

# MRCs



MCRAE

## RESIDENTIAL CARE SERVICES

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# CARING AND KEEPING

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## **WHO WE ARE AND WHAT WE DO**

MRCS are experienced in providing long term residential care as an alternative to fostering, for teenage boys with emotional and behavioural difficulties arising from poor parenting, abuse and neglect. Sometimes those we look after come with special needs like ADHD, Asperger Syndrome or mixed conduct disorders. Our small team of experienced carers offer sensitive and responsive care to those placed with us, enabling them to develop the skills required to improve their life chances. We cater for up to four young people between 13 and 16.

We provide culturally sensitive care for a small group of male adolescents from any inner city community. Placements are offered as a positive alternative to foster care, or where a foster placement has not been found.

We believe that Every Child STILL Matters (Children Act 2004) and the care team are focused on improving the life chances for those placed with us, seeking better outcomes for each individual young person, in partnership with all relevant agencies that use the Common Assessment Framework:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic wellbeing

### **Guiding Principles**

It is a well-documented fact that boys do less well in school than girls.

Many male children from inner-city communities grow up without the presence and positive influence of their fathers. The loss to the male adolescent is incalculable when it is compounded by other disadvantages such as poverty, maternal illness, changes in family structure and caregivers, having to form relationships with new step-parents, emotional /physical abuse, domestic violence and neglect.

MRCS seeks to offer an alternative care experience for those children and young people referred to us. We believe that as those we briefly encounter grow and progress developmentally, they will gain new intellectual and emotional skills to enable them to address past traumas with new levels of understanding.

1.

## **OUR HOME**

MRCS Care – Liverpool Road is a four bedroom mid-terrace children’s home situated in a quiet residential street that is two minutes’ walk from the High street and train station. The home is spacious and well-decorated throughout. It has an attractive lounge and a dining room with doors that give onto a garden patio, which is the Home’s al fresco dining area, having a table and chairs that seat six people. These are well-used during the summer months. The patio borders a good-sized well-kept lawn where the young people can relax and play.

The kitchen gives onto a utility room where there is both a washing machine and a tumble dryer for the young people to use to their laundry. There are four single occupancy rooms each with a double bed and television as standard features within.

The area is well served by excellent transport links including bus, train and tram. It has a well-resourced library, a number of internet cafes and a popular leisure centre that provides for an impressive range of sporting interests. Thornton Heath has three diverse parks, two boasting tennis courts.

2.

## **AIMS AND OBJECTIVES**

### **Aims**

- To provide all adolescents admitted to MRCS with the support necessary to ensure a successful placement.
- To help the child/young person to come to terms with problems related to separation from family and the crisis of being in care.
- To work with sensitivity and understanding around the inevitable range of emotions and behaviours arising from the care and pre-care experiences of male child/young person.
- To encourage and help young people to foster lasting relationships with parents and family whenever possible.
- To help all those who live at MRCS to develop a healthy sense of self and a positive cultural identity.
- To foster positive relations between peers and carers.
- To address the educational needs of those placed with us via supported referrals local mainstream and alternative educational provisions, in partnership with the placing authorities.

- To provide the level of care and support which will assist the young person to realise his full potential socially, emotionally, physically, educationally and economically?
- To promote the emotional, physical, social and moral development of each male adolescent.
- To promote tolerance and respect for difference in all people.
- To ensure that the care provided at MRCS accords with the Children's Homes Regulations and Quality Standards.

### **Objectives**

- To have a written Care Plan for each child/young person that is understood and implemented by the care team after admission.
- To allocate a Case Manager to each young person on admission and to allow him to choose his keyworker from the care team.
- To operate an admission system that meets the young person's immediate needs, especially in an emergency.
- To vigorously promote the daily school attendance of each child/young person, either at a school in the community or at Kingsdown School.
- To foster positive links with parents and family.
- To promote the development of social skills via a range of indoor and outdoor activities.
- To provide daily opportunities for the development of life skills for independence.
- To identify therapeutic needs and take action to arrange provision.
- To ensure that statutory reviews take place when they should and that progress is monitored accordingly.
- To ensure that there is close co-operation with field social workers, by making weekly contact with them.
- To provide nutritious food for each child/young person considering his cultural, dietary and other special needs.

3.

**NAME AND ADDRESS OF RESPONSIBLE BODY**

**MCRAE RESIDENTIAL CARE SERVICES LTD**

57-59 Lodge Road  
Croydon, Surrey  
CR0 2PH

Mrs S J McRae                      Director

Mr K Henry                          Managing Director

4. **SERVICE USER PROFILE**

AGE RANGE: 13 - 16 YEARS

MRCS Admission Policy seeks to ensure there is never a gap of more than 4 years in age between individuals in the resident group.

GENDER: Male

NUMBER OF CHILDREN: Registered for four

OTHER CRITERIA: Local authorities place young people with MRCS on a medium to long-term basis. Placements are planned with as visit to the child in his current placement, where possible; and a visit of the child to the home to take place before admission. Emergency referrals are carefully considered after a review of the history and circumstances of the child needing to be placed; an assessment of whether the child meets the admissions criteria; and an assessment of the impact the placement will have on the other young people living in the home.

