

HOPEDALE
Children and Family Services Ltd



Statement of Purpose and Function
For Hopedale House

October 2015

Hopedale Children and Family Services Ltd

Staffordshire

This is a Statement of Purpose and Function for Hopedale Children and Family Services Ltd (referred to as Hopedale House) and is compiled as required under regulation 4 and schedule 1 of the children's Homes Regulations 2001 (amended 2011, 2013).

Hopedale Children and Family Services Ltd is registered with Ofsted:

Telephone: 0300 123 1231

This document has been endorsed by:

The Executive Directors – Sarah Deaville and Amy Hopkin

The Registered Manager

Signature



Date 12th October 2015

The Responsible Individual

Signature



Date 12th October 2015

Review Date: October 2016

Our Shared Commitment

Hopedale cannot entirely replicate the warmth, affection; support and love which might, in other circumstances, be available to each child in his/her own home, and cared for by his/her own parents. However; our primary aim, for the benefit of each and every child is to try our hardest to do so.

We feel passionately about taking a holistic and therapeutic approach to providing care and education to children who have social, emotional and behavioural difficulties, and who may also have aspects of autistic spectrum condition. We strongly believe that timely intervention can bring children inner-peace and contentment, and enable them to become positive, valuable members of society.

Hopedale works with pupils for as long as necessary to meet their identified needs. We offer a flexible, therapeutic approach to the needs of children and provide a range of services including emergency placements, short term intervention, reintegration back home or into foster care, and longer term stays where a return home is not achievable.

As a residential Special School and Children's Care Home our key priorities are to work in a way that:

- children are confident to respond to bullying
- children's emotional wellbeing is paramount
- ensures stable, secure, safe and effective care for children
- supports better life chances for children in need and those in care
- actively involves children and carers in decisions pertaining to planning and service delivery
- promotes effective partnership working to protect and promote the welfare of children within the context of current legislation and guidance
- children with learning difficulties and special educational needs are empowered to reach their full potential
- accurate assessments that are undertaken give rise to an individually tailored plan that affords all children to thrive and realise their potential
- promotes education, training, independence and the world of work

QUALITY AND PURPOSE OF CARE

1. A statement of the range of needs of the children for whom it is intended that the children's home is to provide care

Hopedale aims to provide 24-hour care, 52 weeks of the year for children of both genders, between the age of seven and seventeen, within the context of a warm and nurturing therapeutic environment. To this end, the children will benefit from having a safe, secure environment at what can be a difficult time in their lives.

Hopedale's aims are:

- to offer accommodation to children aged between seven and seventeen with social, emotional and behavioural difficulties, who may also have aspects of autistic spectrum condition
- to provide a nurturing, therapeutic environment and resources that enable children to achieve positive change in their lives
- to provide security and stability for children, looked after in the care system and enable them to be healthy and happy
- to offer high quality residential care based upon the foundations of exemplary primary care
- to provide as near to a family environment as is feasible
- to offer the highest standard of personalised education and development programmes, in a residential special school setting

In order to achieve these aims the following objectives have been set:

- the creation of a warm, safe and welcoming environment
- the development of a multi-skilled and highly trained, experienced and committed staff team
- a therapist not only providing individual, group and family therapy, but also dedicated to maintaining a consistent approach through targeted support and training in both the home and the school
- the development of a key worker system
- effective assessment and recording systems
- to encourage positive relationships and support for the placement with all people involved in the welfare of the child
- a healthy eating programme that makes use of locally sourced and children's home-grown produce
- a structured, personalised, working-towards independence programme, that allows children to experience the world of work and to manage their own needs
- personalised education plans

2. Detail of the children's home's ethos, and the outcomes that the children's home seek to achieve and its approach to achieving them.

Hopedale feels passionately about taking a holistic approach to providing care, education and therapy to children who have behavioural, social and emotional difficulties, often arising from a childhood that has been fraught with problems. We strongly believe that timely, integrated intervention can bring children inner-peace and contentment, and enable them to become positive, valuable members of society.

Hopedale believe that the following statements best describe the values within which we seek to **operate on a daily basis.**

We believe that each child in our care has the fundamental right to:

- be regarded as an individual and given our special attention
- be cared for by people who are capable of understanding their needs
- have fun
- be treated equally, and no less favourably than others
- receive respect and understanding regarding their cultural, religious and spiritual beliefs
- receive an education which enhances their life prospects in every respect
- receive prompt attention in relation to all of their healthcare needs

- be safe, feel loved and always know that “someone cares”
- be informed about all important decisions that affect them, and to have a say
- be afforded privacy for themselves and their belongings
- have the opportunity to think independently, and make their own choices
- complain about anything they feel is unfair or unjust, and to have that complaint listened and responded to
- develop and nurture lasting friendships and contacts within and outside the Home
- receive therapy

We aim to ensure that every family and/or placing authority feel their child is receiving the highest quality life experience and personal development provision at Hopedale House.

We believe that every child can be inspired by something; it is our aim to identify what ignites their passion and nurture their creativity to develop self-esteem.

3. A description of the accommodation offered by the children’s 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.

Hopedale House is a detached property in the small rural village of Cheddleton, Staffordshire Moorlands, comprising 2 wings. One wing has ten bedrooms and the other has three ensuite bedrooms and two standard bedrooms, for boys and girls aged between seven and seventeen. The large, attractive, open garden area contains an allotment, for residents and pupils to grow their own produce, and ample space for recreational activities.

Hopedale House was refurbished in 2012, 2013, 2014 and 2015, with children with Social emotional and behavioural needs in mind. Whilst remaining as homely and welcoming as possible, specific risks and behaviours have been considered and accommodation designed accordingly.

Hopedale house, specifically has two distinct areas – the home and the school. Separate entrances are available and provide very different initial impressions. The home is furnished and decorated to a high standard and is comfortable and homely.

Children have individual bedrooms that they encouraged to personalise.

Home Ground Floor (South Wing)

- A new high-tech kitchen with views onto the tranquil garden
- Separate utility room
- Private family contact room (part of the school side but planned this way to provide utmost privacy)
- Large recreation room with gaming devices, internet access, karaoke and stage lighting
- Music room
- Comfortable lounge area, furnished to a high standard
- Bright spacious dining room, comfortably seating twelve with view over the garden
- Two downstairs toilets
- Disabled toilet and shower room
- Therapy room
- Whilst there is a facility for children to make and receive calls via the main telephone, there is a wireless telephone to enable children to make calls in private

Home First Floor (South Wing)

- Children have individual rooms
- Bedrooms are situated on the upper floor
- Each child is provided with good sized wardrobes and other essential furnishings

- 2 bathrooms with separate showers
- 2 Shower rooms
- Waking night station and kitchenette
- Staff bedroom

West Wing

- 3 ensuite bedrooms
- 2 standard bedrooms
- Lounge and dining area
- Shower room and toilet
- Small kitchen

Outside Space

- To the rear of the building there is a large tranquil garden which affords the opportunity for relaxation, reflection, leisure and horticulture
- To the front of the building there is ample parking for up to 40 vehicles
- To the side of the building are well maintained Rugby pitches that can be used by residents of Hopedale House
- There is a park a short 5 minute walk away
- The adjoining woodland provides opportunities for multisensory walks, orienteering and general exploration

Hopedale House can accommodate up to 15 children aged between 7 and 17 of either gender for short, medium or long term placements. Hopedale House also accepts emergency placements.

