

Statement of Purpose



Avenue House

Ofsted SC403789

Avenue House
27 Birmingham Road
Kidderminster
Worcestershire
DY10 2BX

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Registered Provider: Cove Care Residential, 16 Waterloo Road, Wolverhampton WV1 4BL,
tel 01902 854259

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1. Quality and purpose of care

- i. *The range of needs of the children for whom it is intended that the children's home is to provide care and accommodation.*

The Ofsted young person categories and codes on the home's certificate are:

- Children with emotional or behavioural difficulties (EBD)
- Children with mental disorders, not including learning disabilities (MD)

- ii. *Details of the home's ethos, the outcomes that the home seeks to achieve and its approach to achieving them.*

Our mission at the home is to provide specialist residential care for young people with complex mental health, emotional and behavioral difficulties. We provide a unique service for this group of young people, increasing year-by-year in number and in their experienced difficulties. We have been able to provide specialist interventions that support young people's emotional and mental health needs; to help identify previously unmet mental health needs through skilled assessment, and obtain the right type and level of support for them; and also to offer quality alternative provisions to hospital admissions or lengthy hospital stays. We have developed many excellent relationships with local authorities in the West Midlands and further afield who regularly use our service, and also with several in-patient CAMHS services who we work with in transitioning a young person into the community. By nature of their difficulties, many young people will have been referred and placed directly from a Tier 4 CAMHS hospital following in-patient assessment or treatment, and these periods in hospital can often be over a prolonged period (over years in some cases). A significant proportion of them will have transitioned to us having previously been detained under the Mental Health Act 1983.

- iii. *A description of the accommodation offered by the home, including:*
 - (a) *how accommodation has been adapted to the needs of children;*
 - (b) *the age range, number and sex of children for whom it is intended that accommodation is to be provided; and*
 - (c) *the type of accommodation, including sleeping accommodation.*

The home has provision for 4, boys and girls, aged up to 18 years of age. The typical age range is from 13 years up to 18, and tend to be in the 14 to 17 years category. The home compiles thorough matching for all potential new admissions, and pays particular attention to the age differentials and potential developmental issues that may arise from a particular combination of young people, and if admission is approved, how to manage and monitor these.

Through the LAC review process, the IRO, local authority and the homes management will plan for a suitable transition into the community, a return home or into supported accommodation, in advance of the young person's 18th birthday. There are occasional situations where, due to the nature of young people in our care requiring additional support, rehabilitation and recovery into young adulthood, and providing for a temporary extension to their successful placement at the home to receive this, a local authority may request this extension post-18 years. Where we feel this is in the interests of all the young people in the home we may offer a time-limited, planned extension under Ofsted's 'Guidance on inspecting and regulating children's homes that provide care and accommodation for adults (wholly or mainly a children's home) (Ofsted, 2015). In accordance with this guidance, such occasional situations will be subject to a clear rationale for the stay and planned end date; successful and ongoing impact risk assessment; and consent approval from all placing authorities involved.

The home is a well-maintained detached older residence includes a lounge, kitchen, dining room; 4 bedrooms, 2 separate downstairs living and reception areas; study area with PC; staff toilet and a large, fully-equipped kitchen. There is a large private garden to the rear of the property. The home provides 24 hour staffing including night time cover and accommodation, including staff office, sleeping and bathroom areas.

Each young person has a private bedroom, each furnished with a double bed, bedding, wardrobe and storage. There is a separate bathroom upstairs. Any valuables belonging to the young person can be stored securely by the staff. The allocation of bedrooms, and the supervision arrangements of the rooms and of the young person will be dependent on the young person's needs for protection and safeguarding, and be informed by a clear risk assessment and Care Plan.

The home is sympathetically and subtly adapted to meet the needs of the young people, which may include potential risks to themselves and others by nature of their mental health and emotional difficulties, with only minimal adaptations to a typical family residence of good quality. These include a fire alarm system and fire safety equipment; a locked drawer in the kitchen for safe storage of sharps; a locked COSHH cupboard; bedroom door locks with staff access in case of emergencies; mechanisms on the windows allowing restricted opening; thermoregulatory water control, and locked storage and staff administration of all medication. All local authorities sign consent forms for the use of these adaptations when a young person moves in.

iv. A description of the location of the home.

