them of physical, emotional or psychological harm if the child in question is or is not restrained?

The above assessment of the situation will need to occur quickly, in respect of a situation which has developed, in which staff may have minimum opportunity to communicate and discuss with each other how they will deal with it.

In restraining a child, staff should endeavour to work as a team and always maintain a reassuring dialogue with the child. If possible another member of staff should be deployed as an observer and witness the action taken.

It is important that the child is made aware of the impending action. Restraint is most those around must be of paramount consideration. On no account should staff strike out at a child, sit on their abdomen, or block their airways. Limbs should be held firmly but never forced against the joint.

With the possible exception of neckties and footwear, clothing should not generally be removed.

A member of staff who is the only adult in a building should not attempt to restrain a child, unless it is a situation of life and limb but should call for immediate assistance, if necessary from the police.

If there is a serious risk of escalating violence and/or increasing damage to property, consideration should be given to requesting reinforcements or police assistance. This decision should be made by the Shift Leader or Manager on duty within the Unit.

45.3 The Follow Up

Once the need for restraint has passed the priority should continue to be the well being of the child. It is essential that the child should be given an opportunity to talk though the incident and if necessary to speak with his/her parents, social worker or advocate.

If the child appears injured or is otherwise in need of medical attention (e.g. as a result of prior intoxication by alcohol, drugs, and solvents) this should be noted and provided. A full report should be made of the incident at the earliest opportunity and should include witness accounts. Parents and/or social workers should also be advised of the incident and be encouraged to visit the child at the earliest opportunity.

Whilst most incidents will be low key, exposure to other peoples' frightening and sometimes violent situations can often be as traumatic as assaults on-oneself. Whilst priority will be given to the needs of the child involved, consideration should also be given to the needs of the remaining resident group, especially if they were witness to the action. It is, therefore, important that other children are given appropriate reassurance and that they also have an opportunity to work through the particular trauma of the incident.

Members of staff may also need extra support. Members of staff exposed to bites or contact with blood should seek medical advice. Staff should also seek medical attention if they have sustained an injury.

In the event of damage being caused to staffs clothing or possessions (e.g. spectacles) discussions should take place with the Unit Manager to see if the loss suffered can be reimbursed. Staff should not bring expensive items to work unless necessary and these items should be kept in a locked drawer in the office.

When a child has been restrained the incident should be discussed at the next staff meeting, giving consideration to the build up, the incident and the aftermath. This is to give staff an opportunity to discuss their feelings, how they dealt with the situation if there is any identifiable pattern or 'triggers' in the child's behaviour and so they can learn from the experience. Staff should also discuss the incident in supervision and have the option/opportunity to make representation to the Responsible Individual if the incident has been causal to a deterioration in mental or physical health.

If a child wishes to bring an action for assault against an employee who has restrained them, the child may do so either by making a complaint (via the Registration and Inspection Unit) which may result in criminal proceedings, child protection procedures being implemented or by commencing a civil action for damages.

In any event the action may be brought against the employee and / or Heronridge Homes Ltd. No matter who the action is taken against, providing the employee has acted reasonably and within these guidelines he or she will have the full support of Full Reach Children's Projects.

If children or staff have been threatened this should be logged as a dangerous occurrence (Violence to Staff Form) in accordance with health and safety requirements. Similarly if persons are injured an accident form should be completed. They should be advised on making a claim for criminal injuries compensation.

The need for and use of restraint must always be logged and its use recorded. These reports should be forwarded to the Registered Manager within 48 hours (weekends not included) and be made available for inspection. On receipt of the forms the nominated manager should satisfy him/her self that the action taken by staff was necessary and that follow up action in all respects has been taken.

Where necessary staff should be reminded of the importance of completing a contemporaneous record of the incident however minor it may seem, in order to guard against the rare occasion when a young person may, at a later stage, give an exaggerated account of a situation which occurred some time previously. In Homes this is referred to as an Incident Report or a Significant Events Report.

45.4 Restriction of Liberty

Restraint falls within the category of restriction of liberty under the Children Act 1989 and there are limitations to its use, e.g. children who abscond. Restraint should not be used to prevent a child absconding unless there is clear evidence that by absconding the child places himself or- others at immediate risk of harm, or is likely to result in the serious damage to property.

Staff do, however, have a duty of care to discourage children from running away and should take positive action to do so. This may require giving the child extra supervision or provide counselling. Punishment is rarely an effective deterrent to absconding. Staff may, however, use their bodily presence as a signal to a child to remain where they are. For example, they may temporarily stand in a doorway to prevent the child's exit or use their hands/arms to hold the child at bay providing they do not touch the child in an inappropriate way. Such actions will not be considered as restraint unless force is used.