This includes children who are:

- emotionally, socially or behaviourally challenged
- suffering from low self-esteem or who lack confidence
- considered more difficult to place
- sibling groups
- victims of abuse or domestic violence
- victims of trauma
- in need of a special school education
- granted a statement of special educational needs or an education, health and care plan

Hopedale House cannot accommodate children who:

- have serious criminal convictions including rape, arson and murder
- have a serious physical disability

4. A description of the location of the children's home.

Hopedale House benefits from being close to the local market town, and within a 20 minute drive of Stoke-on-Trent's extensive cultural, leisure and recreation facilities, but is rural enough to provide a peaceful, tranquil and therapeutic place to live on the edge of the spectacular Peak District National Park. A location risk assessment is in place which is completed and updated in conjunction with the local police.

The location and access to the home:

Hopedale Children and Family Services Ltd

Hopedale House
Off West Drive
Cheddleton
Staffordshire
ST13 7ED

Telephone: 01538 361886
E-mail: admin@Hopedale.org.uk
Website: Hopedale.org.uk
Registration Number: SC444869



5. The arrangement for supporting the cultural, linguistic and religious needs of the children.

Hopedale is committed to the principles of equality and valuing religious tolerance. Our staff team respect, value and celebrate 'diversity' and 'difference'. This applies to children's religious needs. We aim to identify these needs during the child's pre-placement meeting, or in the case of an emergency placement as part of the follow up consultation with the placing authority. This early identification would enable the child's allocated key worker to support religious requirements around instruction and observance.

Hopedale will ensure that our children's religious entitlements are observed. Children accommodated in our home will be enabled, as far as is practicable, to attend religious services at their chosen place of worship. Any dietary, dress and/or other requirements based on religious grounds will be respected and accommodated.

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

Sarah Deaville - Registered Manager
Hopedale House
Off west Drive
Cheddleton
Staffordshire
ST13 7ED

Tel: 01538 361886
Email: sdeaville@Hopedale.org.uk

Hopedale actively encourages children to explore their feelings constructively. Children are also encouraged to become more assertive and value themselves more highly. Within this context children are made aware of their right to complain should they feel they have been treated unfairly or disrespectfully.

Hopedale aims to provide a high quality service to the children and young people accommodated with us. Feedback on how we perform will be sought and will be considered as an opportunity to make improvements.

As required by Ofsted, Hopedale has a written Complaints Policy and Procedure that is available to the child to consult alongside information in The Children's Guide and on the children's rights board.

Children will be told about how they can complain and to whom. They will be given information about this when they are placed with us, during house meeting, and it is detailed in the Children's and Young People's Guide. This information will also include details of independent organisations to whom any complaints may be made. Complaints will be taken seriously and be addressed without delay. Children will be supported in making a complaint and kept informed of the progress of any investigation and the outcome of the complaint.

All staff will receive training in the process; there are written policies, procedures and guidelines for the staff to follow. Staff will listen carefully to what a child is saying and be alert to their concerns; particularly if they express unhappiness about any aspect of their care or treatment.

Child protection issues will be dealt with in line with Hopedale Children and Family Services Ltd Safeguarding policy and procedures. There will be no form of reprisal against a child who makes a complaint.

Should a person involved in the child's life such as parents, social workers, IRO's feel they need to make a complaint, they should follow the procedure outlined in the Hopedale complaints policy, this is readily available through the West Midlands database, www.Hopedale.org.uk or by request.

Our written guidelines about the complaints procedure identify three types of complaint:

- Informal complaint
- Formal Complaint
- Appeals Process

There are comprehensive policies and procedures available for inspection.

7. 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

On referral to Hopedale, placing authorities are provided with a copy of the child protection and behaviour management policy. These policies are also available from the West Midland placement database and at www.Hopedale.org.uk. A copy of these policies is available on request from the Hopedale business manager Corinne Cordner – 01538 361886, email: admin@Hopedale.org.uk

All children looked after at Hopedale House will be respected and protected from harm.

Children will be encouraged to feel able and confident in reporting allegations of abuse by an adult or child in the home, within their family or externally.

Hopedale House has a comprehensive safeguarding and child protection policy and procedure. The policy covers issues including:

- definitions of abuse
- identifying symptoms of abuse
- keeping the children safe
- who to contact and when
- recording
- whistleblowing

The policy to counter bullying identifies:

- the types of bullying
- signs and symptoms of bullying
- managing bullying by staff
- managing bullying by other adults
- recording

During induction, staff working at Hopedale House should read and familiarise themselves with all policies and procedures. Discussion around policies and procedures is held regularly in supervision and team meetings and the whole document is reviewed annually by senior staff and the therapist.

Issues such as child protection matters and bullying are discussed with the children at regular intervals in key worker and therapy sessions and children's meetings.

VIEWS, WISHES AND FEELINGS

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

We seek to consult our children about all aspects of their daily life on a regular basis. This consultation may take place informally e.g. at dinner or more formally during a house meeting or perhaps during 1:1 key-work sessions. Formal consultation will also be conducted as part of the monthly Regulation 45 visits.

An independent visitor meets with the children once per month and is available to call should children wish to discuss their views away from Hopedale.

By encouraging our children & young people to contribute their views about different aspects of the running of the home and school, the management at Hopedale House will develop and support a culture of dialogue that engenders trust in the process and allows our children to see that the adults at Hopedale House welcome and value their views.

9. A description of the children's home's policy and approach in relation to—

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

Hopedale House provides a caring home and learning environment for children. We are committed to the welfare of all children in our care; we will ensure that they, and all staff and visitors are treated equally regardless of gender, ethnicity, culture, nationality, social background, sexual orientation or religious affiliation.

Staff will take positive measures to counter discrimination; it is our policy to embrace the principles of "equality". All members of the staff team will operate within the framework of this policy. Any conduct which is contrary to this will be investigated in line with our policies and procedures. Disciplinary action, which could include dismissal, may be taken.

All instances of discrimination will be acknowledged as abusive and will be addressed seriously and consistently by managers and staff members. Children who feel that they have suffered discrimination should bring this to the attention of the staff using the complaints procedures that have been set out in the children and young people's guide.

Staff at Hopedale House will help children to observe and preserve their religious, ethnic, cultural, social or sexual identity. The environment will reflect and celebrate the diverse backgrounds of the children and young people accommodated with us.

The children will be encouraged to express themselves with dress, art, music, food, customs and celebrations in ways that are satisfying to their backgrounds and needs. Positive attitudes from our staff will facilitate this expression.

All children placed at Hopedale House have the right:

- to be heard
- to be treated with dignity and worth
- to have appropriate education and leisure
- to be protected from harm

EDUCATION

10. Details of provision to support children with special educational needs.

HOPEDALE is a Residential Special School catering for pupils with emotional, behavioural and social difficulties. It provides for children and young people from diverse social and emotional backgrounds who have a wide variety of complex needs and abilities ranging from high academic ability to autistic spectrum disorders, and moderate learning difficulties.

Inclusion

HOPEDALE recognises its responsibility to provide a broad and balanced curriculum for all its pupils and in so doing acknowledges that teachers will need to modify, as necessary, the National Curriculum to provide pupils with relevant and appropriately challenging work at each key stage.

To achieve this HOPEDALE endeavours at all times to apply the principles for inclusion, as set out in the National Curriculum (2014), for pupils with social, emotional and mental health difficulties.

