

**Annex 12 – Written submission from Andrea Brazier, Service Manager –
Young People, Wiltshire Council**

**Wiltshire
Stronger Families Team
Information for Surrey County Council’s Children,
Families, Lifelong Learning,
and
Culture Select Committee
July 2020**

1. Please provide an overview of the process by which your local authority adopted the No Wrong Door model/is adopting the model.

Please note that Wiltshire did not formally adopt the No Wrong Door model in its entirety, but rather implemented certain aspects of the model, which have also evolved over time.

Wiltshire established the Adolescent Support Project in 2017 as a pilot project to explore direct intensive work with adolescents to prevent them coming into care. This had a number of staff from different backgrounds/ experience that worked alongside social workers and key workers, as well as other professionals and agencies such as YOT, Schools, and SEND with the aim of preventing escalation into care. The project ran as a pilot for approximately 18 months. During this period the Local Authority also explored other areas running similar projects and visited those, including Cornwall and North Yorks to explore how best to develop the model.

During 2018 Wiltshire established the Families and Children’s Transformation programme a multi-agency partnership transforming services. NWD was then reviewed in greater depth and plans made to develop the ASP further. Significant work was then undertaken to develop Wiltshire’s model, particularly in moving ASP into being a multi-agency approach (with health, police and CAMHS input), increasing and widening capacity/ resource, and developing plans for a ‘pop up’ residential that could be used for families and young people at risk of family break down.

Between September 2018 – March 2019 staff were recruited into Wiltshire’s version of NWD. Staff skill set included social workers, drug/ alcohol specialists, SEND, youth workers, teaching, and residential workers, as well as recruiting a manager and assistant manager, with registered residential experience. 3 team members were part of the original ASP (so bought the learning from the pilot with them) and one other team member who came from another Wiltshire Families and Children’s Services team. The other 11 members of the team were all employees new to Wiltshire Council

The outreach service formally launched in April 2019.

There are 17.8 Full Time Equivalent (FTE) staff within the Stronger Families Team (excluding administration):

1x Team Manager
1x Assistant Team Manager

1x Seconded Police Officer
4x Senior Residential Outreach Workers
3x Senior Outreach Workers (one is 0.8 FTE / 30hours)
4x Residential Outreach Workers
3x Outreach Workers

The process to commence Ofsted registration for the residential aspect commenced April 2019 – including a number of visits from various professionals to ensure the property was fit for purpose.

Referral criteria for suitability for the team is:

- Young Person aged 10-17
- Young Person edging towards or on the edge of care
- Young Person who is at risk of becoming looked after who has potential to remain at home safely with outreach support
- Young Person who is becoming looked after in an un-planned way who has the potential to return home safely with outreach support
- Young Person who is in a long term foster placement where there is a risk of placement breakdown where outreach support could prevent this
- Young Person who requires outreach support for re-unification home after a period in care

Police colleagues also agreed to second a full-time warranted officer to the team for 6 months and then review impact.

In October 19 the service was re-branded as the Stronger Families Team in recognition that it had moved away from the original NWD model and evolved into a Wiltshire specific model.

During April 19 – current, significant further work has been undertaken to ensure the service is fit for purpose, working more closely with CSC, YOT and Emerald (child exploitation team) to develop intensive intervention that effectively prevented/ reduced the likelihood of family breakdown and ensure the right cases were referred to the team at the right time. Work and training was also undertaken across F+C services to ensure teams understood the purpose/ expectations of the team.

In March 20 we successfully obtained the registration for the residential aspect of Stronger Families work. The model is predicated upon the team opening the residential for between 50 – 60 nights per year, to enable work to primarily be focussed upon the outreach aspect of the team. Statement of purpose for the residential attached for further information.

What are the barriers and facilitators to the successful adoption of the No Wrong Door model?

Through FACT considerable work was undertaken to secure funding, increase capacity and ensure the development of the team was robust. Nonetheless there were challenges around it being fully adopted as a multi-agency approach. Health input has not yet been successfully achieved. CAMHS input was agreed, but it has taken considerable time to recruit to the agreed part time post (commenced July 2020). Police were proactive in identifying a warranted officer to second, although note this was initially agreed for only six months. This has subsequently been extended which is excellent and it is clear the Police role is instrumental in contributing to the positive work of the team.

The Ofsted registration and process took longer than anticipated. This meant the residential staff had got used to being outreach, rather than residential staff, and therefore needed some additional support to adapt once the residential was registered and ready to open. As a brand new service and team (which had evolved quite considerably from the original ASP pilot) considerable work had to be undertaken to train the team, establish the ethos and culture, promote the service and ensure appropriate referrals, received at the right time. We had also moved away from the NWD model and therefore did not want to be associated with this, hence the change in team name.

FACT gave the development impetus and a multi-agency steer. Probably more time to develop key policies and procedures prior to recruiting would have been helpful, although doing it the way we did meant the new team got to contribute – paperwork and procedures continues to develop and evolve as the service develops.

If your local authority was to begin introducing the No Wrong Door model again, what would you do differently?

Possibly not recruit the residential staff until closer to the residential opening. Although this is countered by lots of fantastic outreach work being completed by them in the intervening time, which developed their outreach skills and resulted in some excellent outcomes for families and young people.

Although FACT was successful in progressing the model and the service, to some degree it has remained largely a LA venture (with the exception of Police, and more recently CAMHS) and there is an importance in developing the wider professional networks understanding that these families and young people and preventing the breakdown of relationship/ children coming into care, is everyone's responsibility.

Build in extra time for the development/ project management, with individuals designated to delivering the project on time specifically allocated to the project. Much of the development was shared across different individuals/ FACT group and a designated individual, knowledgeable about residential requirements would, in hindsight, have been useful in the early stages of implementing the team.

IT equipment and support was been a real challenge during the setting up of the team. The property had a long period of time with no wifi internet access at all and only intermittent internet access through one of two hardwired internet points on the property. This was surprisingly difficult and lengthy to resolve.

As a team we also need to build a workspace within Liquid Logic (our F+C case management system) with forms, processes and recording properly embedded into the system. Not having this has presented challenges in terms of evidencing management oversight and collating data. We have had to implement workarounds to ensure data collection and evidence of outcomes.

We are still working out the best parameters around caseloads, capacity and how best to deliver the model, particularly when we have had to open the residential and how to prevent this negatively impacting upon the outreach cases/ families held by the residential staff. This continues to be a work in progress. Lockdown has also meant that the remit use of the residential has widened somewhat, as there has been occasion when the residential has

been opened because of lack of alternatives, rather than preventing family breakdown/ working with families to facilitate a young person returning home.

Please provide any information that you can share relating to the model's impact (if implemented).

Please see appendix with some headline data on referrals, residential opening and outcomes.

Some feedback the team has received since its implementation in April 19:

Feedback from SASS Social Worker – Dec 2019:

I just wanted to say a big thank you for all your support regarding the P case. B and the family speak very fondly of both of you and progress is being achieved at last. You always manage to keep me up to date, visit more frequently when required and always leave such clear, informative case recordings of your visits which really help me out.

Feedback from SASS Social Worker – Dec 2019:

.....this has been a very difficult and complex case. I have felt that Juliet and Ashlea have really preserved in trying to get parents to make some positive changes. There has been some significant changes in the children's homelife I think we have succeeded against the odds of keeping M in the family home. Ashlea and Juliet are always available and they constantly check in for updates. I really like their behavioural management charts and applied that to my own learning. They are very child focused and their exit from the support group will leave a massive hole.....They are a real asset to your team.

Feedback from a foster carer – Oct 2019:

T feels the no wrong door service was a really big help and amazing for them getting through this "stressful time". "The whole dynamic in the house had reached boiling point and now it has come right back down and totally different."

Feedback from SASS ATM – Oct 2019:

Our experience of all of the NWD staff is very very positive, but Xina's and Juliet's dedication yesterday was extremely positive.

Feedback from CYPDT Social Worker – Oct 2019:

Thank you both for being so great with the family and helping me so much. Hope to work with you again in the future.

Feedback from Missing Children Coordinator – Sept 2019:

For you to have been able to engage with E to the extent that you have, appears from our missing perspective to have been really impressive. It feels like you have achieved where missing co-ordinators, Emerald Team specialist, social worker etc have had little or no success in building a rapport.

Feedback from CAMHS Practitioner - Sept 2019:

I was really impressed with the work you were both doing. I'll look forward to the next time we meet through another family.

Feedback from SASS Social Worker – Aug 2019:

I wanted to say thank you to you both for being so amazing! You have gone above and beyond what is expected! You have made such a difference in A and her parent's life. When things have been tough, you have supported me emotionally and practically and I can not

thank you guys enough. This email is to let you know I really do appreciate you guys!! (As do A and her parents)

Feedback from SASS ATM – July 2019:

"Thank you Ceri and Juliet for your work yesterday with a young person which went on well after the end of the normal working day. You stayed focused on the young person and kept her engaged whilst we worked with her family to get her home."