5.

## **ORGANISATIONAL STRUCTURE**

OWNER/DIRECTOR

MANAGING DIRECTOR

1 REGISTERED MANAGER

1 DEPUTY CARE MANAGER

4 RESIDENTIAL CARE WORKERS

HANDYPERSON

### **STAFFING POLICY**

Staffing levels at this Home vary according to occupancy levels and resident group dynamics and any extra support requirements arranged for individual children/young people.

- One member of the care team is on duty each shift. This will increase to facilitate escorting to specific appointments and addressing individual care needs.
- Management presence on the Unit is usually between 08:00 and 18:30 Monday to Friday and an 'On Call' system – is operated at night time and on weekends.

## 6. **FACILITIES AND SERVICES**

### **The Care Plan and the Case Management System**

MRCS is committed to an individual approach to the needs of those in our care. Every child/young person needs to know that there is someone who accepts responsibility for his or her welfare. In our Home, such a person is the Case Manager, who is assigned to each young person prior to admission. The Case Manager will oversee all aspects of the admission and will ensure that the placing authority has supplied all of the essential information. In addition, the Case Manager will be responsible for ensuring that a Placement Agreement Meeting takes place within 72 hours of admission. At this meeting, an Initial Care and Health Plan will be drawn up and the Placement Plan agreed. These plans will inform the child/young person, the social worker and the care team at MRCS, how the identified needs will be met. The young person would sign the agreement in the Young Person's Guide.

For the young person placed with us, another important member of the care team will be the Keyworker, who will be selected by the young person soon after his admission. The keyworker will work closely with the Case Manager in building a constructive, trusting and genuine relationship with the young person in order to provide effective care, support, advocacy and monitoring. 1:1 sessions are a feature of this relationship and planned sessions should occur on a fortnightly basis.

The Case Manager and Keyworker will be responsible for the tasks that arise from the care and placement plans, the progress of which will be monitored and evaluated at each Statutory Review meeting and modified, if necessary, to reflect changing needs.

### **Positive Relationships with Adult Role Models**

MRCS seeks to offer an alternative care and educational experience for those adolescents referred to us. Black and minority ethnic (BME) children and young people are over represented amongst the socially disadvantaged. Parents who fail their children are often doing the best they can with the personal resources they have.

MRCS aims to be part of the solution to the problem of troubled teenagers becoming disaffected adults on the periphery of society. MRCS offers to undertake targeted and time-specific pieces of work with disadvantaged young people, aimed at providing an alternative care experience; one of stability, warmth and unconditional positive regard.

The care team are concerned with adding and reinforcing strong, unconditionally positive and uplifting messages to the child's 'life account' whilst living at MRCS.

When considering a placement for a child looked after, social workers and other professionals often identify that a child/young person would benefit from counselling to address emotional and behavioural difficulties. While this is true, the low uptake of 'conventional' counselling by the youngsters who are purported to need these services is well documented. At MRCS, the positive relationships fostered between the adults and the young people placed with us are regarded as the primary therapeutic tool.

The initial stage of a young person's placement at MRCS will be concerned with settling him/her into the life of the Home, via a clear programme of care, which provides routine and structure. Setting and maintaining behavioural boundaries consistently for the young person has a containing effect, allowing the young person to begin to feel safe and to develop a level of trust in the care team. If the boundaries are maintained, then the young person will be better placed to explore the benefits of counselling. If a young person elects to undergo counselling, this will be undertaken by someone who is skilled in providing the help needed. It is accepted that not every young person will respond positively to the routine, structure and boundaries at MRCS, and will present behaviours that indicate a current inability to make use of the environment. Discussions with the young person, the social worker and parent/s would, at this time, inform decisions about whether the placement is viable.

## **Social Skills Training**

At MRCS, it is believed that emotional problems hinder the development of social skills. In the long term, as internal conflicts begin to be resolved, disturbed behaviour will give way to pro-social behaviour. In line with this position, carers seek always to challenge behaviour, which threatens the formation of positive interpersonal relationships. Young people are helped continually to accept responsibility for their actions, and to consider the feelings of others.

We rigorously encourage the development of sociable qualities, moral values and lawful behaviour in those we care for, in order to facilitate their acceptance into wider society. For example, offensive language, verbal and physical abuse, sexualised language and behaviour, racial abuse, and other forms of discrimination are always challenged as unacceptable and discussed with young people. Persistent misdemeanours will invite clear consequences.

## **Therapeutic services**

MRCS works with Croydon CAMHS who deliver therapeutic services in line with a young person's willingness to engage, or as part of a Youth Justice order overseen by the local Youth Offending Services (YOS). MRCS carers do everything necessary to promote the uptake of such services, i.e. accompanying a young person to CAMHS or YOS or requesting home visits for more vulnerable young people.

## **Activities and Leisure**

Carers are aware of the importance of children learning to purposefully occupy their leisure time. The home has internet access, a nearby library and internet cafes, magazines of interest purchased on request, games consoles and board games. Residents are allowed a TV for their room and they may have a radio/CD player in there also, as long as these are played at a reasonable level. The use of the TV may be restricted or withdrawn, depending on behaviour.

