

**WILLOWGROVE SERVICE
STATEMENT OF PURPOSE**

RQIA Registration Code: 1543

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1. Aims and Objectives

Overall Aim

To provide a range of regular short-term breaks and support services to children and young people with a learning disability to maintain family placements.

Objectives

To work in partnership with children, young people, parents, and professionals to provide the best quality of care for each child and young person using the service.

To ensure that families and carers feel confident in the Service and are supported in managing family life.

That children and young people using the service will have enjoyable and stimulating experiences which may be in the wider community.

2. Facilities and Services

Facilities

Willowgrove is a purpose-built wheelchair accessible bungalow situated at the end of an established housing development. The building comprises of four single children's bedrooms. There is a bathroom with hydraulic bath and overhead hoist and a shower room equipped with hydraulic shower/changing bench. A spacious living room, utility room, playroom, staff sleep-in room, 2 offices, combined kitchen/dining area and a sensory room complete the accommodation. The enclosed rear garden has a purpose-built sensory playground with accessible equipment for wheelchair users with 2.2 metre

fencing. The playground comprises of swings, accessible trampoline and roundabout, sensory Pod, seating, and safety play surfaces.

Bedroom and external doors are linked to a call system, which alerts staff during night-time hours when opened, if required. Assessments are carried out for each child to determine whether individual internal bedrooms doors are alarmed at night for safety purposes.

Consideration has been given to safe storage areas both internally and externally.

The building is equipped with a fire alarm system, emergency lighting, fire extinguishers, emergency evacuation ski-pads and fire blankets in addition to magnetic release door catches connected to the alarm system. There is also a lockable front door which releases automatically when the fire alarm activates.

The building is heated by an under-floor heating system, eliminating the need for radiators and the problems which they can pose.

The decoration and equipping of the building reflect a homely environment for the children and young people who use the service.

Services Delivered

We offer group care opportunities to children and young people; this is in the form of overnight short breaks. We provide six nights overnight residential care per week (Tuesday – Sunday nights inclusive) with the option of an additional night for those children who find it difficult to function within a group environment and need additional staff support.

Up to Four children can be accommodated on an overnight basis. However, a reduction in the number of children will occur when it is deemed necessary for

health and safety or risk management reasons, in order that an appropriate level of both care and supervision can be provided.

3. Registered Provider and Registered Manager

The Registered Provider is Michele Janes

Business Address: Barnardo's Northern Ireland, 542-544 Upper Newtownards Road, Belfast, BT4 3HE

The Registered Manager is Liz Greer

Business Address: Barnardo's Willowgrove Service, 44 Whyte Acres, Banbridge, BT32 4HZ

4. Relevant Qualifications and Experience of Registered Provider and Manager:

Registered Provider:

Michele Janes is a qualified Social Worker (2003) with an MSC in Applied Social Sciences (2016) combined with the PIP Award in Strategy and Leadership. Registered with the NISCC (109944), Michele has been employed in social care and social work leadership and management roles across the statutory and voluntary sector, in community and residential environments, in Scotland and Northern Ireland for over 20 years.

Michele has extensive senior management and leadership experience. This includes service design and delivery; programme, financial and property management; personnel and performance management and has led on significant change management processes.

Michele Janes holds the post of Director of Barnardo's NI since 2019.

Registered Manager:

Liz Greer joined Barnardo's as a Team Manager at Willowgrove in June 2017. Liz qualified as a Social Worker in Oct 2022 after completing a sponsored place with The Open University.

Liz has previously worked within the voluntary sector, providing support to young people and their families for over 20 years.

Liz's qualifications include:

BA (Hons) Social Work: The Open University. - 2022.

Post Graduate Certificate in Health & Social Care Management – The University of Ulster – 2011.

5. Number and Relevant Qualifications of Staff

Registered Manager: Social Work Qualified

Team Manager: ILM Level 5 Coaching & Mentoring

Residential Project Worker 1: X 9. Various qualifications, at least NVQ Level 2 in Care or other relevant fields.

Housekeeper: NVQ Level 2 in Care

Relief Project Workers: x 8 –Various qualifications, at least NVQ Level 2 in Care or other relevant fields.

Staffing Ratios

During our regular short breaks service, there are at least 3 members of staff on duty and during office hours there is usually a manager on the premises. At night there is a waking-night staff member and a sleep-in staff member.

More staff will be added to the rota or number of residents decreased in the following situations and when the staff establishment allows:

- Care plans require 1:1 supervision
- A child's needs require this
- Specific risks need to be managed with additional staffing
- A child's specific moving and handling plan requires additional staff
- To enable children to go on special outings in small groups

On occasions, some children may require 2:1 staffing levels or to be in Willowgrove on a night when there are no other children present. Staffing levels on these occasions are based on a thorough risk assessment and the individual needs of the child.

A Management out-of-hours emergency on-call service is in place. A Willowgrove service manager is on call for advice, support, and consultation always and Barnardo's also have a Senior Management On-Call service.

A key-worker system is operated in Willowgrove so that each child and their family have an identified worker to contact and maintain good links with the service.

From time to time, we have Student Social Worker and volunteers in the home to support and complement the work of the staff team. A student social worker or volunteer does not replace a member of staff. Student Social Workers receive similar management procedures to the staff team and are supervised in accordance with Northern Ireland Degree in Social Work Partnership. Similar robust recruitment, selection and management procedures are in place for our volunteers, to that of the staff team.

6. Supervision, training, and development of employees

The Residential Project Workers are supervised on a 4-6 weekly basis by the Team Managers. The team also have Group Supervision sessions, at least three times per year.

Standing items on the agenda include Safeguarding, GDPR, Health and Safety, Learning Needs, Key-working/Caseload. All members of staff complete a supervision agreement at the beginning of their employment; this is reviewed annually.

New staff members receive a full induction to the service and wider Barnardo's organisation which is completed within the first 6 months of their employment. Staff development is reviewed on an ongoing basis through monthly supervision and six-monthly personal development reviews.

The Relief Residential Project Workers receive either individual or group supervision on a three-monthly basis by the Service's Managers.

Informal supervision is available to any member of staff as and when required.

Staff members undertake mandatory training during the first six months of employment and undertake refresher and advanced training throughout their employment at Willowgrove.

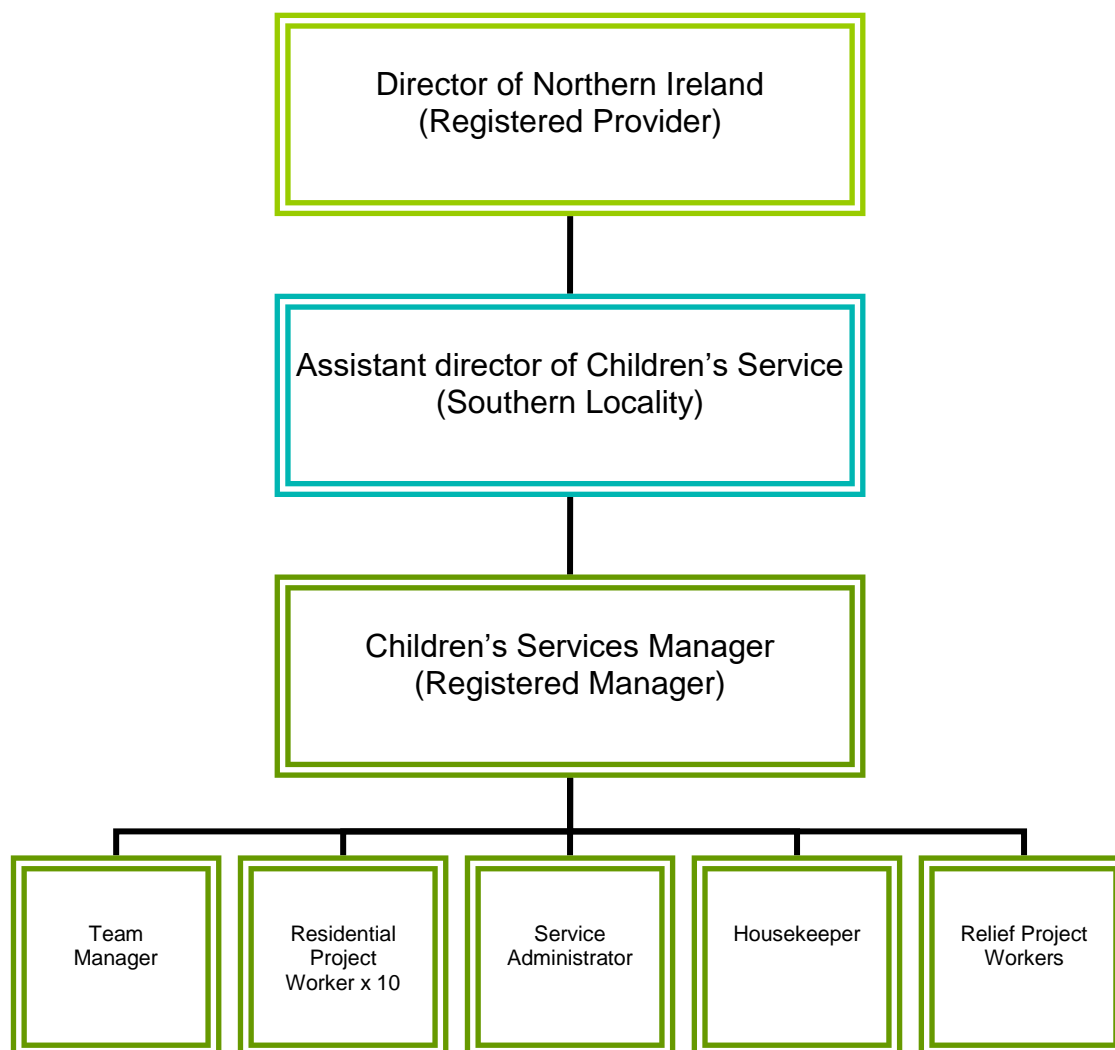
The training for all staff includes;