Children should not be locked in rooms even on a temporary basis unless there is compelling evidence that they are at risk of immediate violence e.g. from a visitor/ another young person. In these extreme circumstances the need for such action would be regarded as evidence of the need, in the interests of personal safety, for urgent police intervention.

Child Protection

If children in residential care are to be protected from the prospect of institutional abuse and, just as importantly, if the local authority is to gain the confidence of the public, it is essential that children living in institutional care receive the same protection as those who live within their own families. Attention is, therefore, drawn to the ACPC Child Protection Procedures.

Since restraint necessarily involves the use of reasonable force it is possible that from time to time children may receive an injury in the process of being restrained. In these circumstances

consideration should always be given to the possibility that the injuries may have occurred as a result of abuse. The existence of an injury (including emotional trauma) arising from the use of restraint is not however by itself; necessarily indicative of abuse.

In determining whether abuse has occurred or whether the child is in need of a protection plan, managers will not only wish to determine whether the criteria for abuse has been met, but also whether staff have breached relevant guidance and the policies and procedures contained in this document.

Providing the guidelines have been followed (i.e. there was no alternative to the use of restraint, the actions were just and reasonable, and designed to prevent harm and / or serious damage to property) it is unlikely that the incident will be viewed as falling within the scope of child protection. On those occasions when the actions of staff result in the need for a child protection investigation the staff members concerned should be given appropriate support and also made aware of their right to challenge the conference findings should the investigation result in a child protection conference being called.

Managers of homes are reminded of the need to immediately inform relevant child protection staff whenever a child receives an injury arising from the use of restraint.

45.5 Complaints

Restraint is an unwelcome activity and will often cause children and adults to feel distress. In these circumstances the child may wish to register a complaint either about the need for restraint and/or the manner of its applications. Whilst the complaints procedure and child protection system are essentially designed to safeguard and promote the welfare of children they also provide important protections for staff in that they enable concerns to be speedily dealt with and thereby reduce the need for historical investigations. It is in the interests of both staff and children that young people are given every opportunity to register complaints and have their concerns looked into.

45.6 Rights and Responsibilities

Rights and responsibility go hand in hand. Children and adults both have rights and both have responsibilities. Everyone who wishes their rights to be respected and upheld must also accept that they, in turn, must exercise responsibility for their actions towards others. Everyone, regardless of their circumstances, should be afforded basic human rights.

45.6.1 Staff Rights:

Staff have a right to:-

1. Information necessary for achieving effective care and discipline e.g.:
2. Clearly defined policies, practice guidance and procedures on the management of control and discipline;
3. Information and training in respect of the use of positive control, the avoidance of conflict and the use of restraint.
4. Accurate information in respect of the problems and needs of individual children particularly in so far as these might impact on their future behaviour and relationships with staff

5. Expect better understanding of their difficult task and an
6. Acknowledgement that residential care may involve staff being exposed to dangerous and violent behaviour.
7. Expect Control issues to feature in service planning and to be subject to continuous review at staff meetings.
8. Expect a strategy to be in place for dealing with individual problems of control and for this to be reflected in individual care plans.
9. Be protected from violence and to have the same protections as other citizens when they are victims of assault.
10. Be supported by colleagues and managers when carrying out their duty to restrain children in accordance with relevant guidance and the principles outlined in this report.

45.6.2 Staff Responsibilities:

Staff have a responsibility to:-

1. Safeguard and promote the welfare of children at all times.
2. Prevent serious damage being caused to property
3. Only use restraint when immediate personal injury or serious damage to property would otherwise result
4. Use restraint only if no alternative method of control exists
5. Use approved methods of control and to have regard to the child's behaviour, needs, circumstances and level of understanding.
6. Participate in training and to develop skills, which diminish the need for disciplinary measures to be taken against a child.
7. Recognise and support children's' rights to make representations and complaints.
8. Work together with other professionals involved in the task of protecting children and to be open and honest when giving accounts of the action they have taken.

45.6.3 Children's Rights

Children have rights to:-

1. Be protected from harm, violence and from the risk of exploitation.

2. Not be punished cruelly or in a way that belittles them.
3. Participate in the formulation of measures of control, which might be used by those responsible for looking after them.
4. Express an opinion about their treatment and to complain if they feel they have been treated in a manner, which is incorrect, harmful or abusive or infringes their basic human rights.
5. Respect from adults even if their behaviour has to be modified by means of external controls.
6. Unconditional support from adults and / or independent advocates in pursuit of the above rights.

45.6.4 Children's Responsibilities

Children have a responsibility to:-

1. Be responsible for their own behaviour and actions
2. Treat other children and adults with respect and not to behave in a bullying or violent way towards them.
3. Respect other peoples' property.
4. Accept the need for external control if they are unable to exercise self-control.
5. Respect the rights of everyone else in whatever setting they are in, whether they are other children, parents, visitors or staff.
6. Give an honest account of their behaviour.
7. Report any action in which they have been harmed.