In line with individual care plans, recreational activities are arranged as soon as possible after admission. Membership at the local Leisure Centre is set up for a young person, too, where swimming, gym, basketball, badminton and other cardiovascular activities are encouraged. Also, local football teams serve the community of Croydon well.

## 7. CHILD PROTECTION AND PROMOTION OF HEALTH

### CHILD PROTECTION SAFEGUARDING POLICY

#### **Policy Statement**

MRCS will work with all interested professionals, parents and relatives to promote the safety and welfare of each child/young person placed in our care.

MRCS seeks to empower a child/young person within the residential setting by providing opportunities and pathways to communicate the occurrence of any abuse within or outside of the Unit. These opportunities include:

- ❑ 1:1 sessions with a keyworker
- ❑ Easy access to a Manager
- ❑ Residents' meetings (Teen Talk sessions)
- ❑ Privacy in making telephone calls from portable phone, where contact can be made to social worker, relative, independent visitor, Ofsted or confidential telephone counselling services and help lines.

In addition, residents are encouraged to speak to any member of staff (whatever their designation) about how they are feeling. MRCS ensures that staff possess the knowledge of the procedures to be followed in the event that they observe an incidence of abuse or have received an allegation of abuse within the Unit.

#### **Definition of abuse**

*An abused child is a person under the age of 18 years who has suffered from or is believed to be at significant risk of, physical injury, neglect, emotional abuse or sexual abuse, which the person who has custody, charge or care of the child either caused or knowingly failed to prevent.*” Croydon ACPC Inter Agency Child Protection Guidelines.

## **Recognising Abuse**

Care staff should use the following checklist if they suspect abuse has or is likely to have taken place:

1. Check the child/young person's background history. This should give some indication of how the child/young person is likely to relate to adults and peers in the placement.
2. All staff should be aware of the nature of present or past allegations and sensitive to the particular needs of the child/young person concerned.
3. Observe the contact between the child/young person and his peers or adults in the home. Watch for emerging patterns of victimisation, intimidation or inappropriate physical contact.
4. Staff should act to interrupt such behaviours and closely monitor the youngsters, sharing concerns with colleagues, the manager and social worker.
5. Confidentiality should be observed whilst discussing the details of incidents involving children/young people living in the home. Steps should be taken to ensure that all information about specific individuals remains confidential and that others in the resident group are not given access to it.

## **The Investigation Process**

Where an allegation of abuse occurs, it may become the subject of investigation by several agencies. *MRCS will notify the appropriate agencies within 24 hours of the allegation being made.*

### ***a) Child Protection investigation***

1. The investigation will be co-ordinated and carried out by the London Borough of Croydon Child Protection Team as the lead agency. It may involve social workers and police officers from the Police Child Protection Team.
2. In most cases, the local authority will gather information on the allegation and then decide whether a **Complex Strategy Meeting** should be convened.
3. Ofsted will need to be notified by the Home, and details of the allegations sent to them for information within 24 hours.

4. The Strategy Meeting will involve a manager from the Home; the social worker from the child/young person's placing authority, an Inspector from Ofsted, and an officer from the Police Child Protection Team. Social workers of other young people resident at the Home may also be invited.
5. The meeting will make recommendations as to further action needed on the case. The Child Protection Co-ordinator may assign tasks to Meeting members and in some cases recommendations may be made which require referral on to other agencies.
6. Ofsted has a duty to inform all placing authorities of the fact that an allegation has been made. There is an expectation that the Home will also inform the authorities of those directly affected by any complaints made.
7. Minutes of the Strategy Meeting and any decisions made will be distributed to all parties.

#### ***b) Police Investigation***

1. Following the strategy meeting, the police may wish to interview staff members. This will be for the purpose of establishing whether any criminal acts have taken place.
2. MRCS will co-operate with the police as they carry out such an investigation. Staff should be prepared for these interviews, and may wish to seek legal representation.
3. Police officers may also need to interview young people. A carer may be asked to support young people through this interview, though if the allegation is made against a carer, the 'Appropriate Adult' should be an independent person, i.e. parent or social worker.
4. The police may ask for the child/young person to undergo a medical examination, and arrange for photographs to be taken of any injuries.
5. To avoid corruption of evidence, carers will be advised against discussing details of an incident or allegation.
6. Professional medical staff should carry out treatment of any injuries other than basic first aid.
7. A criminal investigation by the police will not necessarily result in MRCS taking disciplinary action. Likewise, incidents that warrant disciplinary action may not necessarily lead to a criminal investigation.

### ***c) Staff Disciplinary Investigation***

1. Managers will interview all staff involved in an allegation of abuse.
2. In order to protect the interests of both the child/young person and the staff member, it may be necessary to suspend the staff member from duty whilst an internal investigation takes place.
3. Following the completion of this investigation, a meeting will take place of all managers. This meeting will consider a report from the manager who has carried out the investigation, detailing the allegations, the persons interviewed and the conclusions drawn. The report will also need to decide whether the MRCS disciplinary code has been broken and if so recommend that a panel of independent persons should convene a hearing to consider the appropriate disciplinary action.
4. Any disciplinary investigation should be completed within three weeks.
5. Details of disciplinary investigations will not be used for other purposes, or passed on to other agencies.