- Safeguarding
- GDPR
- Health and Safety (including Infection Control)
- Moving & Transferring
- Emergency First Aid
- Fire Safety
- Administration of Medication
- Epilepsy Awareness (including child specific training)

- CALM Core Theory
- CALM Physical Intervention Skills and Escapes

There is a full programme of in-house training courses staff can avail of during their employment. As-and-when required and depending on the needs of the children and young people attending the service, child specific training is arranged so that their needs can be met whilst at the Willowgrove Service.

7. Organisational Structure



There is a Registered Manager and Team Manager within Willowgrove; both have line management responsibility for the project workers within the team. A Senior Residential Project Worker is responsible for providing on-going support and supervision of As & When workers and volunteers. The Registered Manager is supervised by an Assistant Director of Children's Services, who in turn is supervised by the Registered Provider for the Service.

8. Profile of Children Accommodated

Children and young people can attend The Willowgrove Service for overnight short breaks from the age of 12-years-old up until the eve of their 18th Birthday. Exceptions may be made for children younger than 12-years-old in extenuating circumstances where there is a high level of need identified and the family are at risk of family breakdown. During these circumstances, agreement will be made between the Trust and Willowgrove management if a placement is appropriate.

Willowgrove can deliver services to children and young people of any gender. Willowgrove can provide a maximum of 4 places per day for overnight residential short breaks services.

Willowgrove is registered under the following category of care: CH-LD – Children's Learning Disability. Some of the children will have additional diagnoses which also include physical disabilities, complex medical needs, and sensory disabilities.

Careful thought is given to the matching of children staying overnight to meet the needs of the young people on a social and care needs basis. This is to ensure that the children are all safe, they feel as secure as possible and they are grouped with children they know, get on well with or who have similar interests and levels of ability.

Children do not share bedrooms under any circumstances

9. Admissions Procedure

Planned admissions

The children must reside in the Southern Health and Social Care Trust area and be diagnosed with a learning disability. Families should be identified as needing residential short breaks. This is determined by the Southern Health and Social Care Trust and will take into consideration all relevant factors including the level of need and any supports available to the family.

Following assessment by the Trust staff; a referral should be forwarded to the Chair of the Short Breaks Forum by the Children with Disabilities Team and will be considered at the next Admissions Forum. The monthly Admissions Forum is a multi-agency panel comprised of staff from both Willowgrove and the Southern Health and Social Care Trust. If the referral is agreed, the child's social worker will inform the child's family. Here collective decisions are made by the panel regarding children and young people's suitability for admission to Willowgrove or other appropriate residential services. If there is a waiting list for places, this will be reviewed at the Admissions Forum, with those scoring highest due to level of need moving further up the waiting list.

To receive overnight short breaks at Willowgrove, all children must become Looked After Children, and will be subject to Looked After Child Reviews and procedures. The child's social worker will be responsible for ensuring the necessary consents and paperwork are in place regarding this.

Emergency admissions

Willowgrove will consider an emergency admission from a child who is already in receipt of a short break service at Willowgrove or, in exceptional circumstances, where there is a high level of need identified and there is a risk of family breakdown. Emergency admissions will only be made for the purpose of providing a short-term short break service for a child/young person, and not an alternative to full-time family placement. An emergency admission will be considered by the Team/Registered Manager or Assistant Director of Children's Services and agreed with Head of Disability Services within the Southern Trust area.

Any child being admitted for an emergency placement, who is not already known to the service will undergo a comprehensive assessment of need and risk assessment which will be completed by Willowgrove staff alongside the family and individual child to ensure that Willowgrove is an appropriate placement. This will be followed by introductory visits to Willowgrove by the child and their family and appropriate preparation before any overnight care is provided.

The following must be considered before the emergency admission is agreed:

- There is adequate and appropriately trained staff to meet the child's individual needs as per their care plan requirements.
- If the cancellation of another child's short break is involved the Trust's Children with Disabilities Team will arrange this with the family.
- The child being considered for emergency admission and the other children present for their own short break are compatible i.e., the situation does not present a risk to any of the children present. If not, consideration will be given to providing the short break within Willowgrove on a night separate from the existing service.
- There are adequate transport arrangements. It will be the Trust's responsibility to arrange this.
- There is a suitable bed available in accordance with the child's care plan requirements.
- If there are any child protection issues or legal considerations, the Trust is responsible for providing Willowgrove with all relevant information and documents.

10. Ethos and Philosophy

Our involvement with each child and young person and their family is guided by Barnardo's Basis and Values Statement. This states that we are committed to:

- Respecting the unique worth of every individual

- Encouraging individuals to fulfil their potential
- Working with hope
- Exercising responsible stewardship

These values, enriched and shared by many people of varying beliefs or faiths and philosophies, provide the basis of our work with children, their families, and communities.

The approach is needs-led, recognising the role of Willowgrove in meeting the needs of the children who come to stay and the parents and other family members for whom the child's stay in Willowgrove is a break from the caring role.

Much of the work in Willowgrove is practical in nature– ensuring that practical routines in relation to mealtimes and personal care are continued. There is an active commitment to delivering this care in a sensitive and nurturing way.

Willowgrove is intended to be an enjoyable break for children as well as for families. There are many opportunities to relax during overnight stays and at weekends. Staff members try to ensure that time in Willowgrove is stimulated with constructive and imaginative play opportunities and outings which are inclusive of all young people attending for overnight breaks.

As Willowgrove is a group living environment, the young people are encouraged to interact and spend time together through activities and play during their short break. Willowgrove operates under a Social Model of Disability where all the children and young people are afforded opportunities to try new things and be involved in decisions about their care. When a child finds it difficult to socialise with other children within a group, consideration will be given to offer this child a short break on an alternative night, outside of the existing service.

11. Promotion of Health and Welfare

To ensure staff members in Willowgrove are well-informed about any health issues a Statutory Medical is required on admission and at least annually thereafter. It is the responsibility of the referring social worker to ensure this is carried out in a timely fashion.

All children and young people attending Willowgrove will have an individual care plan detailing their health and care needs. All staff read these at the beginning of their shift before the children and young people arrive. These are reviewed at least annually or when there are changes to the young person's needs or circumstances.

The well-being of children with epilepsy is safeguarded using Epilepsy Seizure Management Plans. These are reviewed annually, or if necessary, more often, by an epilepsy nurse together with a parent. An additional safeguard is provided with electronic surveillance to care for children who experience nocturnal seizures. This surveillance will only be used if there is no other less restrictive method of surveillance appropriate. This is assessed on an individual basis for each child with Epilepsy (See section on Electronic Surveillance of Children).

