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LODGE ROAD

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STATEMENT OF PURPOSE

# **CONTENTS**

<b>DESCRIPTION</b>	<b>PAGE NO.</b>
STATEMENT OF PURPOSE	2
1. Aims and Objectives	3-4
2. Names and Addresses of Responsible Body	5
3. Details about children placed in the Boys' Unit	6
4. Organisational Structure & Staffing	7
5. Facilities and Services	8-10
6. Child Protection and Promotion of Health	11-16
7. Fire Precaution and Emergency Procedures	17
8. Religious Observance	18
9. Arrangements for Family Contact	19
10. Methods of Control and Disciplinary Measures	20-23
11. Procedure for Unauthorised Absence from Unit	24
12. Procedure for Representations	25-26
13. Arrangement for the Education of children/young people	27
14. Arrangements for Reviews	28
15. APPENDIX	29-30

## **STATEMENT OF PURPOSE**

MRCS provides residential care with a strong emphasis on improving the life chances of those placed with us. The Lodge Road resource comprises:

1. **MRCS Boys' Unit.** Providing 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 abuse and neglect.

MRCS seeks to offer an alternative care and educational 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.

## **AIMS AND OBJECTIVES**

### **Aims**

- To provide all male adolescents admitted to MRCS with the support necessary to ensure a successful placement;
- To help him 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 his care and pre-care experiences;
- To encourage and help him to foster lasting relationships with his 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 to the Kingsdown Secondary (SEBD) School, in partnership with the placing authorities.
- To provide the level of care which will assist the boy/young man to realise his full potential socially, emotionally, physically and educationally?
- 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 meets or exceeds the National Minimum Standards of the Care Standards Act 2000.

## **Objectives**

- To ensure a written Care Plan and Education Plan is in place for each young person, which is understood and implemented by the care team after admission.
- To allocate a Case Manager to each male adolescent on admission and to allow him to choose his keyworker from the care team.
- To operate an admission system that meets the child/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 MRCS School.
- To foster positive links with the parents and family.
- To promote the development of social skills via a range of indoor and outdoor activities.
- To provide clear, daily opportunities for the development of life skills for independence.
- To produce a weekly planner for all to know prescribed routines for the young person.
- 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.

2.

**NAME AND ADDRESS OF RESPONSIBLE BODY**

**MCRAE RESIDENTIAL CARE SERVICES LTD**

57 Lodge Road  
Croydon CR0 2PH

Mrs S J McRae                      Director/Secretary

Mr K Henry                              Managing Director

3. **DETAILS OF CHILDREN PLACED AT THE BOYS' UNIT**

AGE RANGE: 14 - 19 YEARS

19 year olds will have been in placement before their 18<sup>th</sup> birthday and continue to live in the home on a semi-independent basis.

GENDER: Male

NUMBER OF CHILDREN: Six

OTHER CRITERIA: We actively welcome referrals and we encourage planned placements of a medium to long-term nature. Emergency referrals are carefully considered against the needs of the resident group.

4.

## **ORGANISATIONAL STRUCTURE**

OWNER/DIRECTOR

MANAGING DIRECTOR

REGISTERED MANAGER

DEPUTY MANAGER

5 RESIDENTIAL CARE WORKERS

1 HANDYPERSON

### **STAFFING POLICY**

The Deputy Manager will operate as a house parent, being present in the home for core waking hours, typically 10:00 – 20:00, establishing and maintaining a fostering-type environment, leading the small team of carers in the provision of sensitive and responsive care. Staffing levels at Lodge Road will vary with occupancy levels and any additional support is arranged for individual young people as required.

- When there are six in residence, there will be two dedicated waking night carers, on duty each night between 22:00 and 10:00 hours.
- The Registered Manager will provide daily support to the Deputy Manager and monitor matters as required. 'On Call' duties will be shared between the managers.

## 5. **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 Planning Meeting takes place within 72 hours of admission. At this meeting, a Care Plan and a Placement Plan should be agreed and signed by the child/young person, his social worker and Case Manager. These plans will inform the child/young person, the social worker and the care team at MRCS, how the identified needs will be met.