### ***Combating Bullying***

Why does it occur?

We understand that bullying stems from a need for power and control and that this need can arise in those who are at some level upset about their past or present circumstances. A bully (or abuser) will only mistreat someone perceived to be weaker.

Criticising, teasing, intimidation and violence characterise the approach of a bully. When bullying occurs amongst developing children it should be treated as seriously as we treat child abuse. In both cases the emotional health of a child is at stake and if such abuse goes unchecked, it will in some way interrupt the normal course of a young person's development to adulthood.

The effects generally fall into two categories.

1. The victim could become fearful, and comply with a bully, seeking to please the bully in the hope of stopping any further abuse.
2. The victim could seek out social situations that would provide him opportunities to make others feel as he has been made to feel, as a way of getting some power and control for himself - effectively becoming a bully.

Neither of these situations is desirable and it is the duty of care staff to be proactive in combating bullying by:

- Holding up pro-social and considerate behaviour as an example to all (praising young people for displaying such behaviour)
- Fostering a climate in which bullying is frowned on by everyone
- Providing adequate supervision and monitoring of the resident group during leisure time
- Discouraging older/younger child associations
- Keeping bullying as a rolling agenda item at 'Teen Talk' meetings
- Applying consequences to bullying behaviour, in line with the Sanction Policy
- Properly recording incidents and sharing concerns about developing patterns with colleagues, social workers and parents.

### **Care of Young People – Child Protection Awareness**

The child/young person who comes to MRCS as a result of an Emergency Protection Order, Police Protection Order, or with a history of absconding will have a detailed written assessment completed on him by the time he is admitted. The assessment will identify the specific action or care approach to be taken to safeguard the welfare of the young person.

The keyworker will explain to the child/young person the reason for any extra supervision (preferably in the presence of his social worker). Every effort will be made to ensure that the child/young person understands clearly what is being explained. The Keyworker will ensure that:

1. He/she always exercises sensitivity in dealing with the child/young person.
2. The child/young person's movements, i.e. to and from school and family contacts (direct and indirect) are monitored or supervised and well documented in the logbook.
3. There is frequent discussion about what is expected from him/her, in terms of his movements.
4. There are frequent reminders that the child/young person should not communicate with the person designated by the Court as a prohibited person.

5. Regular consultation takes place with the Head of Year of the school the child/young person attends or with the Headteacher at MRCS School, to ensure that the court's decisions are being observed.
6. Arrangements are made for the child/young person to see a counsellor if he/she wishes.
7. Any allegations made by the child/young person will be documented and then dealt with as above.

The Home's complete suite of child protection policies and procedures can be found at [www.mrcscare.co.uk](http://www.mrcscare.co.uk) and also within the Policy Manual in the home's duty office. These policies comprise the following:

1. MRCS Policy on the Protection of Children
2. MRCS Policy on Abuse
3. MRCS Policy on Anti-Radicalisation
4. MRCS Policy on Bullying
5. MRCS Policy on Safe, Positive Touch
6. Unauthorised Absence
7. Cyber Bullying and Internet Grooming
8. Money and Shopping
9. Self-Harm
10. Whistleblowing

### **Child Health Procedure**

The care team aim to provide and maintain a healthy and safe environment for all at all times.

1. The placing authority will be expected to give comprehensive health information in respect of the child/young person. The Case Manager and keyworker will inform the care team of the medical needs of the child/young.
2. MRCS will press the placing authority to provide parental consent to medical treatment for the child/young person placed at MRCS. Children/young people are registered with a local GP and other health agencies on admission.
3. The health of all children/young people will be carefully monitored and preventive checks on sight and teeth arranged by keyworkers. Medical advice will be sought promptly, if there is cause for concern. A health record will be kept at the Home for each child/young person, and this will be regularly updated with information about health needs, including illnesses, operations, allergies, immunisations, dates and appointments with the GP, etc.

## 8. FIRE PRECAUTION AND EMERGENCY PROCEDURES

### **Fire Precaution Procedure**

MRCS is equipped with fire alarm units, emergency lights and heat and smoke detectors.

Residents are expected not to sound the fire alarm unless asked to do so by a member of staff in the event of fire.

### **Fire Procedure**

In case of fire:

1. A member of staff will sound the fire alarm and dial 999.
2. Senior staff will identify all children/young people who are in the home at the time.
3. Senior staff will see that all children/young people in the home are assembled with staff, on the paved area in front of the unit.
4. In the meantime staff will turn out all electrical and gas appliances, and
5. Staff will close all doors to the rooms in the building.

### **Fire Drill**

1. A senior member of staff will alert staff on duty beforehand that there will be a fire drill.
2. A member of staff designated to do so will sound the fire alarm.
3. All children/young people in the home will be counted and identified.
4. Children/young people will assemble with members of staff on the paved area in front of the unit.
5. Senior staff will check that all rooms are empty.