Parents/Carers are required to keep Willowgrove staff informed of changes regarding their child's health; including any changes to medications. This is also reviewed within LAC review system and keyworker within Willowgrove also has responsibility to review this.

Where a child's health or disability has implications for 'moving' or 'transferring' the child, for example where a hoist is used, a Moving and Transferring Plan must be completed at the point of referral. Barnardo's complete the risk assessment; however, the specialist knowledge of the

child/young person's Occupational Therapist will be included to ensure the safety of both the child and the staff.

Staff members monitor each child's physical and emotional health during their stay at Willowgrove and liaise directly with parents, carers, and professionals as and when necessary and taking appropriate action should a child become injured, unwell or die whilst at Willowgrove. Staff are required to follow Barnardo's safeguarding procedures should they become concerned regarding the welfare of any child or young person.

Staff members implement Barnardo's procedures in relation to the storage, administration, and disposal of medication. All medication is double signed in when it is received and is kept locked out of the reach of children and young people. This is in line with RQIA Regulations.

12. Education Arrangements

The educational requirements of the child are primarily the responsibility of the parents or carers and of the relevant Education Authority, school and educational professionals involved.

At the point of referral, the referrer must obtain and provide details regarding the child or young person's education arrangements and make this available to Willowgrove staff. With the consent from parents, the keyworker will contact the child's teacher to gather any information relevant, for example communication methods used, to enable the child's transition to Willowgrove to be made as smoothly as possible.

Every attempt is made to ensure that the children's time at Willowgrove is stimulating, and this will include opportunities to pursue activities which have

an educational benefit. This might include, for example, activity games, reading stories, art, computer, and outings.

As many children attend Willowgrove during term time, individual arrangements are made to ensure school attendance continues as normal, children are collected from school and brought to Willowgrove by previously agreed Trust arrangements.

Service staff are often involved in the transport of children to and from some schools, positive relationships with schools have built up and this ongoing communication between the service and school helps to ensure consistency and continuity of care for each child.

13. Participation Arrangements

Within Willowgrove a range of recreational, sporting, and cultural activities are organised. There is art, crafts, a wide variety of board and interactive games, water play and sensory play. The young people have the use of televisions, games consoles, on demand tv services, music streaming and electronic devices. Willowgrove has a modern sensory room which some of the young people enjoy spending time in. There is a modern all-weather play area in the garden which includes inclusive outside play equipment.

When the weather permits, every opportunity is used to take young people out for walks. Current young people particularly enjoy the local towpath, forest parks and seaside resorts. A local bowling alley is used for ten-pin bowling. Sporting activities are dependent on children's level of ability but also on opportunities being seized as they arise.

Outings have also been made to local Discovery Centres, theatres, cinemas, or exhibitions. When possible, opportunities are also brought to Willowgrove, for example Touring Theatre groups. Activities or outings organised are

related to levels of ability and interest of the children and young people on any given day within the service.

At the point of referral every effort will be made to understand any cultural needs of the child or young person, and these will be factored into their care plan and considered in planning activities when the child or young person is at the Willowgrove Service for a short break.

14. Consultation Arrangements

The opportunity for the child's voice to be heard is crucial. All children staying in Willowgrove for a period longer than 24 hours are subject to the requirements and safeguards within the Looked After Children (LAC) system. Reviews are organised by the Trust within 3 months of the child's first overnight and thereafter at six-monthly intervals. Whilst attendance at reviews may be intimidating, for many non-verbal, sensory impaired children, efforts to seek and record their 'reactions' and 'responses' to the care they receive at Willowgrove is sought via the social worker and included in the LAC report. Where it is felt that a child could benefit from attendance at the review, every effort is made to facilitate this, for example by giving attention to the location of the review.

The representation of children's views in relation to Group Care decisions is promoted within the Unit. Service staff actively encourage each child to exercise choice in relation to ongoing arrangements during their stay at Willowgrove. Given the children's limited levels of verbal communication and ability to participate meaningfully, this often involves being very creative. The following are examples of how staff members seek to involve and consult with children - be that in relation to future plans or more immediate issues like choosing food, an activity or how a personal care task is performed:

Options are presented in ways which young people can respond to verbally, the objects in question, and pictures of the alternatives.

Seeking confirmation of a choice through facial expression or agreed sign

Preparing young people for an event by informing them verbally or via schedules so that they can maximise ownership of involvement and therefore make future informed choice

Involving young people in establishing their own communication schedule and then promoting its use to enhance communication development

Using PECS (Picture Exchange Communication System)

Use of Makaton sign

Involving significant others, like a relative or Field Social Worker, in attempts to establish choice

15. Care and Control

Positive Behaviour Support

Within Willowgrove, staff members are trained in The CALM integrated practice model of positive behaviour support. The model provides staff with an understanding of behaviour, trauma, and attachment; enabling their efforts to support our children, understand their behaviours and prevent behaviours which challenge. Staff are trained using interventions to de-escalate, defuse and divert to prevent aggression or violence and to reduce the risk of injury to young people and staff. It is recognised that managing challenging behaviour can cause a lot of difficulty and concern. In Willowgrove we look at each young person's behaviour and try to understand what is causing it. This then informs how we respond, the young person may be frightened, confused, or upset and we seek to help them feel safe and regulate their emotions. Barnardo's is a Trauma Informed Organisation; all staff members receive training on trauma informed practice as standard.

Good Practice Guidelines for Promoting Positive Behaviours include:

- **Getting to know the child well:** a strong relationship based on trust and respect is one of the effective preventative measures.
- **Involve the child:** in decisions about his/her care and about reasonable limits, appropriate to the child's age and understanding.
- **Child Specific Plans:** These include the Care Plan or Promoting Positive Behaviour Plan (if required) and all other information we gather. Keyworkers have a responsibility to ensure that the information contained on these is reviewed at least annually and updated as and when required. All staff have a responsibility to ensure that these plans are followed consistently. Plans must always be reviewed in the event of an incident occurring.
- **Be consistent:** Set consistent limits and boundaries and find out about the limits the child is familiar with at home and elsewhere. Plan and review together with others involved with the child.
- **Be Clear:** Children need to be aware of what is expected of them. Problems often occur when expectations are unclear or unreasonable.
- **Encourage positive behaviours:** notice and respond when the child is being helpful or constructive or friendly or just quiet and co-operative.
- **Try to avoid conflict:** try distraction or ignoring or compromise, defuse the situation whenever you can to prevent it from escalating. Divert to another activity if appropriate.
- **Apply the - So What? Test:** consider if an intervention will make things better or worse? If the answer is no, reconsider the intervention.

Sanctions

Sanctions are rarely used within Willowgrove. Instead, the promotion of positive behaviours is encouraged by adhering to the good practice guidelines above.

If Sanctions are to be used, they will be immediate, fair, and reasonable – sanctions will only be used if they have been agreed with the child, his/her parents in advance and agreed by Team/Registered Manager.

Acceptable sanctions may consist of

- speaking to the child about the incident/behaviour,
 - positive behaviour techniques,
 - distraction techniques or re-direction,
 - reparation – the child is asked to make amends,
- restitution – the child is asked to give back something they have taken from another.

Physical Interventions

Occasionally children may display behaviour which challenges and as part of CALM's integrated practice model, the Willowgrove staff members are trained in Physical Interventions. This is training for crisis intervention and involves the use of escape techniques, physical holds, and restraint. The CALM approach is a hierarchical model. CALM's core physical techniques are divided into 5 levels. Levels 1-3 involve 1 staff member; Level 4 involves 2 staff members and Level 5 involve up to 3 staff members.

The model is based on the principal: **Use the lowest level of effective intervention.** The CALM Model is used worldwide in children's and adults' services. All techniques are bio mechanically evaluated and subject to ongoing evaluation and review. They are designed to be used when there is no other option, there is a risk of harm, and no other option is available. All CALM techniques are based on specific principles:

- No deliberate use of pain
- No pressure on or across joints
- Minimise risk to staff
- Minimise square on contact (restraint side by side)
- Hierarchy of techniques
- Minimal hand movements between levels
- Ergonomic Principles (safe movement)
- Restrain in a seated position (no routine taking to the floor)

Levels 1- 4 are taught at the in-house CALM training programme by the in-house trainer, with frequent practice sessions throughout the year and an annual refresher. Escape Techniques are taught in addition to CALM's Physical Skills module. These are self-defence techniques which may be used when faced with a behaviour which challenges.