For the young person placed with us, another important member of the care team will be his Keyworker, who will be selected by the young person himself 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 him 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 male adolescents referred to us. Minority ethnic 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 considers it important for looked after children and young people to be placed in environments where there are positive role models for them.

For children and young people from black and minority ethnic backgrounds, the provision of care and education by competent and positive adults that reflect their race and culture goes some way to counterbalance any earlier negative family and school experiences that militate against the development of a healthy sense of self during adolescence.

MRCS aims to be part of the solution to the problem of troubled boys becoming disaffected men, on the periphery of society. MRCS offers to undertake targeted and time-specific pieces of work with disadvantaged boys, aimed at providing an alternative care experience; one of stability, warmth and unconditional positive regard. MRCS is 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 looked after child, 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 talking therapies by the youngsters who are purported to need them is well documented. At MRCS, the warm, genuine and honest relationships the care team builds with young people in our care are regarded as the primary therapeutic tool.

The initial stage of a child/young person's placement at MRCS will be concerned with settling him into the life of the Home, via a clear placement plan, which provides routine and structure. Setting and maintaining behavioural boundaries consistently for the child/young person has a containing effect, allowing him to begin to feel safe and to develop a level of trust in the adults caring for him. If the boundaries are maintained, then the child/young person will be better placed to explore the benefits of counselling. If a child/young person elects to undergo counselling, then local CAMHS will be approached and the young person will receive the necessary support to attend sessions. 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 difficulty in making use of the environment he finds himself in. Placement support meetings will be used positively as a means to promote placement stability.

## **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 vigorously encourage the development of social 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.

## **Activities and Leisure**

Carers are aware of the importance of ensuring that young people are able to purposefully occupy their leisure time. The Home itself has internet access, reading material, a games console, board games and badminton and basketball facilities at the back. Residents are provided a TV and a radio/CD player in their rooms as long as these are played at a reasonable level. The use of the TV may be restricted or withdrawn, depending on behaviour.

The Home enjoys membership benefits of Virgin Active (Surrey) Health and racquets Club and young people are encouraged to attend up to three times-a-week to engage in gym activities, swimming and racquets sports. In this social space, they are also encouraged to develop their social skills.

## 6. 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 handsfree 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 any youngsters 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.

### **Child Health Procedure**

The adults caring for the children/young people placed at the Boys' Unit aim to provide and maintain a healthy and safe environment at all times.

1. The placing authority will be expected to give comprehensive health information in respect of the child/young person. The Unit 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.
4. Records should not be kept of the health status of a child/young person who is HIV positive, but detailed guidance will be made available to that person, his social worker and family.

### **Illness**

1. Minor everyday illness would be dealt with by consulting the GP if deemed necessary. In the case of serious illness, staff will notify the social worker, and the child/young person's parent(s). Medical attention would be sought; usually with prior consultation, but in an emergency it may be necessary for permission to be sought via the Practice Manager of the child/young person's placing Authority.

## 7. **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.

8.

## **RELIGIOUS OBSERVANCE**

At the placement planning stage, the religious and cultural background of the child/young person is identified. If the he has a faith that he is currently practising his faith, the Case Manager will be required to locate the nearest place of worship, i.e. church, Kingdom Hall, mosque, etc, in order for the child/young person to continue in this observance. It is recognised that this is a sensitive area; therefore every effort is made to involve the parent/s and placing authority to assist the child/young person to practice his faith in a way that is meaningful to him.

Where appropriate, special diets are also facilitated to maintain cultural identity.

## 9. **ARRANGEMENTS FOR CONTACT WITH FAMILIES ETC.**

As part of MRCS policy of encouraging reunification of children/young people with their families, we promote regular family contact.

Where a return home is not likely, MRCS strives to encourage child/young person and parent/s to recontextualise their relationship in a positive way. MRCS carers will seek to work in partnership with parents in all aspects of the care of their children.

There are times when contact is against the interests of the child/young person, and in those circumstances, advice is sought from the placing authority. In all cases, the child/young person's Care Plan should formalise contact arrangements.

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

Most of the children/young people who come to MRCS would have experienced previous forms of intervention that would have been unsuccessful, and they would have rejected most forms of control. In view of this, 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.

Children/young people placed with us will invariably 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 the entire 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 Consequence 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. Young people will be invited to comment and signed these forms, which will be kept on record.