The location of the home is within Worcestershire area, with the home being within the Kidderminster district.

Children's educational achievement is promoted in local schools such as Pedmore high school which is 7.2 miles away from the home, and young people are supported to attend these resources as independently as possible, or provided temporarily within the home, with

agreement with their local authority and in line with their EHCP for a short period if this is required.

Children's health and well-being is supported in a range of local facilities such as the Stanmore House surgery, which 0.3 miles from the home, the dentist Denora dental surgery is 1.8 miles away from the home, and the local Child and Adolescent Mental Health tier 3 service is conveniently located less than a mile from the house. Nearby sports and leisure amenities Wyre Forest Leisure centre located 2.2 miles from the house, to ensure that the children's wider health promotional activities can be met, along with the popular Springfield Park being 1 mile away for children's easy access and enjoyment. The area has a good selection of RESTAURANTS / SHOPPING / DISTANCE for young people to frequent and socialise.

The home has a comprehensive Locality Risk Assessment.

v. The arrangements for supporting the cultural, linguistic and religious needs of children.

We provide care which meets each child's needs and promotes their welfare, taking into account of the child's gender, religion, ethnicity, cultural and linguistic background, sexual identity, mental health, any disability, their assessed needs, previous experiences and any relevant plans.

Local churches, temples and mosques in the area include:-

St. Mary and all saint's church
Kidderminster Baptist church
Madani Masjid
Shree Krishan Mandir
Shree Hindu Samaj

The home encourages young people to enjoy and understand the spectrum of religious festivals and celebrations through individual and group activities in the home, and promote their own cultural and religious identity through the provision of an advocate, and if necessary a translator and written materials. All young people's socio-cultural needs, i.e. special dietary or routine practices specific to their religion, age, development and social background, will be incorporated into their individual care plan.

vi. Details of who to contact if a person has a complaint about the home and how that person can access the home's complaints policy.

The home has a 3-stage procedure for young people, families or professionals to utilise if there are any complaints about the home.

Stage 1 / Informal: these are for any issues that arise that can be heard and dealt with by the home at the time. The person responsible for this level is the Registered Manager who will aim to conclude these within 72 hours.

Stage 2 / Formal: these are issues that have been unable to be resolved at Stage 1, or the complainant remains dissatisfied. An Investigating Officer will be appointed from the senior management team who will conduct a formal internal investigation, and report in writing to the complainant. The investigation report will detail whether the complaint has been Upheld, Partially Upheld, or Not Upheld, with a full rationale for these findings. Timescale: 7 days.

Stage 3 / External: issues that remain unsuccessfully resolved at Stage 1 or 2, are either passed on by the Investigating Officer, or made directly by the complainant, either to the local authority where the home is situated; to the placing authority of the child; or to Ofsted.

Home local authorities:

Telford & Wrekin Council
Children's Services
Safeguarding Team
Tel: 01952 385385
Online: <https://webforms.telford.gov.uk>

Worcestershire County Council
Children's Safeguarding Team
Tel: 01905 822666
Online: safeguardingworcestershire.org.uk

Wolverhampton City Council
Children's Services
01902 550 477
Online: <https://www.wolverhamptonsafeguarding.org.uk/safeguarding-children-and-young-people/i-work-with-children-young-people-families>

Wolverhampton City Council
Adults Safeguarding Team
Tel: 01902 550 477
Online: <https://www.wolverhamptonsafeguarding.org.uk/safeguarding-adults/i-work-with-adults-with-care-and-support-needs>

Ofsted
Complaints Department
Tel: 0300 123 4666
Online: enquiries@ofsted.gov.uk

vii. Details of how a person, body or organisation involved in the care or protection of a child can access the home's child protection policies or the behaviour management policy.