Escape Techniques	Escape Techniques are taught to be used when children may grab at clothing, arms, pull hair and bite. They are a form of self defence and should only be used as a last resort to escape from a situation where there is a risk of harm.
Level 1 (basic posture) Level 2 (turning and guiding)	Levels 1 and 2 are foundation of posture, turning and guiding young people. They are not holds and are not considered restrictive and could be used on a day-to-day basis by all staff to support young people around the home and in the community.
Level 3 (secure comfort hold) (directing part 1 and 2)	Level 3 are one person holds; they are considered a restrictive practice.
Level 4 (Cross Hold) (Seated Figure Four Hold)	Level 4 are 2 person holds they are considered a restrictive practice. They are two person standing and seated holds. Their use would be to securely move a young person from an area where risks are higher and/or to sit them down on a sofa/seating to regulate.
Level 5 (Arm/Chest Hold) (Push Escape) (2 Person Hold)	Level 5 are 1,2 and 3 person holds and are considered a restrictive practice. These are higher risk holds

	and Willowgrove staff are not currently trained to this level.
Supplementary Techniques	There are several supplementary techniques within the curriculum that are taught. These are techniques which are suitable to support young people with learning disabilities and smaller children. Supplementary Techniques can be added to the staff training on a need's basis. They include holds which prevent self-harming behaviour such as hitting self.

Physical Intervention should be an act of care and control, not punishment. To exercise a physical intervention, staff must believe that immediate action is necessary to prevent a child from significantly harming themselves, others or causing serious damage to property.

The physical techniques should be considered in conjunction with non-verbal and verbal interventions to match the response to the behaviour of the subject. Only one person should speak during the application of restraint, their role is to communicate with the child and to co-ordinate other staff. Progression to the next level is only required when techniques employed are met with significant resistance which, in the judgement of the lead staff member are likely to result in the subject breaking free or inflicting harm or significant damage.

Staff members must only exercise a physical hold or restraint if:

- they have current up to date training
- all other options have been exhausted
- the use of physical intervention can be legally justified
- they can do it safely

- there are sufficient staff available to support if required.

Staff members must reasonably believe that:

- a child will cause physical harm to themselves or another person;
- a child will run away and put themselves or others at harm; or
- a child will cause significant damage which is likely to have serious emotional effect or create a physical danger.

The use of all physical interventions must be of the lowest appropriate level of intervention for the shortest possible time, with staff members de-escalating through the levels when the child is safe, and the risk has lowered. The use of physical interventions should be for the shortest time possible, to make a situation safe. Holds should not be used for long periods of time.

All use of Physical Interventions must be recorded and reported, following the Incident Recording Policy.

For children who regularly display behaviours which challenge, there may be a requirement to consider if the use of physical interventions is appropriate for them. This should be done through care planning. If there is a high chance that physical intervention will be needed, then there should be a restrictive practice meeting to discuss the interventions and to agree them. Any planned intervention should be written in the child's care plan and in a behaviour support plan, detailing which techniques may be helpful if there is a risk to the young person/another person or the environment because of the behaviours. The child's risk assessment should include a section regarding physical interventions and how these will be managed.

Staff involved in potential physical interventions must make instant decisions whether to intervene or not by undertaking a Dynamic Risk Assessment. When considering whether to employ a physical intervention, staff must assess:

- **Level of Threat** – arousal and agitation, size/weight/height/degree of hostility, behavioural history, degree of personalised threat
- **Motivation** – nature of the grievance, expectations

- **Known risks** – medical conditions, vulnerabilities
- **Environment** – hazards (potential weapons, obstacles, peers), exits (availability, proximity etc.), sources of help (colleagues and potential diversions)
- **Self** – degree of emotional control, confidence, competence, motivation

Technical Principles of CALM:

- Use techniques not strength
- Keep the subjects off balance
- Calm should not cause injury, so If injury seems likely – release the hold immediately
- Practice
- Avoid Square on contact
- Relax, avoid physical tension and reliance on muscular strength

Staff have a responsibility to:

- work within their own limitation
- to regard safety as the priority in any confrontational situation
- to accept that de-escalation is their primary responsibility
- to report the use of physical restraint to the responsible manager
- to comply with all policy procedure and safety practices
- to maintain skills through regular practice
- to report any shortcomings or concerns regarding their training or the use of CALM techniques within the service to manager

No technique offers an unequivocal guarantee of success or safety. Any variation in the application can increase risk of injury to either or both parties. Always monitor the child's responses during any physical intervention. Always talk through the physical intervention with the child as you are employing it, talking gently to them, reassuring them, and explaining what is happening. When physical distress is observed, release or change the hold immediately. If necessary, you can then re-engage. Check **A**irways, **B**reathing and **C**irculation.

After a physical intervention, staff should confirm the welfare of the child and if necessary, ensure a medical check-up is arranged. The child's parents/carer should be informed, and the manager on-call should be informed as soon as is safe to do so. The child should be counselled as to why the level of intervention was used if they are able to understand this. The child should be given an opportunity to share their side of the story if their communication allows.

An initial 'hot debrief' should take place within 4 hours of this incident. This should be between staff and the manager on-call. If a manager is involved in the incident, then another manager should undertake this role. This can be in person or by phone/video call. An incident report must be completed and sent through to the Manager On-Call on the day of the incident. This should be factual and be written by all involved in accordance with the Incident Recording Policy. A 'cold debrief' should take place within 24 hours, allowing the staff to reflect on the incident. The purpose of this is to reflect on the learning from the incident, not to change the facts of any incident report, however, if additional information regarding the incident is discovered, then an addendum may be added to the report, stating this information and when it was added.

All incidents involving physical interventions must be shared with the child's social worker and Barnardo's Safeguarding Manager. They are reported to CALM as part of the quarterly data returns. Any incidents using physical intervention will be reviewed monthly as part of the Monthly Monitoring Return. This is undertaken by an Assistant Director of Children's Services within Barnardo's and is shared with the Southern Health and Social Care Trust and RQIA. Incidents will also be reviewed at Willowgrove's Monthly Management Group Meeting. This meeting should have representation from Willowgrove and The Southern Health and Social Care Trust. An emergency meeting should be called sooner to review incidents if:

- during any incident an injury occurs to a child
- if there are more than 3 uses of physical interventions with one child

- if there is concern regarding how behaviour is managed

The purpose of this meeting will be to review the incident, scrutinise the plans in place for the child and develop a plan to share the learning for future incidents. In the case of an injury occurring, a decision on further statutory investigation should be made by the Southern Trust.

Staff and Management within Willowgrove will liaise with parents and carers following every incident involving physical intervention. Each child's Care Plan, Risk Assessment and Behaviour Support Plan should be reviewed and amended to include any learning following the use of any physical interventions. Within Monthly Team Meetings, CALM Theory will be discussed, and any incidents will be reviewed, and learning shared amongst the team.

Barnardo's protocol regarding serious safeguarding incidents must be considered following the use of any RPI.

If the behaviour of a child or young person cannot be safely managed using the training staff have available to them and they present a risk to themselves or others or a serious risk to property, the police must be called.

If a child or young person's behaviour presents a risk to themselves or others or a serious risk to property, and the behaviour cannot be safely managed a decision will be made regarding whether Willowgrove is the correct provision to meet the child's needs.

16. Safeguarding & Child Protection

This section explores three areas:

- i. Safeguarding and Protecting Children and Young People
- ii. Guidelines for Good Practice in Intimate Care

iii. Policy Statement on Bullying

i. Safeguarding and Protecting Children & Young People

This local Policy and Procedure document is a guide for quick reference. It must be read in conjunction with the Barnardo's Safeguarding and Protecting Children Manual. Barnardo's adhere to SBNI Regional Child Protection Policies and Procedures. Copies of both documents are in the staff office.

Core Principles

Certain core principles underpin our work on keeping children and young people safe:

- All children have a fundamental right to protection from abuse and exploitation.
- All children have the right to express their views and have these views considered.
- Children have the same rights to physical integrity as adults and should receive the same degree of protection under the law.
- Listening to children is paramount to ensuring their safety.
- Children are directly affected by violence between adults, particularly when it involves the adults responsible for their care.
- Our understanding of what contributes to abuse or exploitation of children is informed by legislation, policy, training, Barnardo's Policy and Procedure and regional SBNI Policies and Procedures.
- We need to look at children's needs holistically and not define them solely in terms of their abuse.
- We need to be aware of how issues of age, gender, race, culture, disability, and sexuality impact on our understanding of and responses to keeping children safe.