Many HOPEDALE pupils have large gaps in their education due to long periods out of school. As a consequence, programmes of study will need to fill these gaps but at the same time remain suitably challenging for pupils who are often still very capable.

For less able pupils, who may have other special educational needs, work will invariably need to be drawn from earlier key stages so that pupils can show what they can achieve. In some cases this may mean pupils not being able to receive all their age related programmes of study.

Responding to pupils' diverse needs

Pupils from diverse and vulnerable groups are significantly over represented in the category of special education provided by HOPEDALE. These include children looked after by the local authority, ethnic groups including travellers and refugees as well as those with other special educational needs including autism and language difficulties. Based on this understanding HOPEDALE staff continually adapt and modify their teaching to ensure all pupils can take part in lessons fully and effectively.

Additionally, significant numbers of pupils become the responsibility of HOPEDALE following their disengagement with 'mainstream' learning often citing its lack of relevance. Through the world of work and other vocationally based experiences HOPEDALE seeks to redress this issue for disaffected pupils particularly at key stage 4. At HOPEDALE, children are taught in small classes of up to eight pupils, and are supported by a high ratio of staff to pupils. Learning tasks are kept deliberately short and focused, in order to maximise concentration and quality of learning.

HOPEDALE believes that to respond to the diverse needs and backgrounds of its pupils, it needs to personalise, as much as possible, the target setting and assessment processes. To this end each pupil has the opportunity to participate in their own planning and assessment process at regular intervals throughout the year, which includes self-assessment and the opportunity to ask questions about what they have learnt, are about to learn and its relevance to them.

Overcoming potential barriers to learning and assessment for individuals and groups of pupils

For pupils whose needs are not adequately supported through the teaching strategies outlined above, more intensive approaches may be necessary to overcome potential barriers. For some pupils with severe and often extreme behavioural difficulties these may include further intervention sessions, in addition to their personal therapy programme.

HOPEDALE also recognises that in some more intractable cases, support may also be required from other agencies such as Educational Psychology and Child and Adolescent Mental Health.

In all cases specialist support from within HOPEDALE or from external agencies, needs to liaise closely with the class teacher and SENCO to take account of the impact on the pupil's learning and on the preparation of programmes of study.

Interventions

We plan interventions that will support pupils and move them on in their learning and behaviour. These are determined by our accurate knowledge of pupils' previous learning and behaviour, and by our high expectations of their progress. We know the impact that we expect these interventions to have and we evaluate them with regard to the difference they have made to pupils' progress.

The specific objectives of our SEN policy are as follows:

- to identify students with special educational needs, disabilities or EAL and ensure that their needs are met;
- to ensure that students with special educational needs, disabilities or EAL join in with all the activities of the school;
- to ensure that all learners make the best possible progress;

- to ensure parents/carers are informed of their child's special needs and that there is effective communication between parents/carers and school;
- to ensure that learners express their views and are fully involved in decisions which affect their education;
- to promote effective partnership and involve outside agencies when appropriate.

The success of Hopedale's SEN policy will be judged against the aims set out above. Annual success criteria will be reviewed detailing the effectiveness of the provision made. The Principal will set new success criteria, and monitor progress. The range of support made in the school each year in response to identified need is detailed in the Hopedale provision map.

Hopedale school supports LA admissions criteria which do not discriminate against pupils with special education needs or disabilities, and its admissions policy has due regard for the guidance set out by the Department for Education. Parents or carers seeking the admission of a pupil with mobility difficulties are advised to approach the school well in advance so that consultations can take place.

17. If the home is registered as a school, details of the curriculum provided by the home and the management and structure of the arrangements for education.

Hopedale House accommodates a registered Residential Special School, with the home and school occupying distinct areas of the building. This is hugely beneficial for children since it ensures continuity of approach and supports Hopedale's holistic, therapeutic ethos and has a major, positive impact on school attendance. Comprehensive information is shared at the beginning and end of every school day.

Hopedale offers a twenty-four hour curriculum that does not follow the prescriptive model, but offers a personalised experience rooted in social and emotional development, enabling the very best achievement both personally and academically. In addition to providing personalised care, education and therapy for **every** pupil.

A successful pupil at Hopedale School:

- is happy and engaged in school life
- achieves both academically and socially to their full potential
- returns to mainstream education (wherever possible)
- has an excellent attendance record
- is an active participant in school development
- is a valuable member of the school and wider community

Each pupil has an individual education plan that includes academic, behavioural, social and emotional targets alongside strategies to support their achievement. These learning plans are reviewed each term by pupils, key workers, parents/carers and/or social workers and teaching staff.

Pupil progress in each subject area is assessed termly according to expected national curriculum outcomes and P levels. At the end of each academic year, where appropriate, pupils are tested using Optional Standardised Assessment Tests (and end of key stage tests in yr6). This data is used in conjunction with teacher assessment (B-Squared) to determine a final end of year B-Squared level, which is communicated as part of the annual school report. Key Stage 4 pupils are also assessed according to progress towards accreditation (GCSE, BTEC, Entry level and Functional skills).

A successful school:

- provides a safe, secure and happy learning environment
- breaks down barriers to learning
- enables pupils to achieve their full potential, academically and socially
- provides equal opportunities for pupils, staff and the wider community
- has the highest expectations of all pupils and staff
- is committed to self-improvement and sustainability, ensuring stakeholder involvement at every level
- ensures excellent behaviour and attendance

- works with the wider community in sharing expertise and resources
- aspires to be an *outstanding* school

Subject knowledge

We believe that children learn best when teachers are well-informed, knowledgeable and confident about what they are teaching. Our curriculum planning; our use of subject leaders; our CPD programme and our staffing patterns ensure that all learning is led by staff with excellent subject knowledge, wherever possible.

Planning

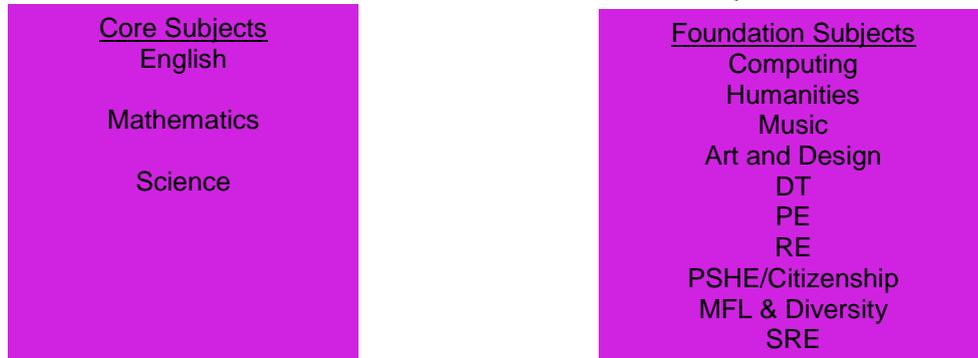
Our planning is based on systematic and accurate assessment of our pupils' prior learning. We plan teaching strategies carefully, creatively and imaginatively, based on our knowledge of our pupils' needs. We choose, design and adapt tasks that will challenge all pupils, at whichever level they are working.

HOPEDALE believes that the school curriculum comprises of all the learning and experiences that are planned for its pupils and that the National Curriculum is an essential part of this. Furthermore, Hopedale believes that a well-planned and robust curriculum is a fundamental route to the social, emotional and behavioural development, and overall well-being, of its pupils.