The home has an online policy manual, with a suite of policies relating to child protection issues. These can be viewed online by using the following links:

Procedures for recognising abuse and neglect:

https://www.proceduresonline.com/covecare/p_recog_abuse.html

Referring safeguarding concerns:

https://www.proceduresonline.com/covecare/p_child_protection.html

Safeguarding children from sexual exploitation:

https://www.proceduresonline.com/covecare/p_child_sex_exploit.html

Safeguarding children from radicalisation and extremism:

https://www.proceduresonline.com/covecare/p_sg_ch_radical_extrem.html

E-Safety:

https://www.proceduresonline.com/covecare/p_e_safety.html

The home also has a behaviour management policy

(https://www.proceduresonline.com/covecare/p_behav_manage.html) and a use of restraint and physical interventions policy

(https://www.proceduresonline.com/covecare/p_phys_inter.html), which outline the home's approach to managing young people's behaviour, promoting positive behaviours and managing behaviours that may be challenging or presenting with risks to the young person or others.

2. Care planning

i. Any criteria used for the admission of children to the home, including any policies and procedures for emergency admission.

The admission criteria for the home are:

- Young people aged 13-17 years, males and females
- Young people with a formal mental health disorder (MD) or emotional, behavioural and mental health difficulties (EBD)
- Young people may be voluntary or more often looked after by their local authority on a full or interim basis

- For young people who may also have had recent formal detention for assessment or treatment under the Mental Health Act 1983, this section should be formally discharged by their consultant CAMHS psychiatrist prior to full admission to the home (although we often work with young people on a transitional basis while still under their section, as described below)
- Young people who at referral match positively with the current young people residing at the home in terms of their ages, presenting behaviours and known risk assessments as evidenced in their referral paperwork and relevant plans
- The home does not take young people with moderate to severe learning disabilities, physical disabilities, serious violent offending behaviours or sexually harmful behaviours.

Young people typically move into the home in a planned way, with the local authority and the provider, consulting with the Registered Manager, arranging a staged transition from their previous location into the home over an agreed period of time. For example, if a referred young person was at referral in an inpatient CAMHS unit, this transition might take the form of a 4 / 8 week period, starting with key clinical and management staff meeting and assessing the young person at their current hospital, moving on to the young person spending increasing time visiting the home and finishing with overnight stays of a few consecutive nights leading to admission. The home will be developing a therapeutic relationship with the young person throughout this process and refining their matching assessments as the young person spends increasing time with their peers. If young people have been under particular sections of the Mental Health Act 1983 in hospital, this transition is usually done under section 17 (leave) which enables excellent structure and safeguards to the process. Finally, during the transition, comprehensive arrangements are made for:

- Health: GP and other health registrations, ensuring CAMHS-to-CAMHS transfer from the placing authority into the local area and any section 117 (aftercare) planning is in place; prescribed medication is ordered and in stock
- Education: arrangements for enrolment at a local school / college if appropriate; or arrangements for the short-term provision of educational needs in-house
- Safeguarding: notifications of the young person moving in are made to the home's local authority children's safeguarding team; CAMHS service; and local police database to ensure any known risks e.g. exploitation or missing from care, are planned for in advance. The home will also have clear discussions and written agreements with the placing authority regarding any initial support or management issues, which will form the basis of the young person's care plan.

Following a young person moving into the home, their Key Worker, supported by the Registered Manager, will commence the formal care planning process using the comprehensive care planning documentation on the home's Clearcare system. This highlights needs using key Quality Standards (Health, Education, Protection, Positive Relationships, Enjoyment, Wishes and Feelings, Care Planning, Quality Care and Leadership) and, while the basis of this is taken

from formal assessment and examination of the young person's existing relevant plans from the local authority and other involved agencies, our care plan aims to be young person centred and as far as possible owned by them. Over an assessment period of 4-6 weeks the Key Worker will take them through the process of identifying their own needs, using their own language and identifying themselves what works to help and support them if they need it. Subsequently, through monthly reviews or more frequently if required, this process is ongoing throughout the young person's admission until their discharge, with the goal being to help them move towards being as safe, healthy, autonomous, responsible and successful as they can potentially become.