- Whilst all interventions must be child-centred, we need to identify and work with safe and protective adults within children's families and communities.
- Keeping children and young people safe must be an integral part of all our work, across all themes.
- Joint and collaborative working is essential for the protection of all children.

Action on occurrence or suspicion of child abuse

1. Address immediate danger

Although Barnardo's staff, carers and volunteers have no powers to investigate child abuse, all have a responsibility to take steps to protect children from abuse. Barnardo's' staff have a responsibility to record and report. Staff must take immediate steps to protect a child.

2. Listen to and reassure the child

Staff should always listen to and take seriously what a child is saying. Reassure a child that they are right to be telling you, their concerns.

3. Do not investigate or put words into a child's mouth

Staff have a role to play in enabling evidence of abuse to be clarified. Do not attempt to question children without an agreement reached with specialist staff in Social Services and/or the Police.

4. Share concerns

When staff believe they have witnessed possible evidence of child abuse, or they have information that abuse may have occurred they must inform the most senior member of staff in the Service immediately. It will be this person's

responsibility to ensure that both the Team Manager and the ADCS are made aware of the concern on the same working day. By 'witness' is meant, for example, observing a suspicious mark on a child, observing sexualised behaviour which is out of the ordinary or worrying or concerning, relating something a child says to other recent events (i.e., putting two and two together) or discerning a worrying pattern from reading the records. Faced with a situation offering an immediate threat to a child you should respond to secure the immediate safety of the child – this could include medical attention, contacting social services, police, - dial 999 if needed. A list of important phone numbers in relation to safeguarding children is displayed in the office.

Disclosures must be discussed immediately with the senior member of staff on duty and a strategy for managing the situation discussed with the Trust. All staff and volunteers have mandatory safeguarding training and attend an annual safeguarding event. Barnardo's NI also employs a Safeguarding Manager who is available to provide guidance and support to all staff.

5. Record and Report Concerns

Staff should write down as soon as possible what they were told and what they did. This needs to be accurate and detailed.

Report it without delay to the most senior member of staff available.

If staff believe that a child or young person is in immediate danger and they are unable to contact a senior person from the Service, they should contact an off-line Barnardo's manager, phone either the Regional Emergency Social Work Service or the Police.

If a staff member is told something in connection with a child protection issue, then the staff member should say that they cannot keep this confidential and will have to discuss it with the Team Manager. This gives the person the choice as to whether they wish to discuss an issue further or not. In such cases a record still needs to be made and kept on file. Staff should not try to 'put words into the child's mouth', e.g., jump to any conclusions and make it

clear to them that staff are there for them and will listen to what they have to say.

Staff should take notes to remind themselves of what they have seen and heard. These should then be shared with the Manager and included as part of the record.

6. Whistleblowing

Barnardo's have a whistle blowing policy which all staff are informed of and have access to.

7. Action on discovery of bruising / injury to a child

If staff observe bruising on a child, they should get another member of staff to witness this and complete a Body Chart recording all the bruises, size, shape, colour and any other marks and scratches. This recording must be accurate and include as much detail as possible and be signed off by both members of staff. The Body Chart is cross-referenced in the Daily Log.

All Body Charts must be accompanied by an Incident Report which will be held on the child's file and copied to the child's Social Worker, the Team Leader at the Children with Disabilities Team, the ADCS and Barnardo's Safeguarding Manager.

All bruising, scratches, marks to a child's body must be recorded. Staff on duty must contact the parent to advise them about this. The purpose of any such contact is purely to advise and not to question or investigate. If the parent offers an explanation this should be recorded verbatim in the Daily Log and in the Incident Report.

Sometimes information about marks on a child comes to us through the Communication Book from the parent. If this is the case and the description matches the marks/bruising, then the parent does not need to be contacted. Recording still must be made and the relevant page from the Communication

Book should be copied, scanned to the child's file, and attached to the Body Chart/Incident Report.

The manager signing this off will always consult with the member/s of staff making the record.

If the child seems in pain in addition to evidence of unusual / extensive bruising, it will need attention (even with reasonable explanation from parents). The following procedure should be followed:

- Contact a manager for advice/support
- Inform parents that you are seeking medical attention and where they can meet you – for example at the out of hours Doctor or Emergency Department. If the parents cannot be contacted; seek medical attention – we already hold parental consent for emergency medical attention.
- If parents do not agree to medical attention, contact a Social Worker at:

The Children with Disabilities Team – 028 3834 8248/37564785

The Regional Emergency Social Work Service – 028 9504 9999

If injuries are not causing the child pain, (for example they may be old bruises), but, even after explanation from a parent, they seem suspicious or staff have concerns they should, in consultation with a senior member of staff, contact one of the following for advice:

- A senior member of Barnardo's staff or,
- A Social Worker from the Children with Disabilities Team, or a duty Social Worker from the Banbridge Family and Child Care Team or,
- A Duty Social Worker at the Regional Out-of Hours Team

If bruising / injuries to a child are caused while the child is in our care staff should follow all points of the procedure above (apart from seeking an explanation from parents). Parents must be informed, and their responses

recorded in the Daily Log. Again, this must be a verbatim recording. Staff should ensure that the child is given the required medical care / examination before they leave the home, irrespective of whether the child is going home or to school.

There will be occasions when there is bruising or marking on a child which is unexplained. This must be recorded in the same way in line with our procedure.

A register of all incidents of bruising/marking – noting date, name of child and observation, is kept and is known as the Record of Observations on Body Charts. Viewing this register will constitute part of the Assistant Director's Monthly Monitoring Visit. It also forms part of RQIA Inspection. The Team Leader of the Southern Health and Social Care Trust Children with Disabilities Team is aware of this register and its purpose.

Any follow-up contacts with parents or professionals regarding a Body Chart must also be recorded in the child's file.

Where there are particularly serious concerns, for example anything which is deemed to require the attention of a doctor or if the Trust decide to involve the Police, the issue will be further recorded as an Incident and as a Notifiable Event. In both these instances the Trust will be informed and, in the case of a Notifiable Event, RQIA is informed.

8. Safeguarding and Internet Safety

We are conscious that we live in a world where modern technology is all around us and where young people are generally more aware of its systems and processes than some adults. Much of this technology provides very positive supports for some of our young people and is beginning to be used more widely in practice. This is to be welcomed and encouraged.

We also need to balance other aspects of technological advance. Some young people bring in their own mobile phones, iPads and other electronic gadgets which have a camera facility. All staff must complete data protection training and understand their responsibilities under Data Protection legislation. We have guidelines around photography of our young people and our concern is that photographs or videos could be taken by young people, even inadvertently. Staff must ensure that such devices brought into the home by young people have the camera facility disabled. If this facility cannot be disabled, then the use of the device will be monitored by staff to ensure the privacy and rights of other young people in the home. Parents are made aware of this.

Young people in Willowgrove only have access to the internet via the PC available for their use. We have tablet devices for the use of young people. These have parental controls in place. It is the responsibility of staff to monitor young people's use of the internet in line with their age and understanding and make their experience as safe as possible. Staff should engage young people (appropriate to their age and understanding) in conversations about what they are watching and educate them about the risks and dangers. We should have conversations with them about the matter of safety and protection.

Matters regarding internet safety and protection of individual young people are addressed on a child-specific basis through their Care Plans and Risk Assessments as required. These plans are reviewed as and when necessary and reviews include any necessary controls in place to protect the child.

ii. GUIDELINES FOR GOOD PRACTICE IN INTIMATE CARE

All children have the right to be safe and to be treated with dignity and respect in line with Barnardo's policies and procedures. These guidelines are designed to safeguard both children and staff.

Guidelines for staff are in line with the SBNI Protection Child Protection Policies and Procedures.

Children with disabilities are especially vulnerable. Staff involved with their intimate care need to be sensitive to the child's needs. The intimate care needs of each individual child are recorded in their care plan and reviewed on a 6 monthly basis. All staff providing intimate care are vetted and receive ongoing supervision. Students and volunteers are not permitted to provide intimate care. If a staff member has a concern about another staff members practice, this must be reported.