In fully adopting the National Curriculum HOPEDALE supports its two fundamental aims: to provide opportunity for all pupils to learn and achieve; and to promote pupils' spiritual, moral, social and cultural development to prepare all pupils for the opportunities, responsibilities and experiences of life.

In making this commitment HOPEDALE also expects to secure pupil entitlement, raise and maintain standards, and promote continuity, coherence and public understanding.

KS2 & 3

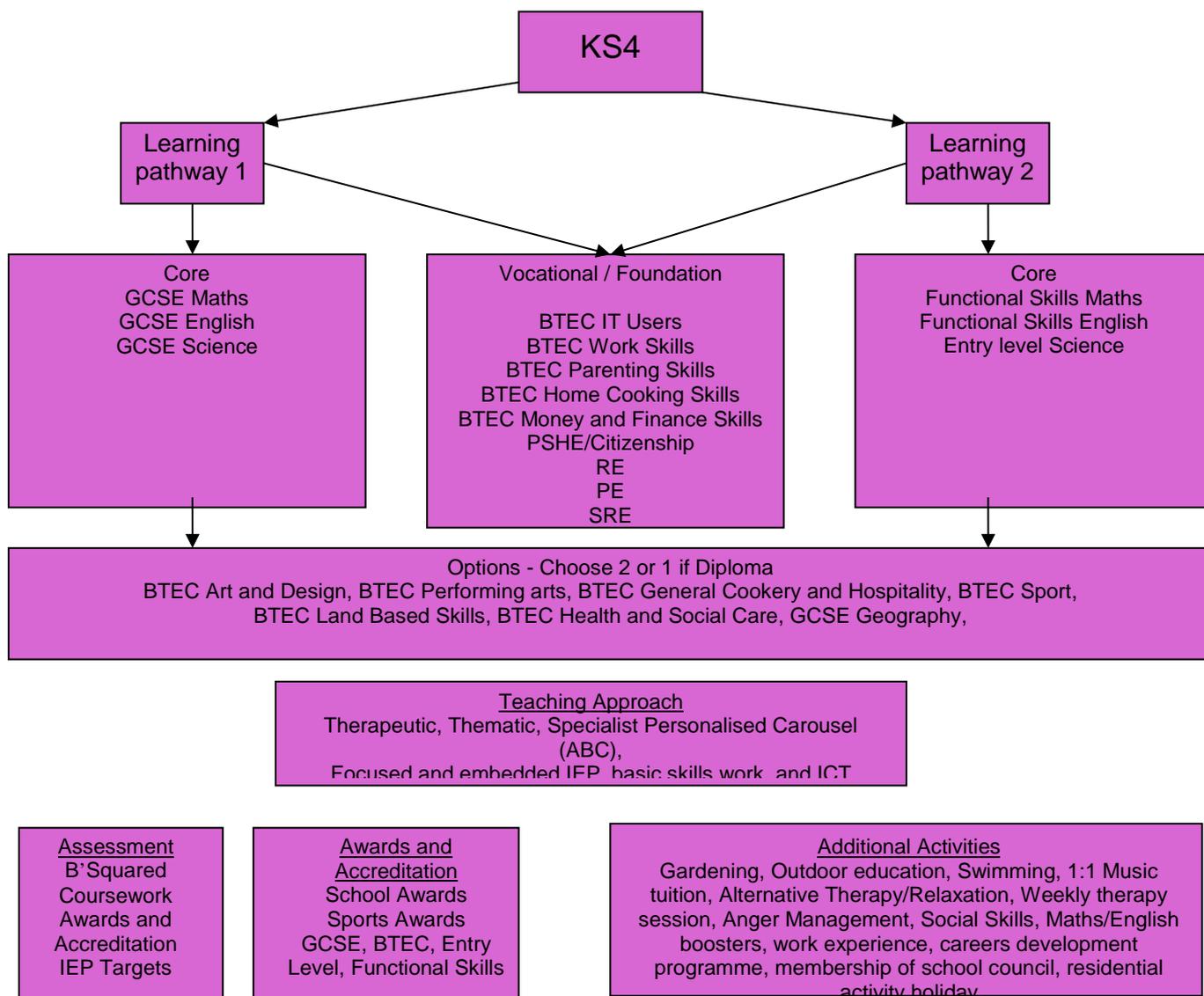


Teaching Approach
Therapeutic, Thematic, Specialist Personalised Carousel (ABC),
Focused and embedded IEP, basic skills work, and ICT

Assessment
SATs
Teacher
Assessment
against new B-
Squared level
descriptors and
national curriculum
outcomes
IEP Targets
Assessment
against EHC plan
objectives
Behaviour for
learning and life
scale

Awards and
Accreditation
End of KS2 SATs
School Awards
Sports Awards

Additional Activities
Gardening
Outdoor education
Swimming
1:1 Music tuition
Ceramics
DIY
Alternative Therapy/
Relaxation
Weekly therapy session
Anger Management
Social Skills Programme
Maths/English Boosters
Residential activity holiday
Careers development
programme (KS3)
Membership of the school
council



ENJOYMENT AND ACHIEVEMENT

13. The arrangements for enabling children to enjoy and achieve, including how the children's home promotes their participation in cultural, recreational and sporting activities.

As children grow it is widely accepted that exercise should be part of their physical development. Therefore; participation in recreational/leisure and sporting activities by our children is considered to be an important lifestyle choice. There are many potential benefits to this, for example, it channels negative energy, offers children & young people a chance to learn new skills and discover new talents. In improving levels of fitness, improving social skills (via better teamwork) a child/young person can develop greater confidence and self-esteem. Hopedale House will encourage and support children to participate in a range of leisure/recreational activities.

Children are encouraged to develop hobbies and interests through weekly 1:1 specialist tuition in areas such as electronic music, sensory ceramics, horticulture, cookery and a selection of sports. As part of the school week children will take part in swimming, outdoor pursuits and PE sessions.

Hopedale House also support activities and visits that have an educational (as well as a fun focus), for example visit to attractions (such as the Science Museum, China Town, local art exhibitions and farmers markets etc).

Religious and cultural activities will be identified through the care planning process. All religious and cultural activities important to the child and their family will be vigorously researched and thoroughly supported by the staff team.

Discrimination on the grounds of race, religion or culture will not be tolerated under any circumstances. Any incidents of this type of behaviour will be challenged individually and through House meetings.

HEALTH

14. Details of any health care or therapy provided, including—

- (a) details of the qualifications and clinical 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 assessed.

Staff at Hopedale House are committed to providing high quality health care in the areas of:

- emotional health by implementing Care and Placement Plans, by undertaking further assessment work, spending time talking with the children, developing coping strategies, and encouraging children to engage with therapy
- physical well-being. On arrival, children will be registered with the local General Practitioner, the local dentistry practice and with a local optician. Current health needs will be identified and maintained, for example diets and routines
- maintaining specialist health needs eg mental health issues, prescribed medication, liaising, making appointments and attending specialist appointments

Staff will take an active role in promoting all aspects of healthy living and be proactive in ensuring the children eat healthily and regularly, develop and maintain good levels of hygiene, develop appropriate waking and sleeping routines and take regular exercise.

Staff will also address the issue of smoking, substance abuse, alcohol abuse, equal opportunity and the effects of bullying regularly through therapy, key work sessions, house meetings and schooling.