Feedback from Director of Children's Services – July 2019:

"Dear Chizzy I am writing to thank you following feedback from Ofsted regarding the positive work you and your SASS colleague have been undertaking with a young man at risk of county lines. Well done and thank you Lucy"

The above is just a brief selection of a wealth of positive feedback which the team has received. It really is a privilege to be a part of a team gaining such high praise.

Have any equalities implications been identified for the No Wrong Door model?

No.

Would you or a representative of your local authority be willing to meet with the Task Group remotely to discuss the No Wrong Door model?

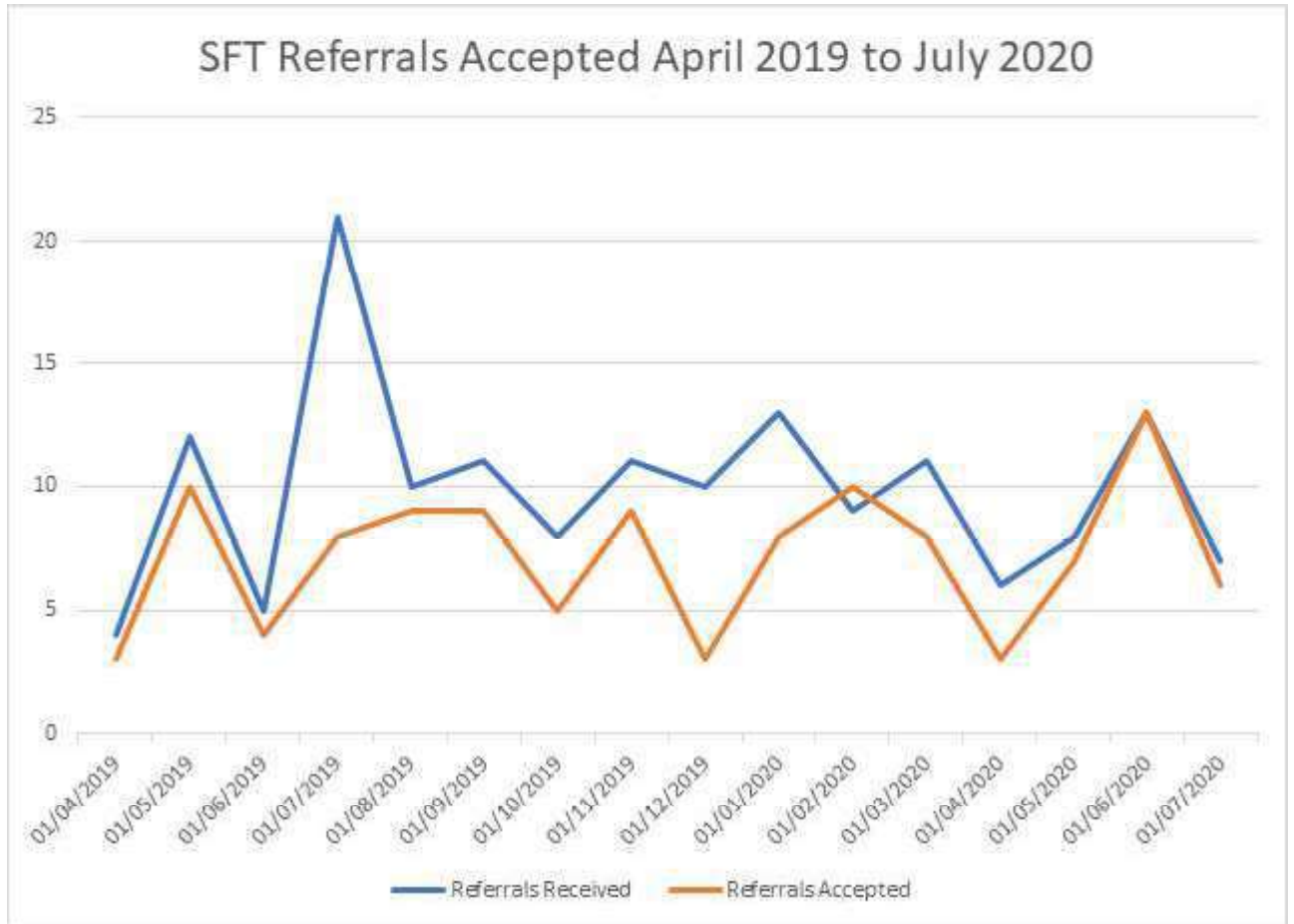
Yes

Are you content for this submission to be published as an annex to the Task Group's report?

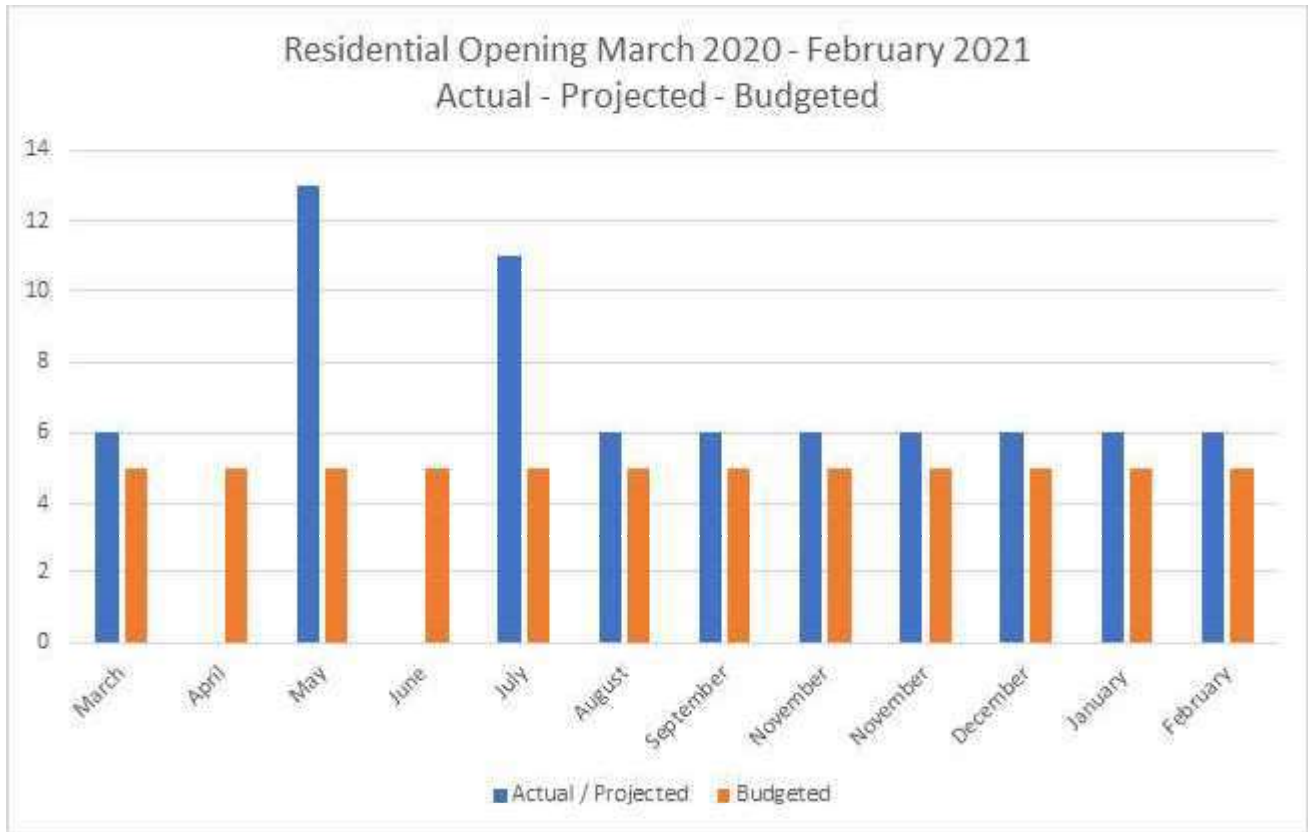
Yes

Appendix 1: Headline performance data:

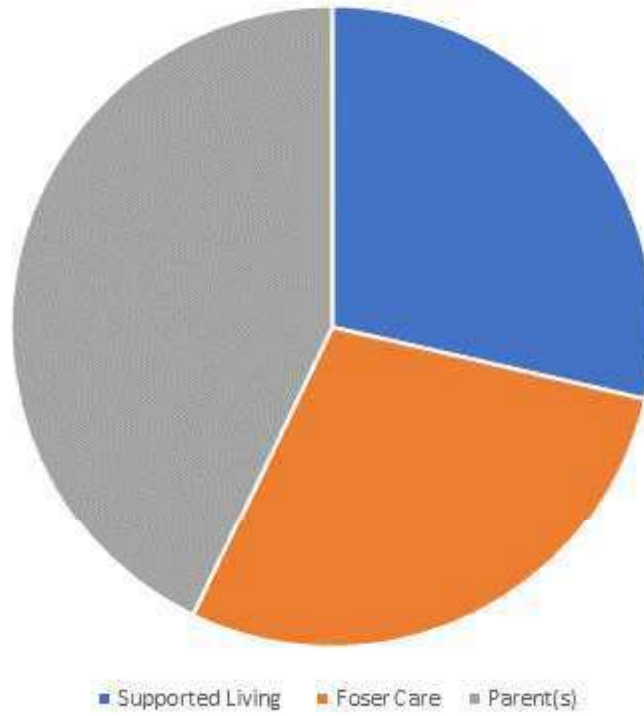
Total of number of referrals since last April 2019



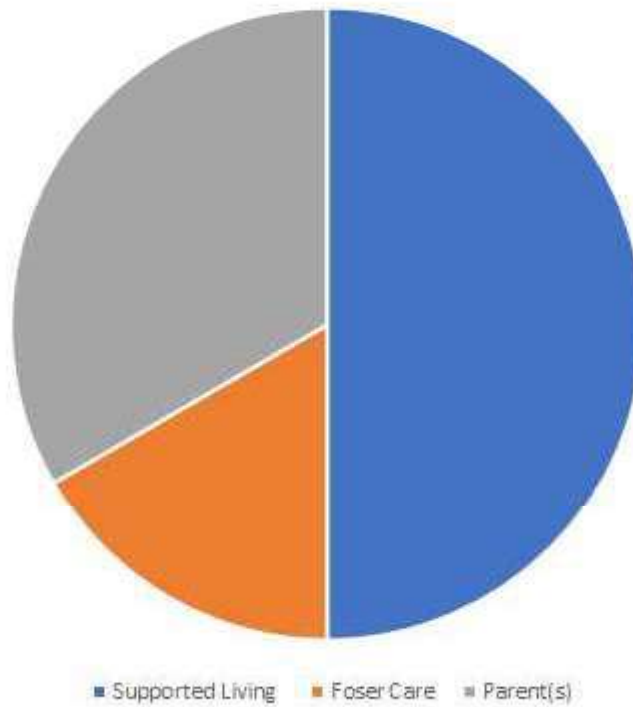
Residential opening since this March and outcomes for the young people



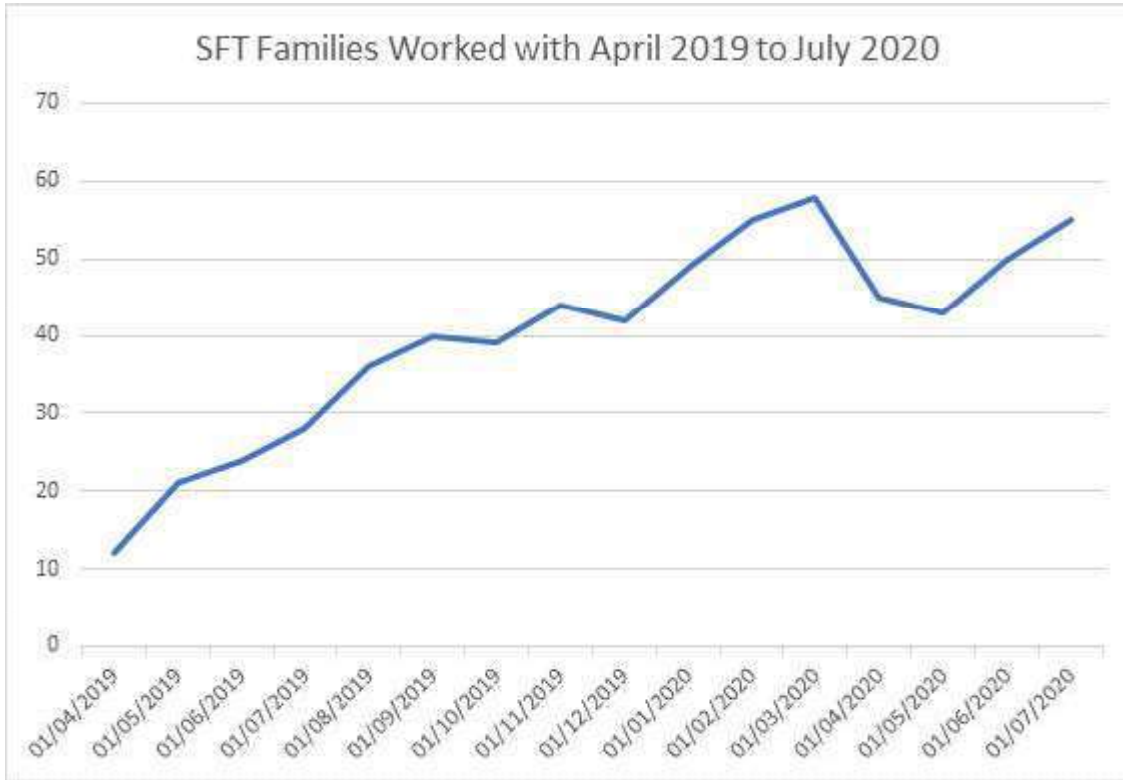
Residential - Young People Admission From



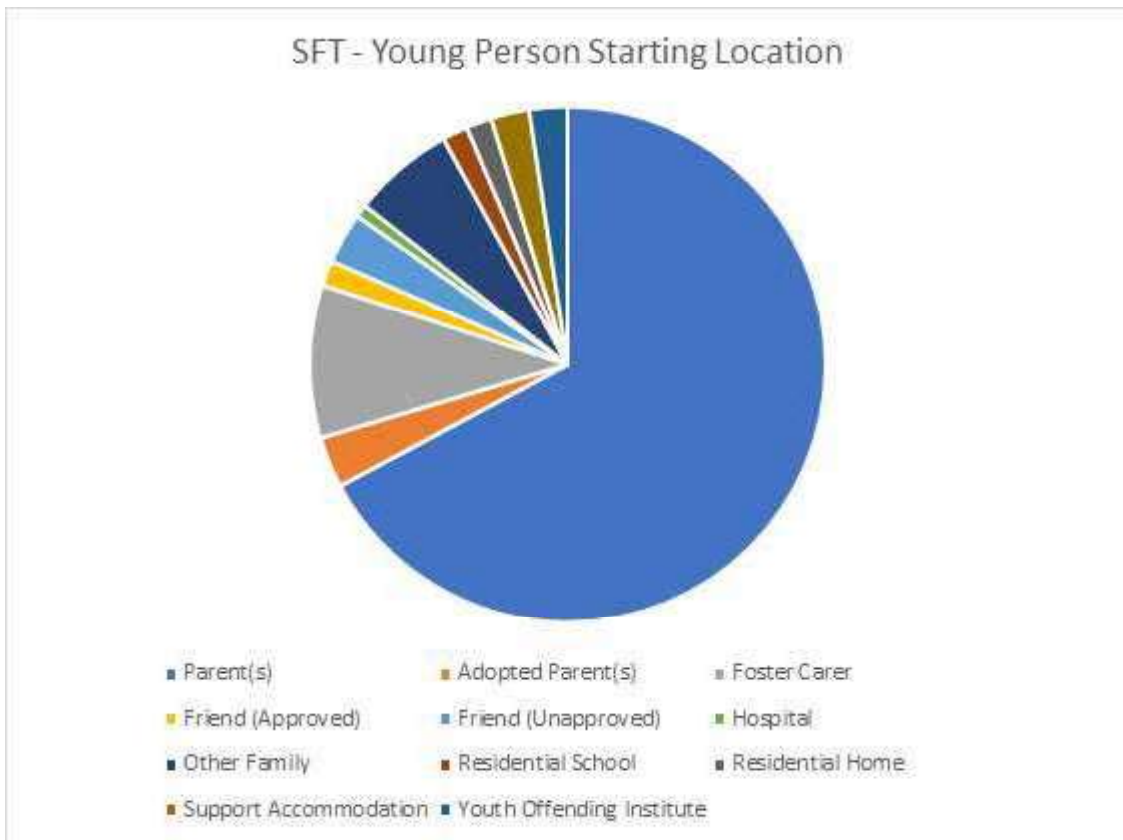
Residential - Young People Moving To



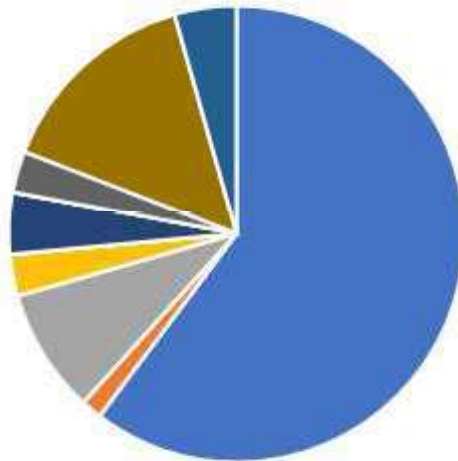
Families we have worked with



Families that we have worked with and have remained at home



SFT - Young Person Ending Location



- Parent(s)
- Adopted Parent(s)
- Foster Carer
- Friend (Approved)
- Friend (Unapproved)
- Hospital
- Other Family
- Residential School
- Residential Home
- Supported Accommodation
- Youth Offending Institute