Barnardos policy states that personal care of a female cannot be carried out by a male staff member. This is currently under review due to changes in the SBNI Regional Child Protection Policy on Intimate Care

Willowgrove believe that young people should be supported to be as independent as possible in all areas of their life.

Staff should avoid doing things for a child that he or she can do alone and, if the child is able to help, ensure that they are given the chance to do so. Support the child in doing all they can for themselves. Where possible, children should be given the choice of carer or an additional carer to provide intimate care. If a child is fully dependent on you, talk to them about what you are doing and give them choices where possible.

It is important that there is consistent practice in relation to the provision of intimate care

Certain intimate care or treatment procedures, such as rectal examinations must only be carried out by Trust nursing staff. Other procedures, such as giving rescue medication orally or rectally, must only be carried out by staff who have been formally trained and assessed as competent to undertake such procedures. If this emergency procedure is carried out it should always be witnessed by another member of staff and recorded.

If, during the intimate care of a child, the child seems unusually sore or tender in the genital area or has an emotional reaction, report any such incident as soon as possible to the most senior member of staff available in the home, or On-Call Manager and record it.

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to a child's intimate care can convey lots of messages to them about their sense of worth. Routine care should not be stressful for the child.

iii. POLICY STATEMENT ON BULLYING

Guiding Principles

- Everyone has the right to live, work and play free from fear, harassment, intimidation, or violence.
- Everyone has the right to be treated with respect and to have their individual qualities and contributions recognised and valued.
- Bullying in any form is not acceptable and should not be condoned.
- Everyone has a responsibility to work together to stop bullying – parents, carers, staff, teachers and children and young people.

What is Bullying?

- Bullying is an act of aggression causing embarrassment pain or discomfort to another person. Children, parents, carers, or workers can be perpetrators or recipients of bullying.
- Bullying can take many forms: physical, verbal, gesture, extortion, and exclusion.
- Bullying is an abuse of power.
- Bullying can be planned and organised.
- Where bullying behaviour has become habitual, it can be an unconscious act.
- It can be an isolated incident or on-going.

- Individuals or groups may be involved.

Some examples of bullying include:

- Any form of physical violence such as hitting, pushing, or spitting
- Interfering with another's property by stealing, hiding, damaging, or destroying it
- Using offensive names, taunting, or spreading rumours about others or their families
- Using put-downs or belittling others' abilities and achievements
- Writing offensive notes or graffiti about others
- Making degrading comments about another's culture,
- religious or social background
- Hurtfully excluding others from a group
- Making suggestive comments or other forms of sexual
- Harassment
- Ridiculing another's appearance
- Forcing others to act against their will
- Threatening
- Deliberately setting someone up
- Encouraging others to do any of the above

Responding to bullying of children or young people

Staff members need to be aware that the children and young people who use Willowgrove may be particularly vulnerable to bullying because of their disability, ethnicity, 'Looked After' status or poor self-esteem. For some children and young people, the impact of previous adverse experiences may result in bullying and controlling behaviour towards other children.

Staff members should:

- Be alert to signs of distress that might indicate that a child is being bullied

- Ensure that methods of managing children's behaviour and sanctions do not contain any elements of bullying
- Take action to address any incidence of bullying within Willowgrove
- Give clear messages to all children and young people about the unacceptability of bullying
- Take seriously any incidence, allegation, or suggestion of bullying
- Keep other people, including parents and Social Worker, Informed
- Ensure that the child or young person is as involved as possible about how to proceed
- Work within agreed strategies to address bullying of or by a Child
- Find opportunities to promote the child's or young person's self-esteem

Willowgrove will ensure that

- New staff members are aware of this policy as part of their Induction
- Incidences of bullying are followed up and addressed appropriately
- Issues of bullying or concerns are communicated to other key people in the child or young person's life as necessary
- A record is kept of any concerns, incidences of bullying and what action has been taken and shared appropriately.

17. Unauthorised Absence

Given the vulnerability due the needs of the young people who use Willowgrove, an unauthorised absence is viewed as very serious. The first consideration is the physical danger to which the young person is exposed. In the event of a child or young person going missing or absconding, staff should take the following action:

- One staff member should try and find the young person and the other staff members should remain with the other young people.
- The staff members remaining with the other young people should contact Police, (staff should carry a photograph of all the young people

when they are out as this would help police in their search). The police should be informed that the young person has a learning disability and has a reduced level or no awareness of danger and any other relevant details.

- Team/Registered Manager to be contacted who will inform the child's family and significant others, namely:
 - Police (if not already contacted)
 - Trust personnel
 - Assistant Director Children's Services
 - RQIA – Notifiable Event.

The incident should be recorded as:

- An Incident - noting details of what happened and what action will be taken to minimise the risk of this re-occurring.
- An Accident to ensure Barnardo's Safety Team is alerted.

Once the child has been located and returned safely staff members should consider whether there had been any factor motivating the young person to abscond which might reflect an underlying concern or unhappiness.

18. Electronic Surveillance

Willowgrove has a video monitor system installed in all the bedrooms. Each bedroom has a video camera fitted which can be connected and turned on for the purpose of safeguarding and promoting the welfare of children. There are two monitors, one in the living room, and another in the staff office, so that they can be viewed by staff if required.

Safeguards for children

The surveillance system provides a means by which children with epilepsy can be monitored at night and on an on-going basis. Sometimes seizures can occur almost silently and would not be picked up by staff other than by a

visual means. Physically checking children at frequent intervals during the night would not be practical and would also result in children's sleep being disturbed.

Video monitors are only used where parents have given consent. The decision to use surveillance must be endorsed at a Looked After Child Review, recorded in the Review minutes and reflected in the child's LAC Placement Plan and LAC Care Plan. This should be reviewed in a restrictive practice meeting as part of the LAC process and withdrawn if no longer required. If the child is over 16, then a Deprivation of Liberty Safeguards care plan should also be completed along with the associated processes under the Mental Capacity Act .

In so far as is practicable, the children in question are informed of the use of the system and why it is in place.

The camera is switched off when a child is being dressed or undressed, when a personal care task is being undertaken or if the child is engaged in age-appropriate masturbatory behaviour.

The surveillance system is only used to monitor. There is no facility for recording images. The system will only be in place if there are no other less restrictive practices deemed appropriate.

Audio Monitors

For some children an audio monitor is available when this level of monitoring is required and deemed adequate for the purpose of safeguarding and promoting the child's welfare. Again, this will be assessed individually for each child, as the least intrusive means of observation and reviewed during LAC review procedures.

Passive Infra-Red (PIR) Motion Detection System

We have this system installed across the doorways of each bedroom to ensure that our staff are alerted if a child should leave his or her bedroom

during the night. The detectors are linked to an audible alert signal for staff. This system is also active on the external rear doors if needed. These systems will only be activated if an assessment carried out by key-working staff, and authorised by Team/Registered Manager, has proven that it is essential to ensure the safety of the child, or any other child in the building at the time.

19. Fire Precautions and Associated Emergency Procedures

EMERGENCY PLAN IN THE EVENT OF A FIRE OUTBREAK OR ALARM ACTIVATION

Staff complete and sign-off an Emergency Evacuation Plan at each shift handover period which considers the individual evacuation needs of young people present on the day.

- In the event of a fire the priority must be to ensure the safety of all persons within the building.
- On discovering a fire, sound the fire alarm. Break glass **CALL POINTS** are located at the back door of the living room, kitchen back door, playroom back door, by the front door and in the general office.
- Start evacuation procedures. Should an outbreak prevent exit, leave via the nearest safe exit. Ensure you close all doors as you exit. Willowgrove has six exits that can be used in the event of an emergency.
- Contact the Fire and Rescue Service immediately.
However small the outbreak of fire, call the fire brigade by dialling 999, tell the operator '**FIRE**' and inform them that there is a fire at
44 Whyte Acres, Banbridge, BT32 4HZ.
- The home is protected by a series of smoke and heat **DETECTORS**. Once a detector is activated a red light appears on the detector. This alerts to you to the zone/area. Normally a visual and sensory check will alert you to either a fire or the possibility of a system fault.