6. The fire drill will be carried out once a month when all children/young people are in the Unit, that is, in the afternoons after children/young people return home from school and, occasionally at night.

9. **SUPPORTING CULTURE, LANGUAGE AND RELIGION**

Our small team of carers come from diverse backgrounds and are committed to celebrating differences and working in a way that includes all and rules out none.

We respect the identity of each young person and encourage them to respect themselves and others. We ask young people, their family or carers and social workers about their culture, religious or spiritual needs. Young people may choose to tell us more about themselves such as their relationships, sexuality, achievements, skills, interests and ambitions for the future. We encourage young people to be proud of who they are and what they have achieved and to think about what they want to achieve while they stay with us. We will help them to get the advice, information and practical support that they need. We are positive in our attitude and the way we speak about all young people whatever their identity and choices. We expect all young people in the house to do the same and we will challenge negative attitudes or behaviour. We will not discriminate against young people or their families and we will actively support their choices about the future. We will make particular arrangements for foods which are part of a young person's religion and culture. We will respect fasting, worship and observances a young person enjoys and we will support cultural diversity by building links within the community which enable young people to participate in their chosen faith. We consider each young person's identity needs to be as important as their other needs for education and health. We are part of a diverse local community having Muslim, Sikh and Christian places of worship nearby. There are also Humanist Meet up groups to the south of the borough and we shall encourage links where appropriate or an interest is shown. When interests in other cultures are indicated we are committed to assisting the young person in following and discovering how to learn more and participate in them. MRCS care team will support parents' wishes with regard to religious observance; however, age and understanding will be taken into account if the young person needs to be supported in their choice of religious beliefs and observance or none.

## 10. **CONTACT WITH FAMILIES AND FRIENDS**

We welcome visits by prior arrangement. Maintaining contact with parents, relatives and friends is recognised as being important to a young person's well-being and security. The Home will be flexible with parents and relatives to maximise the best opportunities for visits for our young people, however, we will always maintain due care and attention to the other young people in the homes as well e.g. During busy periods we may limit the number of visitors allowed in the home at any one given time. All visitors to the Home must be signed in the log book, noting the time they arrive and leave. This is a safety and protective measure. Contact arrangements will be discussed at the time of the young person's admission to the Home and any difficulties fully discussed and resolved. Young people will be able to maintain contact by using their own mobile phones wherever appropriate or using a free phone provided in the Home. All personal mail for young people will be given to them directly. Young people will be given help and support in corresponding with their parents, relatives and friends if they require it by phone, letter, email and social networking as appropriate.

## **11. CONSULTING WITH YOUNG PEOPLE ABOUT THEIR CARE**

We support the right of young people to be consulted and listened to about key decisions which affect their daily life or their future. The care team are trained to act as a 'good parent' by listening to the young person and involving them in decisions about their life and future through Teen Talk sessions, keywork sessions and through everyday living opportunities. We encourage young people to be involved in planning their lives in a way that enables them to contribute effectively, for example by explaining the purpose of a Statutory Review meeting, who will be there and going through the consultation documents in advance of the meeting. Young people are supported to express their own views and their keyworker may act as advocate where appropriate. This may not be appropriate when there is a conflict of views relating to a matter about the Home. Recognising any such conflict of views the Case manager will ensure that the young person may express his views with the support of another person independent of the Home. Appropriate advice and expertise will be sought to ensure linguistic and cultural issues are resolved to enable a young person's full involvement in consultation. Young people will be invited to participate in decisions concerning the home and daily life for example in menu planning, house decoration and decisions concerning recreational activities. Young people will be encouraged to hold Teen Talk sessions to discuss the running of the home, encourage suggestions and contributions to local community life and activities. Young people have the opportunity to raise any matters concerning the running of the home with the Registered Manager or their Case manager or the Independent person making monthly monitoring visits (appointed in accordance with Regulation 44, Children's Homes Regulations 2015). Young people may also raise issues with the Responsible Individual (Kevin Henry) on 07788 443717.

## **12. CHILDREN'S RIGHTS AND ANTI-DISCRIMINATORY PRACTICE**

We support the UN Convention on the rights of the child. All young people in our care are looked after and protected as 'children' until they are 18 years old, and their 'best interests' are our top priority. Young people's relationships with their parents are supported and their parents are kept informed of their progress except where this may cause harm to the young person. We promote young people's development of their own identity and celebrate their uniqueness. Young people are consulted in all decisions affecting them and supported to express their own views freely. They are encouraged to participate in their local community within their own social networks and their privacy is protected in the Home. Young people in the Home have a right to a good standard of living that aids their development through the best possible healthcare and education and this is regularly reviewed. We accept young people as they are, and as they wish to become, embracing their unique identity, personality, circumstances, heritage, background, future choices and we support them to enjoy their own culture religion and language. MRCS is committed to treating young people, their parents and family, professional partners, neighbours and members of the community in connection with the Home and all employees, contractors, and students on placement, fairly and equitably, regardless of their character as an individual, personal circumstances, background, heritage or lifestyle. In particular, fair and equitable treatment will apply regardless of any person's racial, ethnic or national heritage, gender, sexual orientation, age, religion or spiritual beliefs, disability or health status, in accordance with the following legislation: Employment Equality (Sex Discrimination) Regulations 2005, Race Relations Act 1976 (RRA) & the Race Relations (Amendment) Act 2000 (RRA 2000), Disability Discrimination Act (DDA) 1995, Equality Act 2010 and Human Rights Act 1998). In our practice we are committed to the following principles:

- Working to maintain an open, positive and inclusive culture at MRCS for young people and adults that is comfortable, welcoming, feels safe and promotes opportunities for positive communication and relationships.
- Elimination of prejudice and unfair discrimination through proactive promotion of the rights of the individual.
- Equality through the promotion of discipline, education, reflection and personal growth in young people and adults in the Home.
- Learning from research, legislation, practice monitoring, complaints and representations and outcomes for young people.

MRCS is regulated and registered by Ofsted (HMCI) to provide care specifically for young people with emotional and behavioural difficulties. The Home is not exempt from compliance with the Disability Discrimination Act 1995 but it is not registered with Ofsted (HMCI) to provide care for young people with Disability due to matching considerations. Therefore, young people referred to the Home primarily with emotional and behavioural needs will not be excluded due to any form of disability where their needs for support and care can be met or where 'reasonable adjustment' to meet their needs can be made and the Home can continue to operate within the parameters of its registration. We support and guide young people to grow through healthy relationships and attachments that develop their confidence and self-esteem, self-respect, acceptance and tolerance for themselves, their family and for others. Our approach includes information, guidance, education, boundaries, and opportunities to develop ability in reflection and self-discipline. MRCS welcomes all young people placed with us and their visitors through personal greetings, posters, information boards, displays and leaflets available in keeping with a homely atmosphere using resources chosen to promote and celebrate diversity. Young people are encouraged to understand the wider world and to celebrate the cultural and religious background of all those living and working in the Home through media, group activities, role modelling, open discussion, music and food. Young people are offered opportunities to get involved in their hobbies and interests, at home or in the community, to pursue their passions and to try out new experiences. All achievements are noticed and celebrated. Adults in the home are positive role models for our young people and will challenge in a positive way, attitudes, behaviour and language that are non-inclusive, rejecting, hostile or discriminatory. Young people will not be rejected but their behaviour may be. Respect, courtesy and a positive culture is promoted within the Home at all times. Bullying is not tolerated in any form or against any person living or working in the Home or visiting. Bullying is prevented and addressed through effective matching at the time that young people are referred to ensure that any risks of bullying arising within the group are safely managed, and on-going group risk assessment.

### **13. METHODS OF CONTROL AND DISCIPLINARY MEASURES**

MRCs places great emphasis on the development of constructive relationships between staff and residents, this being the primary therapeutic tool. If trust empathy and genuineness are established as consistent features in a relationship, then effective care and control will normally follow.

Young people placed with us will inevitably experience powerful feelings they are unable to appropriately express. This inner turmoil may manifest itself in verbal aggression, physical aggression or destructive behaviour.

Within the framework of a genuine regard for the proper development of appropriate ways of being, youngsters are:

- helped to acquire basic life and social skills;
- encouraged to acquire and develop leisure skills through individual and group activities;
- encouraged to identify, explore and effectively cope with painful life experiences, so that they are no longer major obstacles in their personal development;
- positively affirmed when exhibiting pro-social behaviour and internal control.

When a young person becomes angry and loses control the adults respond by:

- encouraging him to regulate his breathing;
- calmly pointing out the consequences of rash reactions;
- encouraging him to verbally express his feelings;
- removing the anger trigger if appropriate, i.e. the person who has incited the anger;
- encouraging him to make a decision about how and when he wishes to communicate appropriately.

Internal control as a concept is dealt with mainly through individual sessions between the child/young person and his keyworker, as well as via sessions with

the case manager, who will meet with the children/young people to review behavioural responses on a regular basis. Discussions focus on:

- assisting him to correct faulty patterns of interaction and response to conflict;
- empowering him to adopt better strategies for dealing with social situations;
- praising him when he shows signs of trying to deal with his anger in a constructive way.

## **Sanctions**

As a consequence of non-compliance with expectations a child/young person may:

1. Be given the option of retiring to his room to avoid losing out on a privilege he particularly enjoys;
2. Have privileges withdrawn such as outings, leisure activities, TV / games consoles, visiting or receiving visits from friends;
3. Lose part or all of the weekly monetary bonus or have pocket money delayed until compliance is achieved.

## **Sanctions Not Permitted**

1. No child/young person may be deprived of meals provided in the Home.
2. No child/young person may be prevented from contacting a social worker from his placing authority.
3. No child/young people may be prevented from getting in touch with his parent unless this has been requested by his social worker and ordered by a court.

All sanctions used will be recorded on a sanction form, which the child/young person will be asked to sign. A manager will monitor the type and level of sanctions issued to ensure fairness and consistency. Signed Copies of the forms will be placed on the child/young person's file and a central record of sanctions will be kept.