Statement of Purpose

ASPIRE HOUSE URN: SCXXXXXX

*This document has been compiled in line with the
Children's Homes (England) Regulations 2015;
Chapter 2: Matters related to the quality standards;
Regulation 16 and Schedule 1.*



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Aspire House / Stronger Families Team Guides

In-order-to streamline the paperwork within Aspire House / Stronger Families Team the paperwork for the project is split between three main guides:

1. **Statement of Purpose** - what we do, where we do it and who we do it for.
2. **Staff Handbook** – the main policies of the home, as well as clear guidelines and direction of what is expected from the residential and outreach team members.
3. **Site and Location Assessment** – assessment of the geographic location of the property and the associated risks and the onsite facilities and amenities and the associated risks.

Introduction to Aspire House / Stronger Families Team

“you were just there and understood, when no one else did, and you didn’t tell me there is no magic wand.”

Parent, 2019

Aspire House is part of Wiltshire Council’s Stronger Families Team (SFT) project and is based in the town Melksham, situated on the River Avon in Wiltshire, England. The SFT project focus is on working with young people who are experiencing or at risk of family breakdown, becoming looked after, or leaving a care arrangement. The aim of the SFT outreach work is to provide the young people and their families / care givers, with robust community-based support through a multi-disciplinary outreach team (please note from this point in this document reference will be made to families, and this could include extended families, foster carers, or agreed care arrangements). The fundamental aim of the project is to work effectively as part of a cohesive professional network with families where there is a realistic hope that remaining at home, or returning home, is achievable and there is the potential for this to be sustained.

The SFT adopt a strength-based approach which is focussed upon encouraging healthy and constructive family relationships and supporting young people and their families to remain together. This is delivered through intensive outreach support with young people and their family networks, increasing self-safety, strengthening resilience and building relationships. The young people may be experiencing acute stress and fractious family situations. They may display challenging and complex behaviours which place their educational and social stability at risk. The team will be tenacious in engaging young people and their families.

Aspire House forms the residential element of the SFT project, and will be used as a limited short-term residential resource to offer an emergency stay over provision aimed and giving a young person time and space, and assist parents in growing knowledge, capacity and resilience to repair and reparent. The stay over will provide young people and families support with managing complex behaviours, risks, parenting, and systemically building relationships.

Therefore, assessment leading to a family outcome-based plan (formed with the family) coordinated by a case holding social worker, is required as a referral before a stayover can occur. All stayovers where possible should be planned and include positive work to assist the young person and their families in developing better relationships and safer

outcomes. Urgent same day referrals are likely, and the same principles should be fostered for any regular or advanced planned stayover.

The residential part of the SFT project or stayover resource is intended to be open for approximately 50 to 60 nights per year (further details will be given on the following page).

STANDARD 1 - Quality and purpose of care

Aspire House is an emergency provision to support the SFT outreach work and other areas of Wiltshire council when the need arises. The residential facilities will aim to be used for approximately 50 to 60 days within a 12-month period; the home will be available for accommodation on a short-term basis to ensure that the Outreach function is not adversely affected, therefore the following guidelines will be used for the home:

- An aim of 5 days in a standard month and no longer than,
- 15 days in a row (e.g. during the Christmas holidays, during overlapping months, or when longer term placing of a young person is complex)
- Approximately 50 to 60 days within a 12-month period

The focus of the work whilst the young person is within the residential provision will be to provide a safe-haven for the young person and to assist in stabilising any crisis of difficulties for the young person and their family. The entire SFT will work with young people that reside in the home and any focused work will be coordinated by the assigned worker(s) based on the existing outreach plan, which will be reviewed based on the need for the young person requiring emergency accommodating. A dedicated residential team will provide overnight support and engage in meaningful activities, conversations and learning opportunities with the young person, whilst they reside at Aspire House.

The following three pages will detail the main aim of the Outreach work, which will inform the planned interventions of the residential provision.

Through the outreach provision the team aspires to:

- Increase community inclusion (reduce the risk of social isolation and exploitation)
- Improve healthy relationships

- Encourage open conversation, planning, improving safety and reducing missing episodes
- Enhance self-safety and education of young people and their families about risks and safety mechanisms (reduce risk of vulnerability to criminal or sexual exploitation)
- Increase aspirations, to ensure active community contribution and involvement (reduce risk of offending and/or anti-social behaviour)
- Help young people succeed at school, developing their future ambitions and goals (reduce risk of school exclusion and becoming NEET)
- Promote health and wellbeing. Encouraging active and positive behaviours (including reducing drug/ alcohol use, promoting positive mental and physical health).

The service will increase / improve:

- Parenting, self-care, capacity and resilience when in acute stress (reduce escalation)
- Relationships, bridging and repairing communication
- Motivation, supporting families and young people to change
- Engagement in education or vocational skills
- Self-esteem and well-being
- Capacity of a family and strengthen their social support network
- The use of signposted services

SFT is an intensive service, offering assessed and planned intervention with families to sustain change. The outreach workers will take time to listen to the families to understand the barriers and goals to achieve aspirations and change.

SFT offers a highly skilled and creative team who will provide planned and bespoke interventions according to the young person and family's needs. Outreach workers will be allocated to a family and the young people will work holistically, reflectively and collaboratively with the whole family.

Assessment, Analysis and Outcome Based Planning will take place in the initial weeks following referral and reviewed regularly thereafter (generally at intervals of every 4 weeks, or sooner if the young person becomes accommodated, or there is a significant change within the young person or family behaviours or circumstances).

Intervention may include working alongside siblings and wider family networks if necessary. The outreach workers will support families to complete their plan for up to 6 months, followed by a proportionate (a maximum three month) transition period to step-down or step-out work.

The three-month transition period will include check-in phone calls, text, message, skype and facetime (here when you need me) appointments with the young person and their family. Outreach workers will work flexibly and will offer consistent, persistent advice, growth, and support to develop bespoke success and self-sufficiency for each young person and their family.

SFT are a multi-disciplinary team with support from CAMHS and Police practitioners.

Through the residential provision the team aspires to:

The overarching purpose of the SFT Service is to support children to remain or return to the care of their family. During crisis periods alternative accommodation may be required, this is where the residential element of SFT may be utilised. Depending upon the care plan the home will be used as a temporary placement to support with the following:

1. Return Home: The team will work closely and sensitively in supporting young people to be reintegrated back with their family and to provide ongoing intensive outreach support.
2. Foster Care / Residential Care: Where it is not possible to return the young person to their family the team will work alongside the case holding social worker to support the young person into foster care or residential care, which will be identified to meet the young person's needs, the team will then provide ongoing intensive outreach support to promote a successful transition to the new care provision.
3. Preparation for Independence: The team will be aware of the requirements of pathway planning and will be working alongside a personal advisor or social worker who will manage the planning for independence. This will be in response to care leavers who have found themselves in crisis, or young people who may be able to move back safely to their family home, but may require additional skills to manage their own health and wellbeing.

The team will at all levels promote good multi-agency working and strive for attainment of a young person's goals, and overall plan. From on-set of SFT involvement any professional involved in the young person or families care will be asked to work collaboratively in a plan of support; sharing past successes, difficulties and ensuring

that work is not duplicated or muddled through the work of other professionals. Beyond the case holding social worker, there are many other people, bodies and organisations that have responsibilities towards young people in children's homes. They might include health and education services, Local Safeguarding Children Boards, leaving care services, Independent Review Officers (IRO's), voluntary agencies, the police and youth offending teams, amongst many others.

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

Aspire House can provide care and accommodation for up to three young people between the ages of 8 and 17, who may have emotional or behavioural difficulties, which may result in challenging behaviour. We can consider placements up to the age of 18 and beyond if necessary, and risk matched against any other placements staying at the home. These behaviours and emotions can be traumatic for the young person and difficult for people around them to understand. Each young person will be treated as an individual and will not be discriminated against if there is a realistic chance of SFT achieving the outcome detailed and aims details on pages 3 to 6 of this document.