- There are heat detectors outside in the two boiler houses for the central heating boilers and a smoke detector in the outside storeroom. These are also linked to the fire alarm system.
- There are two smoke detectors in the **ROOFSPACE**. The indicator lights for these are on the ceiling in the hallway – one just outside the bathroom and the other near the staff toilet. Staff do not have access to the roofspace. In the event of a detector activating in the roof space the home **MUST** be evacuated and the Fire Service **MUST** be called.

RISK MANAGEMENT

- NIGHTTIME PROCEDURES – Willowgrove operates a risk management approach to fire management. The Priority is to evacuate the building by any means possible. As staff evacuate the building, close doors behind you. Do not waste time collecting belongings.
- Assemble at assembly point which is the CAR PARK AT THE FRONT OF BUILDING. Normal routine is for staff and young people to remain in the Project Minibus. Staff must ensure they have the keys of the minibus when evacuating – this responsibility is delegated as part of the daily Emergency Evacuation Plan. Depending on the location of the fire and any flow of smoke staff may decide to evacuate to another, more safe location. Again, depending on circumstances staff may decide that the minibus is not the safest place to assemble. Appropriate judgement will be required.
- Ensure that all occupants of the building are accounted for.
- On their arrival inform the Fire and Rescue Service of what you have done.
- Team/Registered Manager must be informed as soon as possible.

Fire Prevention Procedures at Willowgrove

- Staff are not to place combustible materials in switching room (storeroom off utility room).
- Staff are not permitted to smoke on Barnardo's premises
- A final inspection of the premises is to be carried out by staff who are closing the building and should ensure that the following checks are carried out:

Fire Doors are shut, Electrical items not required are switched off and the Premises are secured when unoccupied.

Fire Instructions

- Fire drills are carried out by designated staff monthly and recorded.
- Fire alarm, emergency lighting, automatic door closures, door seals and call points are tested weekly by a designated staff member and recorded.
- All staff should immediately report any failure of above to Team/Registered Manager.
- Training/updates on action to be taken on discovering a fire held on a regular basis and recorded. Staff should regularly update their knowledge of Fire Procedures. These are posted on the wall in the office.

Means of Escape

- Staff training/updates inform staff of the importance of fire doors. Staff should ensure they are closed when possible or held back on door release magnets.
- Staff should ensure fire exits are free of obstructions.

The Fire Exits are situated as follows:

- Front door
- Utility Room door
- Back door kitchen
- Back door living room
- Back door playroom
- General Office door

Equipment

- Fire-fighting equipment at Willowgrove is serviced every 12 months.
- The fire alarm system, the fire doors and the emergency lighting are tested weekly.
- The fire alarm system is serviced once a quarter.

Risk Assessment

In line with our regulations the Barnardo's General Fire Risk Assessment is reviewed annually by the Team/Registered Manager, the ADCS and a Barnardo's Building Surveyor.

20. Religious Observance

Any special requirements in relation to religious/cultural observances will, as far as possible, be observed during a child's/young person's stay at Willowgrove. This might include attendance at a place of worship, saying prayers with a child or young person or ensuring that dietary restrictions on certain days are observed if requested. These issues would be discussed at the information-gathering and assessment stage before a child stays overnight.

Furthermore, for children who are subject to 'Looked After' arrangements, it is a requirement that, within reason, account is taken of any religious/cultural observance as requested by the child or his or her parents.

Should ministers, priests or representatives of religions express a wish to visit, this would be arranged, but at a time when children were not present. If the visit was to a specific child, this would only be done with the prior arrangement and consent of the child's parent and the visit would be supervised.

21. Contact between Children and Families/Carers

Children and young people come to Willowgrove for short stays only. The time spent away from parents or carers is therefore limited. Parents, however, are encouraged to maintain contact with their child by phone should they so wish. If there is no conflict with the parents' wishes or the child's best interests, other relatives of the child – grandparents, siblings etc. – are encouraged to visit Willowgrove to acknowledge the importance to the child of their wider family.

Contact and reassurance is particularly important during the initial periods of the placement, when both child and parent may be anxious, worried, and missing one another. At Willowgrove staff acknowledge that making the decision (often on their child's behalf) to avail of short breaks is a major milestone for any parent or carer. The decision to seek support outside the immediate family network may often engender feelings of guilt or failure as a parent to cope with the demands of a severely disabled child. Support and encouragement to parents is vital at this stage. Speaking to another parent who has used the Service and can empathise with them is an option.

Time must be given to parents and children to get to know staff and build up trust and confidence in preparation for introduction, which is always arranged at a pace dictated by the child. This may conflict with the needs of a parent/family in which case compromise is needed to ensure the child's best interests are upheld.

22. Complaint's Procedure

By talking to a member of staff the majority of concerns, worries, problems and complaints get sorted out quickly and to everyone's satisfaction. Anyone raising a concern or making a complaint has the right to expect that the member of staff they speak to will:

- Listen to what they have to say
- Respect their opinion
- Decide with them what action to take and refer them to a senior member of staff
- Take the action agreed
- Inform them what was done

If a parent - or anyone who has an interest in the welfare of those who use the service at Willowgrove – is unhappy with anything that happens while a child or young person is in the care of Willowgrove, or about any aspect of the care of the children at Willowgrove, they should speak to the Team/Registered Manager or the Social Worker for the child. We will deal with any concerns or complaints quickly and thoroughly.

Any concern or complaint, regardless of whether it is being raised as an informal matter or through the formal Complaints Procedure, is recorded as a Complaint using the Willowgrove complaints recording procedure.

If the person raising the concern wishes to, they may use the formal Complaints Procedure. Indeed, if the concern is about a fundamental problem or about a serious issue, we would encourage this. The Complaints Procedure has three stages:

The Informal/Problem Resolving Stage

At this stage, every effort is made to resolve the complainant's problem/complaint within the Service to their satisfaction without having to take the matter to the next stage. The complainant is offered the support of an advocate or representative to help him/her to get the matter resolved.

Formal Stage 1

This is the next stage which the complainant may decide to use. The complaint is registered with the Complaints Co-ordinator, who, together with the Director, Barnardo's NI, will appoint an Investigating Officer from within Barnardo's, usually someone at the level of Assistant Director. The Investigating Officer will interview everyone concerned and examine all relevant written records. They will then write a report with conclusions and recommendations. When all written comments have been received, the Director will write the formal response to the complaint, which will be circulated to everyone concerned.

Formal Stage 2

This is the final stage and comprises a review of the complaint and everything that has happened so far by a panel of three people, not previously involved in the complaint, one of whom will be an Independent Person who is completely independent of Barnardo's. The Independent Person will determine who they wish to see and what material they want to examine. Their role is to form an independent view of the complaint and the way it has been dealt with under the procedure. They will also give their views in writing. The complainant can ask for the matter to be considered by the panel if he/she is not satisfied with the formal response made at Stage 1. The panel will make their recommendations after reviewing all the written information and hearing from all those people involved in the complaint. Their recommendations are sent to the Director who will write the organisation's formal response after consultation with the Independent Person from the panel. The Director's decision is final.

Barnardo's produces a range of information in the form of leaflets and posters that are available for use in all services and to give to service users. Everyone who receives a service from Barnardo's is given a leaflet telling them about the Complaints Procedure and how to use it.

23. Contributing to the review of Placement plans

Each child 'accommodated' in Willowgrove for more than 24 hours has a Placement Plan which is reviewed by the Trust after the first three months and thereafter at six monthly intervals. These 'Looked After Child Reviews' (LAC) are chaired by the Review Co-ordinator and are held in a venue and at a time convenient to the parents and the child. Although the arrangement is a formal one, the process aims to be as inclusive as possible. All those who have a contribution to make to ensure the child is well cared for will be invited. In addition to the parents and the child, this will include the Social Worker and the Team Leader from the Trust, the keyworker, and a Manager from Willowgrove, a representative from the child's school and key health

professionals involved. The review system is seen as an integral part of the continuing process of planning and re-consideration of the plan for the child.

Prior to each review of the plan the Social Worker should be in contact with all those involved – the parents - to ensure that up-to-date information is available to inform the plan. This information will be presented to the review in the form of a report. At this time contact between parents and Willowgrove staff should also focus on any issues which need to be considered and staff will draw this to the attention of parents to ensure they have every opportunity to contribute to the meeting.