## **Examples of Behaviour that Warrants the Use of Sanctions**

- Avoiding school
- Verbal abuse
- Aggression directed at others
- Coming home late
- Refusing to leave a prohibited area
- Smoking in the home
- Failure to respond when the fire alarm is activated

A child/young person will be made to make reparations from their allowances without recourse to the police, in the event of accidental damage to property or deliberate damage to small items.

## **When to Involve the Police**

In the event that carers suspect criminal behaviour is happening or about to happen - i.e. illicit drug taking, bringing stolen goods onto the premises, theft, deliberate damage or assault - the child/young person will be cautioned that the police would be summoned if he does anything illegal. If this warning is ignored, the police will be summoned with the prior agreement of a manager.

## **Physical Restraint**

The proper use of physical restraint requires skill and judgement as well as knowledge of non-harmful methods of restraint. It is the policy of MRCS to train all its carers in restraint techniques before they are expected to use physical intervention when a child/young person is out of control.

The principles relating to the use of physical restraint may be summarised as follows:

- Staff should have good grounds for believing that immediate action is necessary to prevent a child/young person from significantly injuring himself or others, or causing serious damage to property.
- Staff should use a range of strategies in advance to avoid the need for physical restraint, i.e. dialogue and diversion; pointing out consequences, etc. The child/young person should be given a verbal warning that physical restraint will be used unless he stops.

- Only the minimum force necessary to prevent injury or damage should be applied.
- Every effort should be made to secure the presence of other staff before applying restraint. These staff can act as assistants and witnesses.
- As soon as it is safe, restraint should be gradually relaxed to allow the child/young person to calm down in response to the physical contact.
- Restraint should be an act of care and control, not punishment.
- Physical restraint should not be used to force compliance with staff instructions when there is no immediate risk to people or property.

All incidents where restraint has been necessary should be clearly recorded. This record should include the type of restraint used, the adults carrying out the restraint, its time, duration, confirmation of any injuries and the offer of medical treatment, and outcome. An incident report should be forwarded to the social worker of the young person involved.

#### 14. **PROCEDURE FOR UNAUTHORISED ABSENCE FROM UNIT**

Young people are not allowed out of the Unit without prior permission from an adult. During term time they are required to return to the Unit by 21:00. If a young person does not return to the Home by 23:00 hours, his Unauthorised Absence will be reported his placing authority. Staff on duty will make contact with the family and friends of the child/young person in an effort to locate him. Once the child is located, those caring for him will take the necessary steps to collect him and bring him back, if practicable. The role and responsibility for this activity will be agreed during the placement planning stage. In accordance with the Croydon Police and Social Services Missing Persons Protocol, the child/young person will not be considered missing until he has been absent for 48 hours without contact. *However a manager will carry out a risk assessment considering age, pattern of previous absconding and degree of vulnerability as factors to determine whether a Missing Person's report should be filed before 48 hours has elapsed.* Where a child/young person has had their liberty restricted by the police or courts via a curfew, the time stipulated, which is usually before 23:00 hours, is to be observed.

In the case of a person found to be missing (see Missing Persons Protocol) the following procedure applies: -

1. Contact the police non-emergency number on 101, and provide full details of the child/young person, including what he was wearing when last seen. Await the police officer's visit to complete the missing person risk assessment and check the room of the child/young person.
2. Contact the Children's Services Department to advise the Emergency Duty Team Social Worker. Note the Duty Social Worker's name, and inform him/her of the allocated social worker's name. If applicable, inform the child/young person's parent or guardian at an appropriate time.
3. Details of the situation should be recorded accurately in the child/young person's case file.
4. As soon as possible during office hours, the allocated social worker should be informed.
5. As soon as the child/young person returns, the Police should be notified as well as the parent/s and the social worker.
6. Information on the whereabouts of the child/young person and any subsequent discussion with him on his return should be logged and shared with the social worker. In the case of a persistent absconder, a meeting should be convened between the home's staff, the social worker and police to assess the triggers to the pattern of absconding and to agree action to eradicate this behaviour. The meeting should also consider the point at which the suitability of the placement is reviewed, should the absence/s become protracted.

**Complaints**

All young people living in the Home are free to make a complaint against other residents and staff, and have the right to have these complaints heard. [Complaints and Suggestions 2017.docx](#)

**Complaints against another Young Person**

1. The adults in the home will make every effort to resolve the complaint informally at an early stage. If this is not possible, the complaint should be put in writing and signed by the complainant. A carer will assist the resident to do this, if necessary.
2. It should be passed to the keyworker or shift leader who will look into the matter in the first instance.
3. Within one week of receiving the written complaint the keyworker will arrange a meeting between the complainant and the person against whom the complaint is brought, with a senior member of staff.
4. Every effort will be made to have both parties present their case, and for the meeting to end amicably.
5. If, however the complainant is still dissatisfied, the child/young person will be encouraged to involve his social worker, who will discuss the complaint with a senior member of staff with a view to resolving it satisfactorily.
6. A senior member of staff will apply any necessary sanctions.