In line with the attachment related focus to our care, we welcome young people who have the avoidant (dismissing), ambivalent (changeable) and disorganised (chaotic) attachment styles, and other behaviours the young people may present including - autism, Asperger's syndrome, self-harm, anxiety, depression, post-traumatic stress disorder, physical aggression / violent behaviour, missing episodes, criminal behaviours, sexualised behaviours, risks of criminal sexual exploitation (CSE) and low education attainment.

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

Our Ethos – Principles of Residential Care

- Young people staying in Aspire House should feel loved, happy, healthy, safe from harm and able to develop, thrive and fulfil their potential.

- The SFT project through residential and outreach work should value and nurture each young person as an individual with talents, strengths and capabilities that can develop over time.
- Similarly, the SFT project should focus on developing positive relationships, encouraging strong bonds between young people and their families, supported by the team in the home based on jointly undertaken activities, shared daily life, domestic and non-domestic routines and established boundaries of acceptable behaviour.
- The SFT project needs to be ambitious and flexible in nurturing young people's school and out-of-school learning and their ambitions for their future.
- The project should also be attentive to the young people's needs by supporting emotional, mental and physical health needs, including repairing earlier damage to self-esteem and encouraging developing or repairing appropriate and safe friendships and relationships.
- All team members of SFT should be outward facing, solution focused, foster a "can do" attitude, work effectively and promote collaborative work with the wider system of professionals for each young person, and with their families.
- The SFT should be understandings of the young person's communities of origin to sustain links and understanding of past problems

Emotional Competence

We aim to enhance each young person's capacity in the empathic and sympathetic understanding of others. We believe this forms a basis for the successful development of relationships and social confidence. We will do this by:

- Developing staff understanding of psychological dynamics through training and regular consultations with a CAMHS professional who will explore practice within the SFT. This ensures that any specialist understanding of a young person's needs can be incorporated into the direct work carried out by the SFT. The objective of this is that individual interventions and approaches for young people can be developed. In turn, the team are better equipped to understand their emotional states and the connected behavioural responses.
- Assisting the young person in understanding their own emotions and articulating their feelings.

“Your team has done amazing work”

Social Worker, 2019

- Building a culture of mutual respect, transparency, open discussion and appropriate challenge within the SFT by offering rationale for their actions and by apologising when mistakes are made.
- Using the staff as role models to normalise the acceptable expression of feelings and emotions.

3. A description of the accommodation offered by the home

Aspire House is a large and detached house and is part of Wiltshire’s Stronger Families Team project based in the town Melksham, situated on the River Avon in Wiltshire, England. The property has a large back garden with lots of space for outdoor games and activities, there is also a fenced area for the young people to maintain an allotment to grow vegetables and other produce. There is a large patio area where we enjoy eating when the weather permits, as well as outside games including a pool table and table tennis table. We promote adults bringing their dogs into work when planned and risk assessed for the young people staying at the home.

Adapting to the needs of the young people

Each young person is encouraged to bring personal items into Aspire House and to have input into how the living space and wider environment of the home could be adapted to better suit the needs and taste of young people. The home has been adapted to promote a homely living space on the first-floor, and within the lounge and kitchen areas, but also to have a downstairs space that is still usable for day to day outreach work and supportive interventions for other young people and family members (a separate policy will be in place to ensure that risk factors are considered for using the sites resources, specifically when young people are staying at the home).

As the residential resource of the home is designed to be a short stay emergency provision the homes design has not been fully converted to a homely environment.

Age, range, number and sex of young people

Aspire House can provide care for a maximum of 3 young people of any gender:

- Age: 8 – 17 (up to and over 18 if necessary, page 6)
- Capacity: 3
- Gender: Mixed
- Placement Length: Emergency / Short Term

Aspire House does not admit anyone under 8 years of age and any residential admission must have a case holding social worker.

Type of accommodation, including sleeping accommodation

Inside the house on the ground floor there is a large entrance hall, a homework room with IT facilities, a large lounge, a kitchen, utility room and a toilet with disabled access. On the first floor there are five bedrooms (two used as sleeping-in rooms for the adults), a toilet, and a large bathroom with toilet and shower. Aspire House has undergone considerable refurbishment in recent years and prides its self on promoting an environment which is homely and welcoming, yet still practicable for the outreach group and individual work that is implemented by the SFT members. The young people linked to the SFT project have and will be encouraged to play a part in changing the environment to be enabling.

External to the main house is an Annex building, which is used as the main hub for the Outreach function of SFT. The flat above the SFT is available for use as a separate entity for care leavers who require minimal support. Any resident in the separate flat will be risk assessed in terms of existing residents in the main house, potential future residents and their own self-sufficiency. Any residents in this provision will also be subject to conditions of stay within the flat and managed by either a case holding social worker or personal advisor, in conjunction with the registered manager of Aspire house and SFT management team (a separate policy for use of the care leavers flat is available), however, this provision is not subject to the main houses Ofsted registration.

4. A description of the location of the home

Aspire House is located within quarter of a mile from the town of Melksham in Wiltshire. Melksham is the 5th largest town/city in Wiltshire (after Swindon, Salisbury, Chippenham and Trowbridge) with a population of around 19,000, the town is a town on the River Avon in Wiltshire, England, about 4.5 miles (7 km) northeast of Trowbridge and 6 miles (10 km) south of Chippenham.

In a beautiful pocket of rural Wiltshire, Melksham is a lovely market town situated on the banks of the Bristol Avon. A beautiful historic quarter in the Town Centre features St Michael and All Angel's Church, Canon Square and Church Walk. Nearby are the

historic villages of Lacock and Castle Combe and the splendour of the Cotswolds. The friendly Town Centre is full of independent shops and plenty of cafes and restaurants, with a regular Tuesday Market. Compact and easily accessible, Melksham's library, gym, swimming pool, tourist information centre and parks are all in easy walking distance of the centre.

Melksham has a wealth of clubs and societies for all ages and tastes. The strong and vibrant community spirit ensures a busy calendar of events, including the Scarecrow Trail at Easter, the summer highlights of Melksham Music Festival, Carnival, Party in the Park and Melksham Comic Convention, and the Food and River Festival in September. The popular Christmas Fayre features the highly anticipated switching on of the Melksham Christmas Lights, a spectacular display put on entirely by volunteers.

Melksham people take great pride in their town, and the effort and creativity invested in the Christmas Lights is matched by the dedication in adorning the town with fantastic flowers in summer.

There are some beautiful walks in and around Melksham, including the Riverside Walk along the river Avon. The Conigre Mead Nature Reserve is a fascinating and tranquil space hidden just a few minutes' walk along the river. Managed by a voluntary team of enthusiasts, it is home to dragonflies, butterflies and the occasional kingfisher.

The Kennet and Avon Canal also passes through the Melksham area, offering a great bike ride or walk to the famous Devizes Caen Hill Locks to the east and Bradford on Avon and Bath to the west.

There is a location risk assessment in place; this risk assessment is re-viewed and updated on an annual basis or when there is a significant change. We have a good relationship with our local police community team, encouraged by our connected police liaison officer as well as Wiltshire council's community engagement officer for Melksham, we encouraged these individuals to drop in now and again to see the SFT and any young people residing at the home (should there be any specific reactions to police for example when a young person resides at the home a consultation process would be followed).

The police liaison has regular contact with the missing children's co-coordinator, and attends regular policing panels such as the Youth Referral Intervention Panel (YRI) and Vulnerable Adolescents Contextual Safeguarding Panel (VASC) and will be able to consult the team on any young people and families that the SFT project are currently

"Thank you"

*Young Person,
2019*

involved with, or may be from a police perspective part of our referral criteria as detailed on pages 2 to 6 of this document. Consultation with the connected police liaison officer will also detail any multi-agency public protection arrangements that are in place to ensure the successful management of violent and sexual offenders in the Melksham area.

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

Aspire House provides care which meets each young person's needs and promotes their welfare, taking-into-account the young person's gender, religion, ethnicity, cultural and linguistic background, sexual identity, mental health, any disability, their assessed needs, previous experiences and any relevant plans. Our Equality and Diversity Policy ensures that young people living at the home are encouraged and supported to pursue religion practice of their choice.

Information about local centres of worship including Mosques, Temples and Churches of different denominations will be provided by adults, and young people wishing to participate in their respective religious practice will be supported by adults to a place of worship (full details of these will be shown separately in the location assessment of the home).

Within the home, young people are given privacy and space to follow their religious beliefs e.g. private time to pray is made available as well as the provision of relevant literature about different faiths. The lounge in the home can be used as an area for meditation and prayer as well used for recreation and other necessary meetings, etc.

We will ensure that food and cooking arrangements are sensitive to different cultures and beliefs. We celebrate other cultures special days and have themed evenings celebrating different cultures from around world.