3. Views, wishes and feelings

i. A description of the home's policy and approach to consulting children about the quality of their care.

The home considers young people's views, wishes and feelings as central to the running of the home and the quality of their care. There are several forums for these to be routinely collated, from before moving in wherever possible with the involvement of the young person in their planned transition, providing them with the Young Person's Guide and giving them access to the company website and a photo tour of the home. After moving in, there are weekly young persons meetings, where activities, menus and the environment are discussed and requests made. One-to-one keyworker sessions are also utilised for recording young people's views, and these can be useful for addressing more complex or sensitive issues than the group meeting. If a young person or their key professionals have a concern about the quality of care that can't be dealt with in these forums, the complaints procedure can be utilised. With regards the staff working at the home, new staff have a second interview at the home, and wherever possible young people are involved in this process, asking questions and giving their view on the candidates' suitability. Finally, there are a range of external measures available for the young people to express their views and request direct modifications or improvements to their care, including their statutory reviews held at the home and chaired by their Independent Reviewing Officer; the monthly Regulation 44 Independent Visitor inspections; and the visiting advocacy services arranged through their local authority.

For more information about complaints and advocacy for children living in children's homes see [Get it Sorted \(2004\) Guidance on providing effective advocacy services for children and young people making a complaint under the Children Act 1989.](#)

ii. A description of the home's policy and approach in relation to–

- (a) anti-discriminatory practice in respect of children and their families; and*
(b) children's rights.

While the home has a formal Equality and Diversity policy LINK in the policy manual, the central tenets of our approach are quite simple. In the UK, looked after children and those with mental health difficulties, and their families, can be terribly discriminated against, treated unfairly and often do not receive the same respect, opportunities or protection as their peers. We are absolutely committed to treating our amazing young people with unconditional positive regard and care, irrespective of the circumstances or the place they have come from, how they look, what they believe in, how they see themselves and are attracted to in others, or any physical or mental incapacity they may have been born with or unfortunately developed in their life. We are dedicated to supporting them to live their lives as fully and freely as they can, fully accepting that their individual circumstances can bring challenges for them, and will help them learn, grow and actualise during their time at the home. Where we need to we will help young people to identify, confront and resolve any discrimination they may experience in whatever environment, and from whatever source, individual or group, that this may arise, and if they can't do this for themselves, we are ready to step up and advocate for them if required.

4. Education

Details of provision to support children with special educational needs; the arrangements for all children to attend local schools and the provision made by the home to promote children's educational achievement.

For young people with special educational needs, the home will incorporate the relevant EHC Plan / Statement from the local authority into the young person's wider care plan under the 'Education' section, with full details for staff to practically support the young person in achieving their educational goals.

The home aims to reengage or maintain mainstream education for all young people. We acknowledge some young people will require support to do this or have been absent from education for some time. The home has close links with local schools and colleges LIST. Many young people from their homes have enjoyed successful and rewarding spells at these institutions.

Prior to admission the details of the LACE Team will be shared with the placing Local Authority, this will enable direct conversation between the education departments to begin facilitation of a transition to an identified provision that will meet the young person's needs.

The home will work closely with the placing authority and LOCAL AUTHORITY to support the identified education plans, making sure that all young people in our care receive the

education they require.

Cove Care also works in partnership with Next Steps Life Skills and Training, an organization that offers a comprehensive and unique education program for care professionals working with children and young people in the residential setting. This provision enables the home to deliver a range of units on every subject relevant to children and young people's development from learning to tell the time to child sexual development. The units offered are accredited by AQA, the largest exam board accreditation centre in England; which means that these vocational qualifications gained by children and young people at the home will be recognized by education institutions and employers.

5. Enjoyment and achievement

The arrangements for enabling children to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills.