Willowgrove staff provide a written report to the LAC Review. This is prepared by the child's Keyworker and counter-signed by a service manager. The report comments on how the placement is continuing to meet the needs of the child and his or her family, as outlined in the LAC Care Plan, together with some general information about the child while on placement with us and the views of the parents about the service we provide to them. This report also notes the dates of all placements since the previous LAC Review.

A copy of the minutes of the discussion and any action agreed will be made available to those who attended including the parents.

24. Ending or Suspension of Placements

Barnardo's are dedicated to meeting the needs of the children who come to Willowgrove for short breaks. By following a group living model and the social model of disability, we are committed to supporting young people to be together in the home and community. We recognise that there are times during a child or young person's life when their needs change. Care Plans and behaviour support plans will be reviewed to ensure that staff are aware of these needs and can continue to support the child/young person.

If any concerns arise that Willowgrove is unable to meet the new or emerging needs of a child, it may be necessary to suspend a placement. Suspension of a placement will allow time to ensure that staff training is in place and that there are clear plans in place to meet the needs of the child. If there are concerns that the child's needs cannot be met, then the placement may be suspended until the plans in place are reviewed and the suitability of the placement is reviewed.

If a child or young person's behaviour presents a risk to themselves or others or a serious risk to property, and the behaviour cannot be safely managed, a decision will be made regarding whether Willowgrove is the correct provision to meet the child's needs.

Following the decision to suspend or end a placement, written confirmation will be sent to the child/young person's family explaining the decision. In the case of a suspension, a meeting will be called between Willowgrove management, the child's parents/carers and social worker in order to discuss the plan and what if any adjustments can be made to support the young person's need safely.

The safety and wellbeing of children and staff are always the priority for Barnardo's, therefore any changes to a young person's needs must be shared and recorded, so that care plans can be updated.

25. Type of Accommodation provided

Willowgrove is a purpose-built bungalow situated at the end of a well-established housing development and was opened in December 2000. It is wheelchair accessible throughout.

The building comprises four single children's bedrooms with built-in storage (all children's bedrooms have electric profiling beds), a staff sleep-in room with en suite and a separate staff office. There is a specially adapted

bathroom with hydraulic bath and a shower room equipped with hydraulic shower/changing bench. A third toilet/washbasin is available for visitors or children who do not require any physical adaptations. A spacious living room, utility room, playroom, combined/kitchen dining area and multi sensory space complete the accommodation.

The health and safety of the children in our care has been paramount in the planning, design and building of Willowgrove. Bedroom and external doors are linked to a call system, which alerts staff during night-time hours.

The enclosed rear garden with 2.2 metre fencing comprises of swings and safety play surface. Consideration has been given to safe storage areas both internally and externally.

The building is equipped with a fire alarm system, emergency lighting, fire extinguishers and fire blankets in addition to magnetic door catches connected to the alarm system. There is also a lockable front door which releases automatically when the fire alarm activates.

The building is heated by an under-floor heating system, eliminating the need for radiators and the problems which they can pose.

Extensive use of natural light has been used throughout the building. Where artificial lighting is needed, this is recessed with pendants in living and dining areas only.

The decoration and equipping of the building reflect a child friendly, cosy, comfortable, neutral ambience.

26. Specific Therapeutic Techniques

Willowgrove offers placements to children with a variety of needs. At the point of admission Willowgrove staff in conjunction with Trust staff will decide

whether a placement in Willowgrove is appropriate. Some children have a learning disability, some a physical disability; some have a combination of both learning and physical disability. The staff in Willowgrove aim to respond flexibly to all the needs presented.

Most children who come to Willowgrove (currently about 60%) have an Autistic Spectrum Disorder. For this reason, staff are currently developing their understanding in this area. Staff will endeavour to establish the communication methods used in other areas of the child's life – especially at home and at school – and then to develop these within Willowgrove. Depending on the severity of the disorder – some children require direct “objects of reference”, some use photographs, some symbols whilst some can use written words - a range of ‘schedules’ can be developed to support the child in understanding what is being planned and, in some cases, enable the child to contribute to their own plan.

Many of these children have difficulties with sensory integration - their condition means that they require additional stimulation in some areas or that we must consciously reduce sensory stimulation in other areas. A sensory room is used in Willowgrove to assist with this but, in addition, account must be taken of children's individual needs in the planning of programmes or behaviour management plans. The support of school-based occupational therapists is used to design specific programmes or sensory diets for some children.

Barnardo's are providing training for all staff on trauma informed practice and this, alongside attachment theory underpins the ethos of our work with children and young people.

We continue to engage collaboratively with our commissioners, the Southern Health and Social Care Trust, to assess and review models of best practice to meet identified need.

27. Anti-discriminatory Policy

Section 75 of the NI Order identifies nine characteristics through which discrimination is unlawful. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation

Equality and diversity for Barnardo's

Equality and diversity are central to Barnardo's basis and values and particularly resonates with the following values:

The unique worth of every individual – we believe that every person is different but equal, and that unique talent should be recognised and encouraged.

Encouraging people to fulfil their potential – we want to create opportunities for people to make the most of their abilities.

Working with hope – we hope for better futures for all children

It is critical for us to have an equality and diversity (E&D) strategy to enable us to deliver on our basis and values as an organisation.

Our vision for Barnardo's E&D strategy is to:

Create an environment where diversity is valued and embraced and is free from discrimination, victimisation and harassment for service users, staff and volunteers.'

The strategy aims to improve Barnardo's organisational performance by making sure that E&D is valued and integrated into all activity undertaken as part of our Strategic Business Plan. Barnardo's Equality, Diversity, and Inclusion (EDI) training is compulsory for all staff.

By seeing the Strategic Business Plan through the lens of equality and diversity we will be able to:

Deliver better services

The strategy will help us in developing and delivering more accessible and inclusive services, making sure that our service users reflect the diversity of the local population. This will, in turn, strengthen our ability to win tenders and grow our income as we will be able to identify and respond to need across diverse communities.

Be a better employer and recruiter of volunteers

The strategy will help us in attracting and retaining a broad range of talented professionals and volunteers, helping us demonstrate our commitment to respecting diversity and leading to a more engaged and confident employee and volunteer base.

Be a more relevant and responsive organisation

The strategy will enable Barnardo's to be seen as an organisation that is relevant and delivering for all vulnerable children, young people, and their families no matter what their background.

28. Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards

The Mental Capacity Act (NI) 2016 and the Deprivation of Liberty Safeguards provide the legal framework and guidance to make sure that the rights of young people who may lack capacity to make their own decisions and may have their liberty restricted are maintained.

A deprivation of liberty is when all the following occur:

- A person is in a place where care or treatment is being provided
- A person is not free to leave
- A person is under continuous supervision and control

A person can be deprived of liberty in any place, for example, a hospital, care home, supported living accommodation or other setting. Even if the person or others, such as a carer or a relative are happy with the care and the person or others want the person to be there, the law says that if the conditions above are met this is described as a deprivation of liberty. The deprivation of liberty safeguards is the system to ensure that a person is only deprived of liberty when it is right to do so. The deprivation of liberty must be in the person's best interests and help prevent serious harm from coming to the person. Within Willowgrove, the external doors are always locked, children are not free to leave and all require constant supervision and guidance when within our care; these measures are put in place to keep them safe.

The Deprivation of Liberty Safeguards apply to all children aged 16 and over if there are concerns around their capacity to consent to the deprivation. The Mental Capacity Act (NI) 2016 provides the guidance in relation to determining the capacity of people to make decisions about their care. Willowgrove are responsible for ensuring that all young people who should be subject to DoLS have plans in place. The assessments around the person's capacity is undertaken by a Trust nominated professional, there will be a best interests assessment, mental capacity assessment and a care plan around the deprivation of liberty. These assessments and care plans will go to the Trust's Panel to authorise.

Once a plan is in place for a child, it should be reviewed after six months, then every 12 months thereafter or if there are any changes to the young person's needs. The DoLs should end if the person regains capacity, if the plan no longer meets their needs, if it is no longer needed to prevent harm or if the authorisation is no longer valid or has lapsed. Willowgrove will work with the child's allocated social worker to ensure that each child has an

appropriate plan in place and that is the least restrictive option to meet their needs.

All staff within Willowgrove receive training around the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their induction.

Updated: 21st November 2022

Liz Greer

Registered Manager (Pending)