## **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 and outcome. An incident report should be forwarded to the Social Worker of the child/young person involved.

## 11. **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 local Police - Tel: 101 and provide full details of the child/young person. Await the police officer's visit to conduct a routine room search and missing person risk assessment.
2. Contact the Social 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.
7. 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 fellow residents and staff, and have the right to have these complaints heard.

**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.)**

1. 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.
2. 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.

3. 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.
4. 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 a complaint by letter or email ([enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)), by telephone (0300 123 1231) or in person.

### **Complaints Brought Against a Child/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.

## 13. ARRANGEMENT FOR THE EDUCATION OF CHILDREN

### 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 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.

Where a child/young person is without a school placement on admission to MRCS, his placing authority would be invited to make a referral to Kingsdown Secondary School, the independent SEBD school run by MRCS, which has received a 'good' from Ofsted ([www.kingsdownsse.com](http://www.kingsdownsse.com).) Once accepted, the pupil will be placed in the Nurture Group, which is part of the school but located next door (policy and procedures available on request. Preliminary baseline assessments are made to gauge his attainment levels and to inform his Personal Education Plan. After four weeks of assessment and, if appropriate, the pupil will then be transferred to the main school.

Kingsdown School provides a daily routine and structure much like that of a mainstream school, yet the provision is geared to individual needs and learning styles. It seeks to engage individuals on areas of academic difficulty, life skills, and exercise and health promotion. The facilities used for on-site education will include access to the computer suite, art studio, gym and library/reading room, in addition to a dedicated 'formal teaching' room where a minimum of 1:3 staff/student ratio will be achieved. In addition, another room is available to enable more intensive 1:1 support to be given to students working on their Individual Education Plans.

In all cases students will be encouraged to read books and other educational material, and to carry their learning on after school hours. Homework will also feature as part of the child/young person's educational programme.

<b>Address:</b>	<b>Kingsdown Secondary School, 112 Orchard Road, Sanderstead, Croydon, Surrey CR2 9LQ</b>	
<b>Telephone:</b>	<b>020 86571200</b>	<b>Fax: 020 8689 0645</b>
<b>Authority:</b>	<b>Croydon</b>	
<b>Gender of entry:</b>	<b>Boys</b>	<b>Age range: 11-16</b>
<b>Number of students:</b>	<b>16</b>	

14.

## **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.

15.

## **POST -18 SEMI-INDEPENDENCE ARRANGEMENTS**

Lodge Road provides two flatlets designed to allow young people resident at 18 to transition to a semi-independent placement without having to leave 'home'. Typically, our post-18 residents will be in full-time education, on an apprenticeship /other employment training scheme, or have a vulnerability that requires our continued support. They will have a lower level of supervision and will be supported to claim the benefits they would be entitled to, i.e. Income Support and Housing Benefit, in order to support their stay in this transitioning placement.

### **Safeguarding considerations**

Any flatlet resident will have signed a license agreement detailing certain conditions of license, i.e. that the licensee must:-

- a. Not invite or permit any young person living in the Children's Home below the flatlet to visit him in the flatlet for any length of time.
- b. Only socialise with younger residents in the communal areas of the Children's Home below the flatlet.

This provision is intended to be an extension of the care, support and guidance provided for the young people placed at MRCS and should work in harmony with all other aspects of our service provision.

Conditions of the License Agreement will be strictly applied.

## CONFIDENTIAL 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, 19 years residential (19 in Management)
Sheryl Johnson	HR and Training Admin  Various HR & Training	11 years residential care experience
Vivette Barton	Deputy Manager NVQ 3 C & YP Lev 5 Dip C & YP Mgt	15 years residential care experience 4 years supervisory
Susan Ayoola	RCW NVQ 3 C & YP BSC in Midwifery	7 years residential care experience
Copeland Rose	RCW NVQ 3 C & YP	17 years residential care experience
Luke Brownford	Working towards NVQ 3	7 years residential care experience
Tony Peddie	Access to Social Work Degree in Social Work	6 years residential care experience
Andrew Mcfarlane	RCW BSc in Counselling & Social Policy	4 years residential care experience
Adrian Farrell	RCW NVQ 3 C & YP	14 years residential care experience