The home has a range of resources, activities and experiences in the area for young people to access and enjoy. These include:

LIST LOCALLY:

SPORTS: PARTICIPATION AND WATCHING; GYMS

The Gym Kidderminster

Wyre Forest Leisure Centre

Go karting Willenhall

Rush UK Trampoline Park Birmingham

LEISURE

Wyre Forest Leisure Centre

ACTIVITY CENTRES / PARKS

Brintons Park

Stratford upon Avon

CINEMAS / THEATRES

Dudley Odeon cinemas

CLUBS: YOUTH, SPECIAL INTEREST

AONB

LOCAL HOLIDAY DESTINATIONS

Wales

The young person's Key Worker with the support of the Registered Manager will put together an individualised plan based on the young person's interests and enjoyed activities, and support them to access any specific resources on an ongoing basis, in line with putting together the necessary risk assessments for the young person and the activity itself.

The home will arrange for the areas for all young people's enjoyment and achievement to be a central focus of the running of the home. As part of Positive Behavioural Support processes, each young person will have identified particular activities, resources or events that they have scheduled into their weekly programme, which they are able to achieve in line with their meeting other requirements of their schedule or care plan (i.e. school attendance, or individualised needs-led behaviours, etc). These regular weekly PBS / achievements might be local, accessible resources (i.e. having a Starbucks coffee and cake on a Saturday morning, going to the cinema etc), and the home will also have larger events for the young people to work towards achieving at more medium-term intervals (i.e. a weekend break, city breaks, camping holiday, Christmas shopping weekend / theatre trips etc), as part of their meeting their individual goals over these timescales.

6. Health

i. Details of any healthcare or therapy provided, including

- (a) details of the qualifications and professional supervision of the staff involved in providing any healthcare or therapy; and*
- (b) information about how the effectiveness of any healthcare or therapy provided is measured, the evidence demonstrating its effectiveness and details of how the information or the evidence can be accessed.*

In terms of general health the young people are registered with the following local services:

GP: Stanmore House Surgery, Linden Avenue, DY10 3AA

Dentist: Whitehouse & Partners Dental Practice 23 Church Street DY10 2AW

Optician: Specsavers 2 Coventry Street DY10 2DG

FVC is registered with:

Stourcote dental practice - 160 lower high street, stourbridge, DY8 1TS

All young people's health needs identified in their relevant plans are clearly recorded in their Cove Care Plan, with guidelines and interventions for staff to follow in order to meet these needs. The Clinical Nurse Specialist and Registered Manager ensure that these Care Plans are reviewed and evaluated regularly as part of the Clinical Review process (see below).

Regarding mental health provision, as a specialist mental health provider Cove Care employs a range of mental health practitioners and therapists, depending on individual need, at their homes. These professionals include mental health nurses, social workers, psychiatrists and psychotherapists. The professional qualifications and supervision arrangements of these professionals can be found below in Section 9(ii) and (iii).

Cove's clinical mental health team provide in-house monitoring and support of the young people's needs; guidance and clinical leadership for residential staff in their day-to-day support of the young people; and specialist liaison with all involved local professional agencies (e.g. the tier 3 Child and Adolescent Mental Health Service (CAMHS)), identifying any unmet mental health needs.

Therapeutic interventions available at the home include:

- Cognitive Behavioural Therapy (CBT)
- Dialectical Behavioural Therapy (DBT)
- Trauma-focussed CBT
- Eye Movement Desensitisation and Reprocessing Therapy (EMDR)
- Existential Psychotherapy
- In addition to these clinical interventions, all support staff at the home receive Mental Health First Aid (MHFA) training, delivered routinely and refreshed annually. This nationally accredited course is delivered by our own in-house MHFA trainers.

Clinical Review Meetings:

Every two weeks all young people are reviewed within a Clinical Review Meeting (CRM) forum. These are attended by representatives from the team, senior management and therapeutic staff; young people's key stakeholders (e.g. Social Worker, CAMHS etc) are often invited, and where ever possible the young person will take a lead in their own CRM. The CRM provides a robust

regular review of the global progress of the young person, including their mental health and therapeutic needs. A secondary benefit of the CRM is that it provides psychodynamic supervision and reflective practice across the team.