45.6.5 EXPECTATIONS OF THE SERVICE PROVIDER UPON CHILDREN'S RESIDENTIAL HOMES

The policies and procedures contained in this document form the foundation of Full Reach Children's Projects policy on care, good order and discipline and apply to all children's residential settings. It is recognised residential care takes many forms and deals with the needs of vastly differing children. It will, therefore, be necessary for individual homes to develop further advice for maintaining control and discipline to reflect the needs of their particular residents, younger children, children with disabilities etc.

Any additional guidance must, however, be fully consistent with the guidance contained in this document and with national guidance. Managers of homes should therefore not make any changes to the policies contained in this document without first consulting the Service Provider.

It is important to remember that children who live in residential care have generally experienced problems beyond those experienced by children living within 'normal' families, and that on entering residential care they are presented with difficulties greater than those of children who live in the community. As a result of these often painful and damaging experiences the child's perception of 'care and control' may sometimes be distorted.

It is, therefore, especially important that the child's subsequent experience of care and control is perceived as positive and necessary for their long term welfare and development.

45.7 HOLDING

As previously stated the difference between restraint and holding is the degree of force applied. Holding in this context is about an action used to prevent a child doing something or going somewhere and not 'holding' for comfort when distressed. The same principles apply to holding as do to restraint already documented in this policy. Other matters which are relevant to holding are as follows:

'Holding' may entail no more than a hand placed on an arm or shoulder, leading a child by the hand, guiding a child by placing a hand on their back in order to:-

- Avoid external danger
- Divert from destructive/disruptive behaviour
- Discourage an action

45.7.1 Principles

Staff should adopt the following principles when dealing with children in this way: -

- Whenever possible, the worker involved should have an established relationship with the child and should explain to the child what he is doing and why.
- Holding should not arouse sexual expectations or feelings, and should cease if the child gives any indication of this.
- Staff should be careful where they hold children. For instance, staff should be careful not to hold a child or young person in such a way that involves contact with breasts and genitals.
- If on any occasion the child forcibly resists or demonstrably objects, then 'holding' should no longer be used as a method of restraint in that particular case.
- Consideration should be given to other means of intervention, in consultation with other staff if circumstances at the time permit.

46. SICKNESS, ABSENCE AND SICK PAY

46.1 OCCUPATIONAL SICK PAY

Occupational Sick Pay (i.e. full pay) is payable for ten working days in any twelve month period except during any probationary period and includes any Statutory Sick Pay payable during the ten days. During the probationary period only Statutory Sick Pay will be paid. In some circumstances, occupational sick pay may be made in the probationary period, but at the discretion of the Board of Directors. Decisions of the Board of Directors shall be final and the Board shall not be obliged to reveal the reasons for any such decisions nor to be bound in any way by any previous decisions it shall have made.

- 46.2 The Employee must notify the office either by telephone or in writing when absent from work through sickness or injury on the first day of such absence. The entitlement of Occupational Sick Pay commences on the fourth day of absence. If Occupational Sick Pay is to be paid, this notification must be by telephone 2 hours before a shift on the first day of such absence and every day thereafter. If Statutory Sick Pay is to be paid, the notification must be made on the first day of absence, and at weekly intervals thereafter. If these requirements are not met, then Occupational Sick Pay or Statutory Sick Pay will not be paid.
- 46.3 If absent from work you must speak to the Manager. If not available, you should speak to a Director. Under no circumstances should messages be left with other members of staff, on voice-mail, messaging service or sent by e-mail.
- 46.4 Failure to notify the Company of your absence may also render you subject to disciplinary action.
- 46.5 If absent for more than seven consecutive days, and in order to be entitled to Occupational or Statutory Sick Pay, a Doctor's certificate must be obtained by the Employee and sent to the Manager properly completed and signed. If absent for more than seven consecutive days, further notification is required at weekly intervals, including certificates of sickness absence from a medical practitioner which certificates shall be submitted at regular intervals. In the event that it is not possible to obtain a certificate from your OP because of a refusal by the OP to issue sickness certificates as a matter of policy within his/her practice you will be required to provide details of the GP's name and practice address so that this policy can be verified. Heronridge Homes reserves the right in such cases to require the Employee to obtain a private certificate (at the cost of Heronridge Homes) from the OP or in the alternative a doctor or occupational health professional nominated by it.
- 46.6 If absent due to sickness on the day/days preceding or following any holiday (even though the period of sickness may be only one day) a certificate may be required from a medical practitioner selected by Full Reach Children's Projects in order for the Employee to receive Occupational Sick Pay. Full Reach Children's Projects will reimburse any costs for such a certificate provided that they are reasonable.