Wiltshire council also has the facility for interpreters (face to face and via telephone) and information of bi-lingual employees across the council who may be able to assist in overcoming language barriers.

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

The Registered Manager and all members of the SFT will take all reasonable steps to ensure that young people feel comfortable with making comments or complaints of the work carried out at Aspire House, by the SFT and by any other aspect of their life. The ethos of this will ensure that they feel respected and that they have a voice in relation to their own life, Young people will also be made to feel free from reprisals if they choose to make a complaint.

Where a person wants to make a complaint, a member of the SFT or the Registered Manager in the Home will deal with the matter, if appropriate. If a complaint is made about the Registered Manager of the Home or another person in Line management; the complaint will be passed to a more Senior Manager or Head of Service. Complainants will also be informed that they may contact Child Line, the young person's Social Worker, the young person's Independent Reviewing Officer, or the Regulatory Authority (Ofsted) in the area where the Home is based.

Young people will also be able to use the MOMO app or website to express their feelings, concerns or to make a complaint. All contact information for making a complaint will be visible within the home in the form of a poster and within resources information which are readily available.

A member of the team can provide a copy of the complaints policy at any time, an up-to-date version of all policies can be located on Wiltshire Council's Grow Site. A poster is also visible in the communal area regarding 'how to make a complaint'. Details of making a complaint can also be found on the main Wiltshire Council website (<http://www.wiltshire.gov.uk/complaints-making-a-complaint>). All complaints will be forwarded to complaints@wiltshire.gov.uk for central compliance and recording, and any serious complaints or safeguarding concerns will be notified to Ofsted and the case holding social worker.

The homes complaint policy will give more detail on the timescales of responding and dealing with a complaint, the procedure followed, and what to do if the complainant is not satisfied with the outcome of the complaint.

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

The SFT manager is the overall safeguarding lead for the SFT project, however, the Assistant Team Manager and homes registered manager is the homes designated safeguarding officer, and the contact point to accessing these policies. The SFT ensures that each young person is protected from victimisation, abuse, teasing and bullying by assessing the potential risks and challenging all occurrences. All incidents and complaints will be recorded, investigated and reported to the case holding social worker. Support will be given to both the victim and the young person who caused the distress using a restorative approach. The home has comprehensive 'Safeguarding', 'Complaints' and 'Anti-Bullying' Policies which all the SFT are familiar with (updates are discussed within team meetings and all members of the team are encouraged into developing transparent and effective procedures for addressing child protection and behavioural management). Additionally, 'child friendly' versions are available, or any member of the SFT can explain the details of any of the homes policies so that the young person understands. All adults; receive regular training and opportunities for discussion to cover all-of-these areas.

STANDARD 2 - Views, wishes and feelings**8. A description of the home's policy and approach to consulting children about the quality of their care**

There will be are regular consultation processes within Aspire House when young people stay, and these will generally be through community meetings after school and at meal times, or via one of the SFT or delegated professional if consultation is not suitable at the time of the young person's stay at Aspire House. The SFT management team will also ensure that regular consultations with the young people and families take place to allow for their input and views on the day-to-day running of the home and SFT project and larger scale ideas, such as holidays and decoration plans. The SFT including the management will adopt an 'open door' policy where there is always space for the young people to sit and talk about any concerns or wishes. The SFT

management team will ensure that they are available, and spend time with the young people in and out-side of the home.

The home will also allow for young people to make anonymous suggestions via a 'things we do well / things we could do better' board, and suggestion box.

As per the complaint guidance the MOMO app or website can be accessed by a young person to express their feelings, concerns or to make a complaint. All contact information is on the complaint poster visible within the home and within resources information which are readily available.

9. A description of the home's policy and approach in relation to –
(a) anti-discriminatory practice in respect of children and their families;
and
(b) children's rights.

Anti-discriminatory practice

Aspire House ensures that all young people are aware of their rights to:

- Protection (the right to be safe);
- Provision (the right to be well looked after);
- Participation (the right to have their say and be listened too).

The adults at Aspire House are responsible for promoting and safeguarding young people's rights which must be respected at-all-times. All young people will have a right to dignity, privacy, choice, safety, education, reaching their full potential, equality and diversity. These rights are included in our policy.

Children's Rights

Young people / children at Aspire House will receive a 'Welcome Pack' with the information, addresses and phone numbers of:

- Children's Commissioner **Tel: 020 7783 8330;**
Website: <https://www.childrenscommissioner.gov.uk/about-us/contact>
- Ofsted – Your rights your say **Tel: 0300 123 1231;**
Website: <https://www.gov.uk/government/organisations/ofsted>
- Child Line **Tel: 0800 1111;**

Website: <https://childline.org.uk/>

- National Bullying Helpline **Tel:** 0845 22 55 787;
Website: <http://www.nationalbullyinghelpline.co.uk>
- NSPCC **Tel:** 0808 800 5000;
Website: <https://www.nspcc.org.uk>

These will also be available within a folder with information of local services for our young people where they can seek support and advice.

The young people have access to a private telephone line where appropriate, also access to a laptop with internet, which has extensive parental controls to ensure online safety.

Advocacy Service

Wiltshire Council also has contracts with Caring for Communities and People (CCP), which forms Wiltshire Children & Young People's Advocacy service.

- Caring for Communities and People **Tel:** 0300 365 8300;
Website: <https://www.ccp.org.uk/contact-information>

Standard 3 - Education

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

Education within the SFT project is an integral part of our approach to maximize the potential of every young person. We strive to ensure that we work alongside schools / colleges and other education provisions to encourage attendance, learning opportunities, engagement and attainment.

Young people where possible will be supported to keep attending their normal provision when they are staying at Aspire House. Where normal attendance is not possible the SFT will work alongside the education provision to coordinate suitable homework and activities and promote a manageable school experience based on the needs, behaviour and capacity at the time of staying at Aspire House.

Young people will always be supported during any educational transition at both school and college.

We will work with all young people's education provisions based on recommendations of any statements, existing Education, Health and Care Plan (EHCP), behavioural support plans and individual risk assessments.

11. Details of the curriculum provided by the home and the management and structure of the arrangements for education

N/A - as per previous section the SFT will work alongside the existing education provision when a young person is staying at the home. Due to the short-term nature of the residential provision and the different reasons that a young person may enter the home the arrangements for education will be carefully considered on a case by case scenario.

12. The arrangements for children to attend local schools and the provision made by the home to promote children's educational achievement

As the main aim of the residential function is to offer a short-term planned intervention, we will not be looking at creating links with the local Schools, unless the young person is already enrolled within a local school. Please refer to sections 10 and 11 on the previous two pages for the promotion of education within Aspire House and the SFT project.

However, we aim to equip each young person with the ability to manage life events so that they can deal with adversities, recognise opportunities and shape their own future. To achieve this, we feel educational achievement and attainment is a key factor. Therefore; we will:

- Ensure stability and continuity of care through supportive parenting and the development of secure attachment patterns in-order to raise self-esteem.
- Liaise daily with the education provision and provide support by encouraging regular attendance, assisting with homework and promoting after school activities.
- Ensure each young person have access to a computer and a quiet space in which to study.
- Support each young person in the development of adaptive coping strategies and self-care.
- Ensure that there is consistently with the SFT of appropriate adults who provide nurture and support to help the young person's development of resilience and an internal focus of control.
- Consistently train all the SFT in knowledge and skills to improve and support the development of resilience in young people.

This helps to ensure that Aspire House provides an experience which is caring, structured, holds high expectations for children's behaviour and encourages participation and empowerment throughout the home.

Standard 4 - Enjoyment and achievement

"I have my son back"

Parent, 2019

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

All young people will have a detailed placement plan that will identify areas of self-care and social skills that the young person requires support with. Each young person will have a self-care routine that reflects their needs. Social skills are developed through providing a calm, nurturing and caring living environment that promotes self-esteem. We offer a range of on and off-site activities that develops social skills. Role modelling is vital; as through adult's positive role-modelling we can develop acceptable social behaviours.

We will give all young people lots of attention and positive reinforcement and ensure they are involved in all decisions about their daily life and care. There will be a reward system in place for responding well to boundaries and completing self-care and life skills tasks. We also reward positive behaviours with trips out, and planned incentives to encourage positive behaviour and choices.

Standard 5 – Health and Well-Being

14. Details of any healthcare or therapy provided, including –

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

At Aspire House the team will encourage all young people to eat a healthy balanced diet; get regular sleep and be welcomed into a warm and friendly environment. The young person will have an individual health action plan which will contain sufficient information about their health needs whilst they are living at the home. The young people will be supported where necessary for all their health care needs. The SFT will

work alongside the families / care givers to ensure that the young person's health needs are met and that they attend all regular health checks including dentist and optician appointments, however, this will be the responsibility for the families / care givers to oversee. Any other needs such as CAMHS, in-house / external therapeutic provisions, additional health needs, etc., will be identified and discussed as part of the transition to the home and during the first weeks of his stay.