Therapy

A holistic, therapeutic approach provides the foundation for every aspect of care and education at Hopedale. We have chosen to follow the pathway of accreditation and continuous improvement offered by The Community of Communities for Therapeutic Communities. Community of Communities is an initiative of the College Centre for Quality Improvement (CCQI), working in partnership with the Association of Therapeutic Communities, the Charterhouse Group and the Planned Environment Therapy Trust. This pathway will enable us to ensure the highest standard of therapeutic practice through a process of self- and peer-review and provide us with access to best practice and rigorous service standards.

Since the majority of children referred to us have experienced a childhood fraught with difficulty, in addition to the therapeutic approach that underpins everyday life at Hopedale, we encourage every child to engage in weekly, individual and/or group therapy sessions.

Our qualified, experienced and supervised therapist assesses the needs of children placed at Hopedale, provides or sources appropriate, individual, group and family therapy, and is dedicated to maintaining a consistent therapeutic approach through targeted staff support and training in both the home and the school. The chosen therapeutic approach at Hopedale is the Cognitive Behavioural approach. All staff are trained in this approach to ensure consistency and thus boost effectiveness. Available therapies are described below.

CBPT (in-house)

Cognitive Behavioural Psychotherapy (CBPT) has been found to be effective in helping children and adolescents with a wide range of problems, including:

- low self-esteem

- depression
- anxiety
- post-traumatic stress disorder
- obsessive-compulsive disorder

Children with social, emotional and behavioural difficulties often have thoughts that are unhelpful and sometimes not accurate. This pattern of thinking can lead to many problems. The goal of CBPT is to create a more balanced way of thinking and to change any unhelpful patterns of thought and behaviour. It aims to help children understand how their problems began and what perpetuates them. It enables them to link the way that they think (thoughts, beliefs and assumptions), with their feelings (emotions) and what they do (behaviour).

CBPT is not about thinking more positively; instead, it enables children to approach situations in a more balanced way, allowing them to be more effective in solving their own problems and feel more in control of their life. At Hopedale, CBPT is delivered through talk, play or art.

Hypnotherapy (in-house)

Generally, during work with children, a hypnotherapist makes use of a very light state of hypnosis where the child may not seem at first sight to be in anything other than in a 'day dreamy' state. Children experience this kind of state many times a day quite naturally; when they are waking from sleep or falling asleep, or just becoming absorbed in thought or in imaginative play. Children have a well-developed sense of imagination and frequently imagine they are whichever hero is currently in vogue. In this kind of state their minds are really creative and receptive to positive suggestions and can come up with solutions to problems.

The kinds of problems that are often worked through, are fears, anxieties and worries, anger, bedwetting, soiling, sleeping difficulties, lack of confidence, lack of self-esteem, or food issues. Treatment varies according to the problem and to the age of the child but always includes positive suggestions for confidence and guided imagery so that they vividly imagine themselves overcoming their problem with ease. They are encouraged to see, hear and feel themselves responding in a more appropriate way which seems right for them.

Usually children from seven upwards are quite happy to close their eyes and relax and enjoy a guided daydream packed full of positive suggestions for them to 'act out' in their imagination. Sessions always include positive suggestions for confidence and self-esteem whatever problem is being addressed.

Play Therapy (in house trainee)

Play therapy provides a way for children and young adolescents to express their experiences and feelings through a natural, self-guided, self-healing process. As children's experiences and knowledge are often communicated through play, it becomes an important vehicle for them to know and accept themselves and others. Play is used to help children to communicate and to prevent or resolve psychosocial challenges. This can support their **social integration, growth and development**.

Play Therapy can also be used as a tool of diagnosis. A play therapist observes a child playing with toys, or engaging with creative arts, to determine the cause of disturbed behavior. The objects and patterns of play, as well as the willingness to interact with the therapist, can be used to understand the underlying rationale for behaviour both inside and outside sessions.

A Play Therapist helps children to increase insight, decrease internal conflict and increase resiliency, coping and emotional literacy. In addition, Play Therapists can work closely with a child's parents/carers/siblings, and undertake parent-child relationship interventions. They are skilled in developing symbolic communication and establishing in-depth therapeutic relationships. This mode of communication and type of relationship facilitates change and growth in children experiencing emotional distress. The emphasis is on the therapist communicating the core conditions of congruence, empathy and unconditional positive regard within the therapeutic relationship.

Art Therapy (sourced)

Art Therapy is a form of psychotherapy that uses the creative process of art making as its primary mode of communication, in order to improve and enhance physical, mental and emotional well-being. It is based on the belief that the creative process involved in artistic self-expression helps children to resolve conflicts and problems, develop interpersonal skills, manage behaviour, reduce stress, increase self-esteem and self-awareness,

and achieve insight. Art therapy integrates the fields of human development, visual art (drawing, painting, sculpture, and other art forms), and the creative process, with models of counselling and psychotherapy.

Children need not have any skill in art, as Art Therapy is not primarily concerned with making an aesthetic or diagnostic assessment of the child's image. The overall aim is to enable children to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment.

Art therapy differs from other psychological therapies in that it is a three-way process between the child, the therapist and the image or artefact. Thus it offers the opportunity for expression and communication and can be particularly helpful to people who find it hard to express their thoughts and feelings verbally. Through creating art and reflecting on the art products and processes, children and adolescents can increase self awareness, cope with stress and traumatic experiences, enhance cognitive abilities, and enjoy the life-affirming pleasures of making art.

POSITIVE RELATIONSHIPS

15. The arrangements for promoting contact between children and their family and friends.

Staff at Hopedale House are committed to the principals enshrined within the Children's Act 1989. In this regard staff have a duty to actively promote and sustain contact unless it is not reasonably practicable or consistent with the welfare of the child to do so.

Children at Hopedale will be encouraged to maintain appropriate, constructive contact with their families, friends and other people who play a significant role in their lives. This will comply with contact arrangements specified in the child's placement plan (in agreement with the social worker). All records of contact will be maintained in Hopedale House and kept in the child's file. Any restrictions on contact for the protection of the child (and others) will be made clear on admission. Contact by visits, telephone, e-mail and letter will be facilitated in cases where there are no such restrictions. The full postal address will be given to each child on admission.

Any post will be given to the child unopened unless instruction has been given by the placing authority to vet incoming mail. If there is any concern regarding the contents of mail received this will be conveyed to the placing authority. Any subsequent changes to the arrangements for contact that are decided should be confirmed in writing by the placing authority.

Contact visits are welcomed at Hopedale House on the basis that all parties are able to conduct themselves in a manner that is not disruptive to the child or others at the home. Visitors will be offered the opportunity to share meals and refreshment and be shown to the family contact room to chat in private. Staff will assist children visiting their parent(s) in any way deemed in their best interests and agreed as part of the placement plan.

Hopedale will take particular note of any restrictions on contact that may be imposed by the courts or the placing authority for the protection of the child. Should any such people be identified in the placement plan prior to their arrival at Hopedale they shall be denied contact and the placing authority will be informed immediately.

Staff at Hopedale will report to the placing authority if the child is refusing contact, or if our staff observe that contact is causing distress to the child and may be detrimental to their welfare. Staff should try to discover from the child the cause of distress. Further contact will need to be reviewed with the placing authority.