7. Positive relationships

i. The arrangements for promoting contact between children and their families and friends.

The home promotes contact for the young person and their families and friends in accordance with arrangements outlined in their relevant plans, and in agreement with their local authority and joint risk assessments. In line with these arrangements, the home regularly provides transport and support for them to visit family and friends where out of area; and welcomes approved visitors to the home providing confidential meeting spaces.

Young person contact with professionals, family and friends are all recorded on their files, to ensure we continuously monitor that they are having the level of positive social contact that they require and deserve in this temporary residential care environment.

For visits to the home from out of area locations, the home has the following accessible nearby hotels for overnight stays:

Premiere Inn Kidderminster

Travelodge, Park Lane Kidderminster

ii. If the staff are all of one sex, or mainly of one sex, a description of how the home promotes appropriate role models of both sexes

JUST THE NABB / ANY OTHERS CURRENT USE?: As a small, 2 bed home in a quiet, semi-rural area, the home has developed over the years into a predominantly female environment, with female young people and staff. The Registered Manager and Key Workers monitors the young females' access to appropriate male role models in all areas of their life, including school, friends and community activities, and often these activities ensure that there is a healthy connection to role models and peers of both genders without any additional measures. If a particular situation changes, for example if a young person were to leave school and not have the same level of access to appropriate male role models from her teachers or fellow pupils, the home has in the past seconded male staff from other homes on a temporary basis, or encouraged supported and risk assessed activities between homes.

ALL OTHERS: The home promotes a mixed gender environment and employs both genders on their team. The Registered Manager and Key Workers continuously assess that all peer and staff matching is appropriate and meets the needs of the young people. If a particular situation changes, for example if admissions / discharges suddenly changes the young person population, or if a young person were to leave school and not have the same level of access to appropriate gender-specific role models from her teachers or fellow pupils, the home has in the past seconded appropriate staff from other homes on a temporary basis, or encouraged supported and risk assessed activities between homes.

8. Protection of children

i. A description of the home's approach to the monitoring and surveillance of children.

The home does not use monitoring or surveillance devices, such as CCTV or internal door alarms or sensors. The home takes a photograph of the young person on their moving into the home for identification purposes, and this is used on their Clearcare electronic case file, Medication Administration Record (MARs) and the local authority and police records, for their general information of the young person moving into area, and for potential use in the event of them going missing. The placing authority provide consent for this level of monitoring by the home.

ii. Details of the home's approach to behavioural support, including information about—

- (a) the home's approach to restraint in relation to children; and*
- (b) how persons working in the home are trained in restraint and how their competence is assessed.*

The home is committed to focusing on promoting the positive behaviours of the young people rather than just dealing with any potential negative or disruptive behaviour. All Care Plans that aim to facilitate behavioural change contain comprehensive guidelines for the identification and promotion of a young person's skills, abilities, successes and other creative strategies that they have used in the past, or might deploy in the future. The focus is on helping the young people

take responsibility for their own actions and behaviour, with the staff's role primarily as benevolent guides.

These Positive Behaviour Strategies (PBS) are implemented in a formal way, documented on a PBS form, and a running log of them are kept in the placement in the same way that other important information is kept and logged (i.e. sanctions and incidents). This is to ensure that the home is focused on the positive aspects of a young person's behavior management.