Therapeutic intervention offered

We are recruiting for / have a CAMHS practitioner working with the team two days each week. TBC – details of aligned CAMHS professional who is in recruitment phase.

Currently Systemic Consultations using 'three level reflective practice' facilitated by Annabelle Gilham, Systemic Family Therapist, Early Help – CAMHS, Salisbury Community CAMHS team. These are taking place every two to three weeks and involved live case discussions. The lead CAMHS worker assigned to Stronger Families Team and the SFT assigned workers will systematically involve all parties specific to the young person's plan of care and future objectives encourage a multi-agency working party throughout the involvement of SFT in the young person and family's life. This process ensures all parties revisit objectives of the placement and enables outcomes monitoring processes.

Team Clinical Meetings

The purpose of these regular meetings is to create a reflective space in which Teams can explore and develop their insights into the direction of the young person and families care package effectively. The purpose is also to support and encourage the SFT in applying this insight in the care package they provide to the young people.

Within the Team Clinical Meetings, Practitioners will be encouraged and enabled to consider a wide range of issues that potentially impact on; their work; including, but not exclusively:

- Attachment Theory
- Group Processes
- Transference / Counter-Transference / Projection; unconscious process (young people and carer network) etc.

There will inevitably; be a training and supervisory element to the meetings as appropriate to the professional and developmental needs of the SFT. The meetings are

for the whole SFT, and small groups will be established where the needs arise. For example, a separate residential only meeting may be used to discuss presenting issues of young people staying at Aspire House; all meetings will be led by an experienced psychotherapist / clinical psychologist facilitator (currently Annabelle Gilham but permanent person TBC). Additional meetings with the team, training, and support with multi-agency meetings, reviews are also part of the remit of the clinical team.

Manager Clinical Meetings

The purpose of these meetings is to support the managers in the reflective thinking and practice required to; effectively lead their Teams within the therapeutic task. The meetings are to ensure that managers are committed to therapeutic practice, and have the skills and space to support their Teams. The meetings will be for the management team of SFT, YOT and the Emerald team who are all supported by the lead CAMHS worker based within the SFT project; will be led by; led by the lead CAMHS worker who is an experienced psychotherapist / clinical psychologist facilitator (TBC upon selection and recruitment, current facilitator does not have scope to provide this).

Standard 6 - Positive relationships

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

Contact with family / friends and significant others is fully supported both within the Aspire House and the location of the family when the young person is residing at the home, or is residing at a more long-term care provision. These arrangements will be young person specific and part of the young person's care plan. Friends are welcome to come around and can stay for tea, but we like to have notice so that we can make plans, and ensure that safety of all parties are paramount.

We will work with the all professionals involved with the young person to ensure that any contact with family and friends is carried out in the best interest of the young person. We will promote the wishes of the young person and work through any difficulties that are realized or identified through contact. A member of the SFT will be available to support or supervise contact arrangements, and the team will be provided with specific training on 'facilitating contact' and 'safeguarding' to ensure that the young person's needs are paramount.

Standard 7 - Protection of children

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

We do not have any facility of to electronically monitor the surveillance of young people. Within the home we have a monitoring system that monitors all external doors - so we know when any individual leave – however, if more than one young person is in the home at one time, there is no current monitoring of the movement between young people's bedrooms apart from staff observations (however, staff bedrooms are strategically placed to provide adequate coverage and monitoring). The need for using this system would be reviewed in line with the needs of each young person in placement in-order-to ensure safety; e.g. if a young person is likely to run away at night, or place another young person at significant risk due to their actions / behaviours. Any agreement will be recorded in the placement plan and discussed with the case holding social worker, registered manager and young person. The door alarm for the external doors of the home will always be active as a monitoring tool at night; as a means of knowing when anyone enters or leaves the home, but this is the only current device that monitors or notifies adults of the movements of the young people.

17. Details of the home's approach to behavioural support, including information about –

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

Approach to restraint

The SFT are trained in Team Teach as their method of physical intervention. The aim of team teach is: through the promotion of de-escalation strategies and the reduction of risk and restraint, to support teaching, learning and caring, by increasing staff confidence and competence, in responding to behaviours that challenge, whilst promoting and protecting positive relationships. Positive Behavioural Support (PBS) approaches are entirely compatible with Team-Teach.

All members of the SFT receive a 12 hour "Basic" course (to reduce foreseeable medium "special service" risk) and where supported through evidenced health and safety needs, additional advanced modules (to reduce foreseeable elevated risk).

The SFT puts huge emphasis on de-escalating situations in the early stages of crisis but if in cases of extreme behaviours which may result in physical harm or serious damage to property, and when all efforts to exert control have been exhausted, the team are expected to use safe 'holding' or physical intervention to a level which is necessary to ensure the young person is kept safe. Physical intervention should on a no more no less basis of the behaviour and risk that the young person is displaying, and should be used progressively from supporting and guiding a young person away from a stressful situation to more restrictive methods to prevent harm and ensure safety.

Assessing competency

All staff; are required to pass an examination process validated by Team Teach which covers all these components. Following the initial training further training will be required at a minimum of six monthly in-house; this is in terms of team meeting refreshers and external refresher training every two years (with a designated Team Teach instructor) where all elements of the Team Teach approach, physical elements and de-escalation techniques are covered.

Physical restraint will only be used if it forms part of the care plan and has been agreed by the case holding social worker and has been discussed with the young person on admission.

If a young person leaves the home without permission a reporting protocol is in place which reflects their individual risk assessment and links to the care plan. This may include the local authority, placing authority, family members, transport and local police. The Individual Crisis Management plan will indicate whether the young person would need to be prevented from leaving the home. This would be based on clear risk assessment that they or others would be placed at significant risk. This will be agreed with the placing authority as part of the care plan for the young person.

Our positive reinforcement reward systems are harnessed as well based on sound understanding of the needs of our young people, and are always based on prompt reinforcement as soon as possible and within a range of realistic expectations of changing behaviours. Every young person will have a bespoke plan developed based on their own areas of difficulties and strengths which we wish to continue to develop as

part of the SFT outreach work and need for residential intervention. All consequences and rewards are reviewed by the Registered Manager to ensure they are appropriate.

Standard 8 - Leadership & Management

18. The name and work address of –

- (a) the registered provider**
- (b) the responsible individual**
- (c) the registered manager**



The following section will detail the name and qualifications of each member of the Aspire House team and the details of the ‘Responsible Individual’, ‘Therapeutic Lead’ and ‘Registered Manager’ of the home.

19. Details of the experience and qualifications of staff, including any staff commissioned to provide education or health care

Responsible Individual

Terence Herbert – Service Manager Young People

Male - Start date with Wiltshire Council: March 2011 – Terence is a qualified Social Worker and mental health nurse, with over 24 years’ experience in social work within various local authorities. Prior to joining Wiltshire council Terence worked for North Somerset Council.

Qualifications: BA (Hons) Social Work, Registered mental health nurse, Psychiatric/mental health nursing.

Annabelle Gilham – Counsellor and Systemic Psychotherapist (Family Therapist), Community Mental Health Services

Female – Seconded provision to Wiltshire Council.

Qualifications: Diploma in Psychodynamic Counselling, Post Graduate Diploma in Systemic Practice with Couples and Families, MSc in Family and Couple Systemic Psychotherapy, Post Grad Diploma in Clinical Supervision.

Carolyn Cook – Acting Team Manager (*6 months secondment*)

Female - Start date with Wiltshire Council: November 2008 - is a social worker and has worked in the MASH, Emergency Duty Service and Support and Safeguarding Service all within Wiltshire. Carolyn has previously worked in residential children's home settings and residential education settings.

Qualifications: BA (Hons) Social Work.

Registered Manager

Mark Callaway – Registered Manager / Assistant Team Manager

Male - Start date with Wiltshire Council: 8th April 2019 - Mark has worked within the child care sector since 2007 and has previously worked for Five Rivers Child Care Ltd as a registered manager and finance manager, and has voluntary experience as a qualified psychotherapist within generic counselling and alcohol & substance misuse.

Qualifications: QCF Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services - Children and Young People's Management (England), BA (Hons) Person-Centred Counselling & Psychotherapy, BA (Hons) Business Administration, CEOP Ambassador.

Xina Hart – Senior Residential Outreach Worker

Female - Start date with Wiltshire Council: January 2010, and with Stronger Families Team project from January 2019 - Xina has a youth work background and previously ran youth centres in the South of Wiltshire. Xina has also worked within YOT in their prevention project, worked with communities to set up their own youth projects and most recently has worked within the Adolescent Support Project.