All visitors will be asked for identification. Visitors will remain downstairs and not go up to children's bedroom (unless in an official capacity). Parents may be escorted up to the bedroom when the child is first admitted to view the room.

PROTECTION OF CHILDREN

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

Hopedale Children and Family Services Ltd will not use electronic monitoring devices with individual children unless this has been directed by a court. However, for purpose of safeguarding and promoting the welfare of the child, the management will use electronic monitoring, provided the following conditions are met:

- the child's placing authority consents to the use of the measure in question
- it is provided for in the child's placement plan
- so far as is practicable, in the light of their age and understanding, the child in question is informed in advance of the intention to use such monitoring measures
- the measure is no more restrictive than necessary having regards to the child's privacy

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

- (a) the children's 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.

Children with social, emotional and behavioural difficulties require a prodigious amount of skilled input if they are to make any sort of progress in their lives. Discipline can only be achieved through staff commitment to consistency, empathy, and dedication to the creation of a positive emotional atmosphere conducive to learning and personal growth.

Hopedale House has high expectations of behaviour and aspires to offer challenges and opportunities for the home and school community to meet with success, humour and enjoyment, to promote lifelong learning. We believe that a successful environment is a well-ordered community, where the rights and responsibilities of staff, children, parents/carers and multi-agency professionals, ensures an orderly climate.

We aim to do this by establishing a positive ethos which:

- Recognises, rewards and celebrates positive behaviour
- Develops behaviour management and modification strategies which challenge negative behaviour in a proactive manner;
- Ensures true ownership.

The ultimate aim of our behaviour policy is to set the standard of behaviour we would like to see across the Hopedale community. It endeavours to make clear the boundaries of what is acceptable, through the promotion of responsibilities which promote systems of **rewards**, and **consequences**, and address poor conduct in a fair and consistent way.

Children will establish the meaning of each of their responsibilities through regular consultation exercises. Children express their ideas using a variety of media, enabling the production of child responsibilities books/guides and display. This information is also included in the Children and Young Person's Guide. Children are consulted further regarding the menu of consequences, enabling a child-led consensus of their application.

Rewards

- Approving look/smile/thumbs-up
- Verbal thanks/congratulations
- Positive behaviour note to social worker and/or home
- Congratulatory phone call to social worker and/or home
- Additional responsibilities
- Tokens (to be added to chart, which can be exchanged for a prize when filled)
- Additional outings
- Special treats
- Additional time on recreational facilities

Personal Targets

Each child has a personal social, emotional or behavioural target in line with their care plan. Targets are set by children, social workers and/or parents and staff, and are informed by the outcome for children scale. These targets are set out in the placement plan, monitored daily and reviewed at each looked after child review. During house meetings (group discussion), key worker and therapy sessions, children establish whether or not they have achieved their target. It is vital that written targets are accompanied by a record of triggers and suggested approaches for supporting the child.

Sanctions/Consequences

When **responsibilities** are not adhered to, a range of consequences may be applied fairly and consistently:

- Reproving look
- Visual reminders
- Verbal reminders
- Loss of part/all of activity
- Complete tasks
- Target not achieved
- Phone call to social worker and/or parents home
- Required to leave the communal space
- Repair damage/clear mess
- Financial contribution towards property damage
- Reflection session (Appendix 8 – behaviour management policy)
- Police contacted – Hopedale’s approach to care minimises the need for police involvement to deal with challenging behaviour and avoids criminalising children unnecessarily. Hopedale follows procedures and guidance on police involvement, which have been agreed with local police.

The Use of Physical Intervention

It is important to remember that children at Hopedale House have complex social, emotional and behavioural difficulties, and that under certain circumstances they do not manage their own behaviour effectively or safely. The use of physical intervention may, therefore, on occasions, be necessary in the following circumstances:

- injuring themselves or others
- significantly damaging property

Hopedale has adopted the MAPA approach which promotes a gradual and graded response from least intrusive to more restrictive interventions.

Acceptable Physical Intervention

The training provided for staff is BILD approved. Although only those principles and interventions covered in the training are considered acceptable, each situation must be risk assessed accordingly, in order to maintain the safety of all involved. Training on physical intervention given to staff includes sections on the background, theory and rationale behind the MAPA approach. Conflict resolution, de-escalation and other behaviour strategies are taught as part of the MAPA process. Any physical interventions used take account of age, cultural background, gender, stature and medical history of the child involved.

LEADERSHIP AND MANAGEMENT

15. The name and work address of—

- (a) the registered provider (including details of the company owning the children's home);
- (b) the responsible individual;
- (c) the registered manager

The Registered Provider

Hopedale Children and Family Services Ltd
Hopedale House
Off West Drive
Cheddleton
Staffordshire
ST13 7ED

Telephone: 01538 361886

Responsible Individual

Dr Amy Hopkin
Company Director
Hopedale Children and Family Services Ltd
Hopedale House
Off West Drive
Cheddleton
Staffordshire
ST13 7ED

Telephone: 07540 059 487

Registered Manager

Mrs Sarah Deaville
Company Director
Hopedale Children and Family Services Ltd
Hopedale House
Off West Drive
Cheddleton
Staffordshire
ST13 7ED

Telephone: 07970 900 529

19. Details of the experience and qualifications of staff working at the children's home, including any staff commissioned to provide education and health care.

Registered Manager / Co-Principal

Sarah Deaville is a qualified teacher of 17 years, having experience with the full range of special educational needs. She has worked for 4 years in a 7-16 residential special school as teacher and Head of Lower School, and a further 3 years in a 2-19 special school as Head of Primary Education. She has a proven track record as an Ofsted rated, outstanding teacher and senior manager. Sarah has extensive management experience in care and education and has worked in a range of leadership roles in a wide variety of special schools; she is a communication, cognition and autism specialist.

Sarah has held the post of registered manager for 3 years and holds the level 5 diploma for registered managers. Sarah holds qualified teacher status (PGCE) (RP 00/44345), has a BSc in Sport and Exercise Science and is working towards an MA in Education.

Responsible Individual / Head Teacher / Co-Principal

Amy Hopkin is an experienced special needs teacher with 7 years of senior leadership, providing the vision and direction required to ensure a high quality of education and care for all pupils. She has worked for 5 years in a 7-16 residential special school as Deputy Headteacher and Head of Primary Education. Amy has worked as a behaviour consultant (11-16), a local authority inclusion advisor and is a highly experienced multi-agency practitioner.

Amy holds qualified teacher status (GTP-QTS) (RP 02/13166) and also the National Professional Qualification for Headteachers. She has a BSc in Chemistry and Business and a Ph.D in Chemistry.

See appendix A – staffing list

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

As a residential special school and children’s care home, Hopedale House’s organisational structure is slightly different than a care home alone. Two company directors oversee and manage the day to day running of the school and home. Ultimately, the structure depends on the needs of the children, however minimum staffing in the home is one member of staff to three children. The home is staffed 24 hours a day, and during the night at least two members of staff will be on waking duty and further staff will be in house (sleeping) on call.

As part of Hopedale’s ongoing endeavour to ensure quality and achieve sustainable outcomes for children, we are committed to having in place a team with a balance of skills, knowledge and experience. All staff undertake a comprehensive induction package that runs for the duration of their probationary period. This covers health and safety aspects of working in the children’s home, policies and procedures, administration and recording, philosophy and residential social work practice.