**Complaints against Carers and Other staff**

**(This procedure relates to complaints that would call into question the practice/integrity of a member of staff, but that are not of a child protection nature. See section 6 for CP procedure.)**

The complaint will be made through a Keyworker or the Manager, as long as it is neither of these about whom the complaint is being made. If it cannot be resolved quickly and informally, it must be in writing.

1. A meeting will be held within one week of the complaint being received between the Keyworker, the complainant, the Manager and member of staff against whom the complaint is brought.

2. If after an initial meeting no satisfactory outcome is arrived at, the Manager will invite an outsider to act as an independent participant at a hearing set up to consider the complaint.
3. Such a person could be an independent visitor to the Home or an Inspector from Ofsted.

### **Complaints about the Management of the Home**

In the event that concerns arise about the Registered Manager or the management of the home under him/her, a young person, a member of staff, or any other person may approach the Managing Director. If the complainant feels that the situation has not been satisfactorily resolved, or if it is felt that the matter is not being dealt with appropriately, then the complainant may make contact with the Duty Inspector at:

Contact the Chief Inspector of Ofsted, Amanda Spielman, using this number: 0300 123 1231.

Or write to:

#### **Ofsted**

The Royal Exchange Buildings  
St Ann's Square  
Manchester  
M2 7LA

### **Complaints Brought Against a Young Person by a Member of the Public**

1. The complaint will be written and handed to the Registered Manager.
2. The Registered Manager will discuss the complaint with the member of the public young person to gauge wishes and feelings.
3. The Registered Manager will hold a meeting between the child/young person, the keyworker and the complainant.
4. The Keyworker's role will be to act as advocate for the child/young person and help him to express his views.
5. Every effort will be made to make amends, if the complaint is upheld. The child/young person may be asked to make an apology or reparation (financial or otherwise) in the case of stolen or damaged property.

**Education**

With the general UK rates of underachievement amongst looked after children - and male adolescents in particular - at a worrying high, MRCS continues to demonstrate a strong commitment to being part of the solution to getting male teenagers with disrupted education histories and / or special educational needs to value their education.

Some children/young people enter the care system at a very early age; others are taken into care during adolescence. Unhappy and unstable family backgrounds make it hard for a child/young person to make educational progress at school. Where a child/young person's emotional development has been affected by difficult family experiences, poor concentration and under-achievement usually follow.

Prior to a planned admission to the home, MRCS will work in partnership with the placing authority virtual school to a) take the required action to identify an appropriate school provision for a school aged child; and b) put in place and support home tuition to keep the child educationally engaged while he awaits induction in his new school provision.

The virtual school service works across all key stages, in mainstream schools, pupil referral units, children's homes, and foster homes that have looked after children needing extra support. MRCS will be part of the multi-agency approach the virtual school service takes to work closely with social workers, carers, designated teachers, the education psychology service and other relevant agencies.

If a young person placed with us already has a school placement that can be sustained, then MRCS will liaise with the placing authority's virtual school head and do what is necessary to promote the continuation of this. Post-16 College and employment training arrangements will feature in pathway plans devised by placing authorities and implemented by the MRCS care team. MRCS carers are committed to supporting young people making the transition to further education, embarking on apprenticeships, supporting them to attend their borough's career support services for help in completing their CVs, applying for work experience or voluntary positions in organisations, and preparing young people for interviews.

17. **ARRANGEMENTS FOR REVIEWS UNDER SECTION 26**

**Reviews**

The Case Manager and Keyworker undertake monitoring and evaluation of a child/young person's experience in placement during supervision and they lead care team discussions on the individual young person on a regular basis.

A young person is encouraged to take a full and active interest in all matters and decision-making affecting his life. Formal systems to enable this are through keywork sessions, Teen Talk (House Meetings), social work visits and review meetings.

In addition to regular communication via telephone report or visits, we expect the social worker to arrange regular placement reviews. Before each review the social worker should ensure that the young person is sent a consultation document for completion in preparation for the review meeting.

Review meetings will occur at the following intervals.

1. First Review - Within one month of admission.
2. Second Review - Three months later.
3. Subsequent Review- Thereafter every 6 months.

## APPENDIX

<u>NAME</u>	<u>POSITION QUALIFICATIONS</u>	<u>EXPERIENCE</u>
Kevin Henry	Managing Director, OBE BENG (H), MBA	22 years H.R., Departmental & General Management
Paul Rhys-Taylor	Registered Manager DipSW, DipHE CMS Masters Level Practice Teacher Award	2 years Voluntary, 4 years Field, 20 years residential (22 in Management)
Sheryl Johnson	HR and Training Admin Various HR & Training	11 years residential care experience
Linda Trotman	Deputy Manager NVQ 3 C & YP Lev 5 Dip in Management A1 Assessor	7 years residential care experience 12 years management experience
Susan Ayoola	RCW NVQ 3 C & YP BSC in Midwifery	10 years residential care experience
Luke Brownford	Working towards NVQ 3	9 years residential care experience
Tony Peddie	Access to Social Work Degree in Social Work	8 years residential care experience