PBS's are by nature highly individual and are tailored to each young person. Specific examples for some young people include:

- The use of Positive Peer Contact when feeling stressed – i.e. a friend within the home to help calm them down alongside staff (depending on careful risk assessment)
- The use of our intranet system of identifying a young person's specific triggers, and the focus on early-intervention to prevent escalation (functional analysis)
- The use of coloured cards (e.g. red, amber, green) for them to denote to staff when they are feeling angry and what they would like the staff to do to help. A hierarchical approach by staff, clearly outlined in the Care Plan, depending on the levels of a young person's anger and their ability to self-manage. These might include allowing the young person to pace in a safe area, monitoring from a distance, accessing the garden or a walk, encouraging them to chill out in their room on their own, offering to spend time with them
- The use of a diary or journal (written or electronic) for a young person to document difficult feelings, reviewed with their key worker on a regular basis
- The use of de-stimulating activities such as relaxation tapes/relaxation strategies by staff; the use of distracting techniques (NLP reframing/anchoring); the use of other physical activities as a prosocial alternative (i.e. running, use of punch bag).

Behaviour Management

We acknowledge, however, that due to the backgrounds of some of our young people, that they might have some difficulties in managing their behaviour's, keeping themselves or others safe, or taking responsibility. We understand and empathize that their life experiences might have consistently reinforced the world as a frightening place, and where their dealing with this has often led to angry or other challenging behaviour's. This view is promoted across our staff teams who are helped to process young people's more difficult behaviour's through staff supervision and reflective practice group sessions.

The aim and philosophy of the home is that all incidences of potential or actual aggression or other challenging behaviours by young people are managed by a range of non-physical measures. These include forming close, supportive, therapeutic relationships with young people where strategies for managing difficult behaviour can be devised with the young person in advance of any crisis. This will ensure that all management strategies are proactive, planned interventions made with the agreement of the young person, rather than reactive, emergency interventions

made at the exclusion of the young person. Other non-physical strategies to be deployed include the specialist training of staff in a range of conflict resolution and conflict management skills including the identification of aggression at early stages for particular individuals, the communication skills necessary with young people who are becoming distressed or angry, the ability to de-escalate potentially aggressive situations and young people, the provision of alternative, safe activities for young people who are becoming distressed, the use of behavioural sanctions in certain circumstances (see below) and the use of environment in particular cases, i.e. the provision of a quiet area of the home for a young person for purposes of safety and/or de-stimulation.

However, it is recognised that in isolated circumstances these strategies may not be effective or safe to deploy if a young person is highly aggressive, and others or the young person themselves are at immediate risk. In these situations, staff are also trained in utilising child-specific physical interventions which aim to effectively manage the crisis, and to restore non-physical strategies as soon as possible. These physical interventions include the hierarchical deployment of a series of least-restrictive holds, guides and de-escalatory procedures aimed at the earliest possible resolution. All physical interventions are taught within a holistic training programme, which includes a full range of theoretical and non-physical skills components, by experienced, in-service tutors, so that all staff fully understand physical interventions as a last resort option in a large range of management strategies. All physical interventions are recorded on a Cove Key Event Report and a log of it placed in a chronological Restraint Log, for ongoing monitoring, audit and independent regulation.

The model of physical intervention training we utilise at Cove is General Services Association (GSA). GSA is a leading and one of the UK's largest providers of non-physical and physical prevention and management of aggression training, and enables us to tailor our approach to the specific needs of the young person. All training is delivered by our in-house instructors, which enables all staff to receive the statutory initial training on commencement of employment, annual refreshers, and also any ad-hoc specialist training or consultancy identified for specific young people or particular members of staff.

Following any incident of physical intervention, the young person will be immediately offered support by way of a de-brief by a trained nurse. In this session, the reasons for the intervention will be explored, the young person's own thoughts acknowledged and their feelings discussed. They will be encouraged to identify alternative strategies for the future management of similar incidences, and this will be inputted into the Care Plan. Wherever possible, this de-brief, or further mediation if possible, will be conducted as early as possible between the young person and any member of staff involved in the intervention. This is particularly important if the young person has been aggressive to a member of staff.

9. Leadership and management

i. The name and work address of–

- (a) the registered provider;
- (b) the responsible individual (if one is nominated); and
- (c) the registered manager (if one is appointed).

Registered Provider Cove Care Residential 16 Waterloo Road Wolverhampton WV1 4BL	Responsible Individual Rachel Oliver 16 Waterloo Road Wolverhampton WV1 4BL	Manager Vacant position
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ii. Details of the experience and qualifications of staff, including any staff commissioned to provide education or health care.