In addition to this package, and running in tandem, new staff receive one to one formal supervision on a monthly basis for the duration of their probationary period, and three and five month probationary reviews. Formal supervision follows the format designated in the Quality Standards and Regulations for Children’s homes.

There is an integral training programme for staff at Hopedale to ensure competence. The training areas are:

- child protection
- first aid
- food hygiene
- behaviour management and MAPA
- fire safety
- health and safety
- administration of medication

In addition, all residential care workers will hold or be working towards Level 3 Diploma Residential Childcare. Alongside this training there is in-house training provision to cover essentials of basic residential care practice. Topics covered follow the training requirements laid down in the Quality Standards and Regulations for Children’s Homes.

The Quality Standards and Regulations require the registered manager to have a recognised social work qualification or a professional qualification relevant to working with children at least at level 4. Both the responsible individual and the registered manager are qualified teachers; this is a level 6 qualification. The registered manager has led a residential special school for four years and has extensive experience managing and supervising professional staff. The registered manager and deputy both hold the Level 5 diploma for registered managers.

21. If the staff working at the children’s home are all of one sex, or mainly of one sex, a description of how the children’s home promotes appropriate role models of both sexes.

Hopedale House employs both sexes and ensures that there is always at least one female on duty wherever possible. Staff training ensures that all employees present themselves in a responsible and appropriate manner at all times, providing a source of inspiration for children to use as a model for behaviour and development.

CARE PLANNING

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

Hopedale has designated number of 15 residential children on roll, and accepts boys and girls in the 7-17 age range. Referrals are accepted from Local Authorities, and to ensure group cohesion and appropriate matching, all potential applicants for places are processed carefully by the Registered Manager and Headteacher. It is anticipated that children will have social, emotional and behavioural difficulties and/or may have aspects of Autistic Spectrum Condition. Many prospective children may have a statement of special educational needs or an Education, Health and Care Plan.

The policy of Hopedale House is to obtain as much relevant information as possible about the child, school situation and family background prior to admission.

In planned placements, the placement plan will be written prior to admission to Hopedale House. A copy of the child's placement plan will be placed on file. The placement plan will be consistent with that of the child's 'Placing Authority'; the Placing Authority will have an overarching plan that identifies the child's needs, the kind of placement needed, what objectives the placement is required to aim for. The child's social worker is likely to have a key role in this process and the child will also be involved, as far as is possible, in the preparation (and review) of their plan. All appropriate and relevant individuals, including the therapist, should be consulted when the plans are drawn up and/or reviewed. At all times the wishes and feelings of the children will be advocated and language used that is appropriate to the age and understanding of the children.

Where at all possible, children will receive an attractive; age appropriate Children's Guide and visit to Hopedale House, prior to admission. Children will be encouraged to bring with them any personal or favourite possessions and will receive a warm welcome and their favourite meal. Children will be given a guided tour of Hopedale House, with their parents, carers and/or social worker. They will be offered help to settle into their bedroom or may choose to spend time alone. The procedure is child focused and as far as practicable child-led.

Appendix A Staff List

Role	Qualification	Experience
Registered Manager / Co-Principal Sarah Deaville	BSc Hons, PGCE, Level 5 diploma in leadership for health and social care and children and young people's services Level 3 safeguarding Level 5 Safeguarding for Managers Level 4 Equality and Diversity First Aid Mandatory qualifications	Qualified teacher of 17 years, having experience with the full range of special educational needs. She has worked for 4 years in a 7-16 residential special school as teacher and Head of Lower School, and a further 3 years in a 2-19 special school as Head of Primary Education. She has a proven track record as an Ofsted rated, outstanding teacher and senior manager. Sarah has extensive management experience in care and education and has worked in a range of leadership roles in a wide variety of special schools; she is a communication, cognition and autism specialist.
Amy Hopkin Responsible Individual / Co-Principal	BSc Hons, QTS, NPQH, Ph.D Level 3 safeguarding Level 5 Safeguarding for Managers Mandatory qualifications	Amy Hopkin is an experienced special needs teacher with 7 years of senior leadership, providing the vision and direction required to ensure a high quality of education and care for all pupils. She has worked for 5 years in a 7-16 residential special school as Deputy Headteacher and Head of Primary Education. Amy has worked as a behaviour consultant (11-16), a local authority inclusion advisor and is a highly experienced multi-agency practitioner.
Deputy Care Manager Clare Ratcliffe	BSc IT and Criminology NVQ3 children and young people Level 5 diploma in leadership for health and social care and children and young people's services Level 3 IAG Information Advice and Guidance PTTLS level 3 Level 3 safeguarding Level 5 Safeguarding for Managers Level 2 VSA awareness Mandatory induction qualifications First aider and fire marshal	13 years experience in a residential care setting for children with social, emotional and behavioural difficulties. 3 years experience supervising and managing professional staff.
Therapist Maria Brassington	Advanced Professional Diploma in Psychotherapeutic Counselling (Professional member of the Counselling Society), Diploma in Hypnotherapy and Counselling Skills, Professional member of the National Hypnotherapy Society Mandatory induction qualifications Level 3 Diploma Health and Social Care (children)	Considerable experience in assessing and providing therapy for children with significant social, emotional and behavioural difficulties. Family therapy Extensive experience working with children and young people in residential care. Contributing to care plans and developing consistent therapeutic ethos across and organisation.
Trainee play therapist Senior Care worker and activity planner Sophie Goodwin	BA Hons Child Psychology Mandatory induction qualifications First aider Level 2 VSA awareness MAPA Trainer	6 years experience working with children with social, emotional and behavioural difficulties.
Therapeutic cohesion coordinator and social worker Trainee cognitive behavioural Psychotherapist Debra Turner	BA Hons Social Work Level 3 Safeguarding Currently working towards MSc Psychotherapy	15 years experience as a social worker
Assistant Manager Jordan Leaver (shift leader)	Level 3 Diploma Health and Social Care (children) CWDC NVQ 3 Health and Social Care (adults) Mandatory induction qualifications Level 2 Administering Medication First aider	2 years experience in a residential facility for adults with learning disabilities and challenging behaviour. 3 years experience in a residential care home for children with social, emotional and behavioural difficulties. 3 years experience as a senior support worker, leading and managing a team.
Assistant Manager Sam Berrisford (shift leader)	Level 3 diploma (children and young people) CWDC Level 3 Control & Administering Medications Level 3 Child protection Positive Handling Building Resilience in Children & Young People. Attachment and Trauma Cognitive behaviour therapy Mandatory induction qualifications First aider Level 2 VSA awareness	8 years experience in a residential care setting for children with social, emotional and behavioural difficulties 2 years experience as a senior support worker, leading and managing a team.
Senior team leader Kieran Mountford (shift leader)	Level 3 Diploma Health and Social Care (children) CWDC Mandatory induction qualifications First aider Level 2 VSA awareness	4 years experience working with children with social, emotional and behavioural difficulties.