- 46.7 Full Reach Children's Projects reserves the right to request a medical certificate or report as to fitness to work from a medical practitioner selected by Full Reach Children's Projects for any periods of sickness (and will pay the Doctor's fees in this regard) if the Employee's attendance record gives rise for concern. The Employee is required to cooperate in attending a Doctor's surgery nominated by Full Reach Children's Projects at a time in normal working hours to be notified to the Employee upon not less than 48 hours written notice. Where it is deemed necessary Heronridge Homes will provide transport to and from the nominated Doctor's surgery.
- 46.8 Full Reach Children's Projects may at its discretion require a medical certificate confirming fitness to return to work where it considers this to be appropriate to ensure the Health and Safety of the Employee or other Employees.
- 46.9 In respect of Employees with more than one year's continuous service, Occupational Sick Pay may continue to be paid for up to a further two working weeks at the discretion of the Board of Directors. In exceptional circumstances the Board of Directors may extend this period.
Decisions of the Board of Directors in these regards shall be final and the Board shall not be obliged to reveal the reasons for any such decisions nor to be bound in any way by any previous decisions it shall have made.
- 46.10 On return to work after any period of sickness absence the Employee shall complete a Return to Work Form and shall send this to the Employers HR Director. (Copies of this form are held on each workstation PC or can be obtained from the HR Director).

46.2 MATERNITY LEAVE

46.2.1 Notification of Pregnancy

An Employee who is pregnant must notify the Company of her condition formally in writing as soon as it is confirmed by a doctor, in order that appropriate arrangements (particularly in respect of Health and Safety at Work) may be made. Such notifications will be treated in the strictest confidence.

46.2.2 Ante-Natal Care

An Employee who is pregnant and who has, on medical advice, made an appointment to receive ante-natal care will be given time off to keep the appointment. Except for the first appointment, she may be asked to produce a certificate of pregnancy and proof that the appointment has

been made. The company would appreciate at least 48 hours notice of intention to be absent for such purposes.

46.2.3 Statutory Maternity Leave

All women, irrespective of length of service or hours of work, are entitled to 26 weeks ordinary maternity leave.

- Additionally, Employees who have 26 week's service by the 14th week before the expected week of childbirth (EWC) have the extended right to return to work for up to a further 26 weeks after the week in which the child is born. (This is referred to as additional maternity leave).
- The Employee must notify the company no later than the end of the 15th week before the expected date of childbirth that she is pregnant together with the week the baby is expected to be born and the date on which she wishes maternity leave to commence.
- An Employee can change her mind about when she wants to start her leave but must give 28 days notice of this (unless this is not reasonably possible). On receipt of this notice the Employer will confirm to the Employee in writing the date on which it is expected that the Employee will return to work if she takes her full 52 week entitlement to maternity leave.
In the event that the Employee wishes to return to work BEFORE the end of her maternity leave (the full 56 weeks) must give the Employer 28 days notice of her intention so to do.
- Employees intending to avail themselves of maternity leave, should discuss this, as soon as possible in advance of the intention to take leave with a Director who will be able to confirm the Employee's rights in more detail than space allows within this document.
- Entitlements to Statutory Maternity Pay during the first 26 weeks of maternity leave can be found on the Government website or alternatively are available from a Director.

46.3 PARENTAL LEAVE

46.3.1 All Employee parents of children born or adopted on or after 15th December 1999 are entitled to take 13 weeks unpaid leave during the

period up to their child's fifth birthday. (Special provisions apply in the case of adopted and disabled children).

46.3.2 Employees wishing to take this unpaid leave must give at least 21 days notice of the required dates but statute does provide that the Company has the right to postpone the leave for up to six months if business needs dictate.

46.3.3 The 13 weeks leave must be taken in blocks of one week and the maximum leave available to be taken in each year is limited to 4 weeks.

46.3.4 Statutory Paternity Leave of up to two weeks may be taken immediately following the birth of a child during which time Employees are entitled to be paid at the same rate as Statutory Maternity Pay. Employees with more than one year's service at the date of birth who elect to take statutory paternity leave shall continue to be paid at the same rate as Occupational Sick Pay (which shall include any SMP) for a period of one week.

46.4 SPECIAL LEAVE

46.4.1 The Company recognises that there are certain mandatory reasons which may cause a Staff member to be absent from work, such as jury service. In addition, there are other circumstances for which the Company may grant special paid leave, for example, unpaid voluntary service, membership of the Auxiliary Forces, family bereavements and certain domestic emergencies.

46.4.2 The decision to grant special paid leave, and the amount, will be at the discretion of the Board of Directors, to ensure consistency of practice and will depend on the circumstances of each case.

46.4.3 Where special paid leave cannot be granted, consideration will be given to the approval of unpaid leave.