Staff Member	Role	Experience	Qualifications	Currently Studying
Kaziah Smith	Deputy Manager	Kaziah has worked in the company for several years and is supported by RI Rachel Oliver to maintain the home. Kaziah enjoys supporting the young people with achieving their goals and aspirations and ensures their wishes and feelings are heard. Kaziah enjoys getting the young people out and active.	Completed Level 3,	
Adam Chamberlain	Deputy Manager	Adam has worked across the company and is now placed at Avenue House, Adam is a child centred worker. Adam has a good sense of humour and likes to get the young people laughing. Adam likes to be out and getting active and enjoys doing a range of activities with the young people.	Completed Level 3	

Nicole Clayton	Deputy Manager	Nicole has worked in the company since 2015. She has recently completed her social work degree.	L3 Completed, BA Social Work Completed	
Shannon Lynch	TL	Shannon has worked for Cove for a while now and is an asset the house. Shannon has great relationships with all young people within the house, Shannon empowers the young people to aspire to be there best and achieve their learning potentials. Shannon also enjoys beauty and shopping.	Enrolled on level 3, near completion	
Fran Willis	TL	Fran has recently joined the cove care team, Fran previously worked in the learning disability field and through this has learnt a broad range of transferable skills that are asset to the house. Fran enjoys cooking and walking.		
Izehiese Amadia	Team leader	Ize has been employed with Cove Care for over 5 years. Prior to joining Cove Care Ize has worked as a support worker providing support and care. Ize is committed to her studies and personal development and combines her working hours with studying mental health nursing at university.	Completed level 3	
Belinda Nkongho	RSW	Belinda has worked across the company and is currently placed at Avenue, Belinda does night wakes but does enjoy doing some day shifts so she is able to get to know the young people and build relationships with them.	Completed Level 3	

Asha Manby	RSW	Asha has been with cove approaching 12 months and has been enjoying building relationships with the young people and has taken on the “mother” role. Asha ensures all the young peoples wishes and feelings are heard and is very child centred in her approach. Asha enjoys shopping and steak!	BA (Hons) Social Care and health studies degree Completed, Social science L3 Completed	
Teresa Vale	RSW	Teresa has recently joined the team and is enjoying getting to know the young people and supporting them with their every day lives, Teresa previously fostered 2 children and was an independent visitor and found a passion for devoting her life to others.	Awaiting level 3	
Gordon Yarhre	RSW	Gordon has recently joined the team and supports the young people over night. Gordon enjoys getting to know others and has lots of life experience to share.	Awaiting level 3	
Awogme Fom	Bank	Awogme has worked for Cove care for approx 2 years, Awogme enjoys working across houses and loves supporting the young people. Awogme enjoys beauty , cooking, reading and films!	Undertaking her level 3	

iii. Details of the management and staffing structure of the home, including arrangements for the professional supervision of staff, including staff that provide education or health care.

Home: Address / Ofsted SC / WTE Requirements *N staff*

Responsible Individual: Rachel Oliver



Manager : Vacant post




Deputy Manager Kaziah Smith Adam Chamberlain Nicole Clayton	Team Leader Izehiese Amadia Shannon Lynch Fran Willis
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RSW Asha Manby	RSW Belinda Nkongho	RSW	RSW	RSW	RSW
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Permanent Bank / Agency staff utilised at the home	Supervision Arrangements
Fran Ellis	Monthly supervision

Senior / Clinical / Professional staff in reaching to the home	Supervision Arrangements
Clinical Nurse specialist- Liza Gallon Psychotherapist- Tiffany Howl - Therapist - BSC, NCFE Chantal Banard - Therapist - HCPC Reg	

	NOTES: Arrow denotes direction of supervision at the home. Supervision model used follows Gibb's Reflective Cycle. RI, RM, DM and TL levels deliver supervision in the home. Clinical supervision of health professionals multi-modal.
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