Senior Care Worker Hannah Wetton (shift leader)	Level 3 Diploma Health and Social Care (children) CWDC NVQ Level 2 Counselling concepts Fire Marshall Mandatory induction qualifications First aider	3 years experience working with children who demonstrate challenging behaviours and experience working in foreign countries with disadvantaged children.
Senior Care Worker Summer school lead Grace Hudson	BA Education Studies with English Mandatory induction qualifications First aider CWDC	Placement experience during degree course. Degree course focused on safeguarding and residential educational settings such as ourselves. 18 months experience in a residential care setting for children with social, emotional and behavioural difficulties. 2 years experience managing and leading a team.
Senior Care Worker Rachael Farr (shift leader)	BA Hons Childhood and Youth studies and Education Studies (L3 equivalent) Enrolled on Level 3 Diploma Health and Social Care (children) BTEC Children's Care Learning & development CWDC	4 years experience working with children and young people 2 years experience working with social, emotional and behavioural difficulties.
Junior Care Worker (waking nights) Lindsay Watten	Working towards Level 3 Diploma Health and Social Care (children) 50% complete CWDC NVQ 2 Health and Social Care Mandatory induction qualifications First aider	5 years experience as a special police constable 5 years experience in a residential care setting
Junior Care Worker (waking nights) Sheila Jones	Working towards Level 3 Diploma Health and Social Care (children) 75% complete CWDC Foundation degree in business administration TEFL Teaching English as a foreign language Mandatory induction qualifications First aider	2 years experience in a residential care setting for children with social, emotional and behavioural difficulties
Junior Care Worker (waking nights) Laura Cooke	Working towards Level 3 Diploma Health and Social Care (children) 58% complete CWDC Level 2 NVQ in health & social care (adults) Mandatory induction qualifications First aider	2 years experience in a residential care setting for children with social, emotional and behavioural difficulties.
Junior Care Worker (waking nights) Ian Booth	Working towards Level 3 Diploma Health and Social Care (children) 46% complete CWDC Mandatory induction qualifications First aider	5 years experience working with children and young people. Area scout coordinator and leader First aider
Junior Care Worker Sheila Lyton	NVQ 3 Caring for children and young people Level 1 sign language Mandatory induction qualifications First aider Diplomas in Aromatherapy, reflexology and Indian head massage. CWDC	7 years experience in a residential care setting for children with social, emotional and behavioural difficulties 2 years experience as a senior support worker involving managing and leading a team. Involved in the delivery of alternative therapies in the home to both staff and children.
Junior Care worker Isaac Vanderpuye	Level 3 Diploma Health and Social Care (children) CWDC Mandatory induction qualifications First aider	2 years experience working with children with social, emotional and behavioural difficulties.
Junior Care Worker Lauren Hodgkins	Level 3 Diploma Health and Social Care Level 3 diploma teaching and learning Mandatory induction qualifications Certificates in Makaton learning Level 2 in Food Safety Level 2 BTEC in Children's Care, learning & Development First aider CWDC	2 years experience working with children with social, emotional and behavioural difficulties.
Junior Care Worker Danielle Blackburn	Level 3 diploma Health and Social Care (children) CWDC Mandatory induction qualifications First aider	12 months working with children with social, emotional and behavioural difficulties.
Junior Care Worker Jade Stuctinkas	Level 3 diploma Health and Social Care (children) CWDC Mandatory induction qualifications First aider	12 months working with children with social, emotional and behavioural difficulties.
Junior Care Worker Lauren Gallimore	Level 3 diploma Health and Social Care (children) NVQ 3 Child Care	2 years working with children with social, emotional and behavioural difficulties.

	<p>CWDC Mandatory induction qualifications First aider MA politics and international relations BA Hons Education and international relations</p>	
Junior Care Worker Olivia Bryan	<p>Working towards Level 3 Diploma Health and Social Care (children) 46% complete CWDC Mandatory induction qualifications First aider</p>	2 years experience working with children with social, emotional and behavioural difficulties.
Junior Care Worker Justine Boyd	<p>Working towards Level 3 Diploma Health and Social Care (children) 10% complete CWDC Mandatory induction qualifications First aider</p>	1 years experience working with children with social, emotional and behavioural difficulties. Extensive experience working as a nanny.
Junior Care Worker Angela Holley	<p>Working towards Level 3 Diploma Health and Social Care (children) 30% complete CWDC NVQ level 2 health and social care Mandatory induction qualifications</p>	Extensive experience working in the care sector.
Junior Care Worker John Beddows	<p>Level 3 Diploma in youth and community work BA Hons applied social studies NVQ management Further education teaching certificate Foundation certificate in health promotion Diploma in personal advice Mandatory induction qualifications First aider MAPA refresher complete Mandatory induction qualifications CWDC</p>	Extensive experience working with children and young people in the careers service.
Junior Care Worker Mica Bettany	<p>Mandatory induction qualifications First aider Enrolled Level 3 Diploma Health and Social Care (children)</p>	2 years experience working with Connexions and family support
Junior Care Worker Travis Nicholson	<p>CWDC Mandatory induction qualifications First aider Enrolled Level 3 Diploma Health and Social Care (children)</p>	2 year experience working with children in a range of sporting settings
Junior Care Worker Danielle Madeley	<p>CWDC Mandatory induction qualifications First aider Enrolled Level 3 Diploma Health and Social Care (children)</p>	2 years experience working with Connexions and family support
Junior Care Worker Aeddon Rimmer	<p>Working towards Level 3 Diploma Health and Social Care (children) 10% complete CWDC Mandatory induction qualifications First aider</p>	12 months experience working with children with social, emotional and behavioural difficulties.
Junior Care Worker Jason Ferris	<p>Mandatory induction qualifications First aider CWDC Enrolled Level 3 Diploma Health and Social Care (children)</p>	9 months working with children with social, emotional and behavioural difficulties.
Junior Care Worker Donna Neate	<p>Mandatory induction qualifications First aider CWDC Enrolled Level 3 Diploma Health and Social Care (children)</p>	9 months working with children with social, emotional and behavioural difficulties.
Junior Care Worker Sian Mellor	<p>Mandatory induction qualifications CWDC</p>	4 months experience working with children with social, emotional and behavioural difficulties.
Junior Care Worker Martyn Horleston	<p>Mandatory induction qualifications</p>	3 years experience working with children in a sports coaching environment.
Junior Care Worker Jamie Griffin	<p>Mandatory induction qualifications Level 3 Diploma Health and Social Care (adult) Level 2 Supervising staff CWDC Enrolled Level 3 Diploma Health and Social Care (children)</p>	11 years experience working with social, emotional and behavioural difficulties in a residential setting.
Junior Care Worker	<p>Mandatory induction qualifications</p>	2 months experience working with children with social, emotional

Daniel Biddulph		and behavioural difficulties. Community support worker for 5 years 6 years experience working with learning disabilities
Junior Care Worker Andrew Ramczykowski	Mandatory induction qualifications Level 3 Diploma Health and Social Care (adult)	1 months experience working with children with social, emotional and behavioural difficulties Community support worker for 5 years working with learning disabilities
Junior Care Worker P/T Sophie Wetton	Mandatory induction qualifications	6 months experience working with children with social, emotional and behavioural difficulties
Chef David Machin	Food hygiene level 3 Supervising staff level 3 Mandatory induction qualifications	5 years experience in catering environment 3 years experience in a residential care setting for children with social, emotional and behavioural difficulties First aider
	NEW STARTERS	
Junior Care Worker Caitlin Main NEW STARTER	Mandatory induction qualifications pending MSc clinical Neurology BSc Psychology	
Junior Care Worker Mark Bourne NEW STARTER	Mandatory induction qualifications pending BTEC Sport performance and excellence	
Night Cleaner P/T Ian Bradbury NEW STARTER	Mandatory induction qualifications pending	