Qualifications: BA (Hons) Youth Work and Community Learning and Development, City & Guilds Level 3 in Youth Work Practice, (Hons) Film, Television and Radio Studies.

Annette James – Senior Residential Outreach Worker

Female - Start date with Wiltshire Council: 11th March 2019 - Annette previously worked in a disabled children's team case holding children and young people with complex needs. Annette also has experience working in children's centres delivering outreach and parenting work and in residential settings for children and adults with learning disabilities. Early Years foundation degree.

Qualifications: Early Years foundation degree.

Amelia Mobsby - Senior Residential Outreach Worker

Female - Start date with Wiltshire Council: 9th July 2019 - is a newly qualified social worker who completed her masters' programme with the London Borough of Havering. Amelia has worked with families in crisis, and supported children and young people within their family home and within Children's homes.

Qualifications: MSc in Advanced Relationship Based Social Work Practice with Children and Families, Post Graduate Diploma in Social Work, BScEcon Sociology and History.

Emma Meek - Senior Residential Outreach Worker

Female - Start date with Wiltshire Council: 19th August 2019 - Emma is due to start with us very soon, she has experience working as a family support worker, an early help coordinator, and has residential shift leading experience within the Cotswold Community.

Qualifications: PEPS Level 1 in progress, OCN Level 4 Intense Support for Families with Complex Needs, Level 4 Triple P Practitioner & Level 4 Triple P Standard Practitioner, Take 5 for Play and GNVQ Advanced Diploma in Business.

Juliet Cook - Residential Outreach Worker

Female - Start date with Wiltshire Council: 11th February 2019. Prior to working for Wiltshire Council Juliet managed a women's refuge for approximately two years, and prior to this ran homeless hostels for teenagers and adolescents, and a-number of years working as an Outreach worker with families at the risk of homelessness.

Qualifications: Diploma Pre-School Practice, Counselling Skills, NVQ in Advice and Guidance.

Ceri Draper - Residential Outreach Worker

Female - Start date with Wiltshire Council: 11th February 2019, Ceri has previously worked in a residential setting for young people with complex needs, autism and challenging behaviour. **Qualifications:** Level 3 Diploma in Health and Social Care, Level 3 Diploma in Residential Childcare.

Ashlea Forgacs - Residential Outreach Worker

Female - Start date with Wiltshire Council: 11th February 2019, moved to Aspire House on the Wiltshire College as a Pre-16 learning mentor end September 2017 – check holiday entitlement. Prior experience includes working for Melksham Oak Secondary School as a teaching assistant and works part time at Melksham youth centre.

Qualifications: Qualified by experience, NVQ Level 3 in Business Administration.

Gemma Matthews - Residential Outreach Worker

Female - Start date with Wiltshire Council: September 2011, started working at Aspire House in February 2019. Prior to working with SFT Gemma worked with the support & safeguarding team and as a youth worker. Gemma also worked as a youth coordinator for a local charity coordinating a team of youth workers and in school mentors.

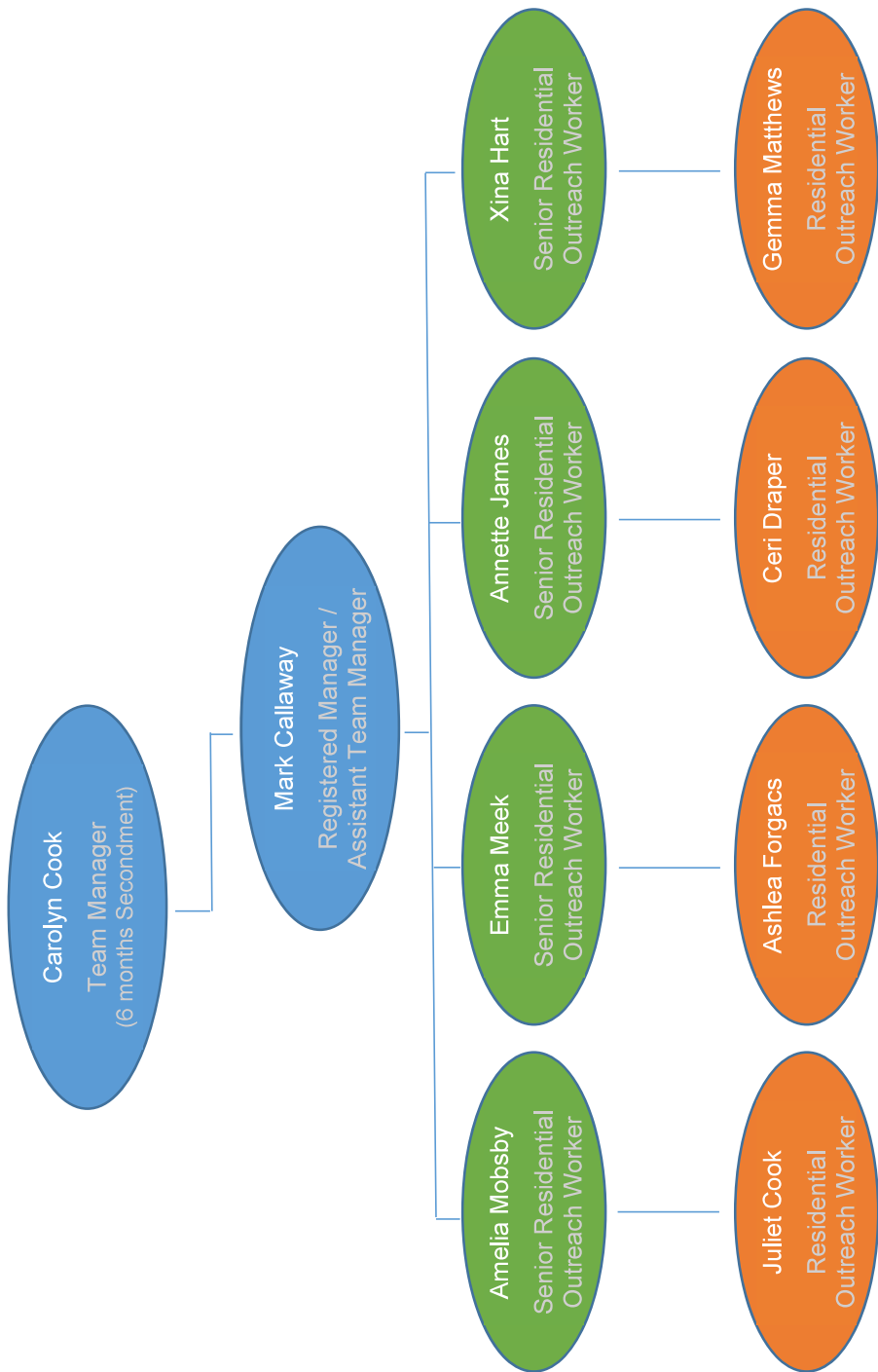
Qualifications: Qualified by experience, Diploma in various business study units.

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

All adults at Aspire House receive regular supervision and support with their line manager or delegated supervisor which covers any practice issues and identification of any necessary training required for personal development. We have a mentoring programme where new starters receive 1:1 support by an experienced member of the SFT. Formal supervision is provided monthly and no less than monthly group consultations with the aligned CAMHS professional is in place to ensure that the team regularly review and develop their practice.

A flowchart of the structure of the home is shown on the following page.

|



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

We have a residential staff team of all female, however, there is a male outreach worker and the registered manager who are male who will have regular contact with the young people that reside at the home. The team receive regular training about equality and diversity and are aware of the need for role modelling; should a young person require additional support or have cultural needs that we are unable to meet we will endeavour to source and independent advocate for this purpose.

Due to the short-term nature of the residential provision the role modelling aspect of the home is assessed as sufficient for its intended purpose.

Standard 9 - Care Planning**22. Any criteria used for the admission of children to the home, including any policies and procedures for emergency admission
Contact Information**

We accept placements of any young people aged between 8 and 17 years' (up to and over 18 if necessary, page 6) and require emergency short-term residential accommodation. Aspire House is a limited resource and further information of the capping of nights is detailed on page three of this document.

All admissions are undertaken following an in-depth assessment of needs and risks to self or others. Where any risks are identified these are not seen as inhibitors for placement, but are considered on-the-basis of the ability to manage risk and appropriate development plans.

However, it is of paramount importance the safeguarding of the young people in our care and, therefore, we will not accept a young person into placement who would pose unmanageable risk to self or others.

We believe in developing person-centred bespoke packages of care within our outreach function and would plan to replicate the work within the residential element of Aspire House and, therefore, we ensure we can meet the needs of the young person being placed but also the young people already in placement.

Admissions are accepted on an emergency basis and must be assigned to a case holding social worker. The social worker will be responsible for identifying the reason for the accommodation episode, the risk to self and others, and confirm they will be available and committed to an Emergency Review process and will be actively considering the needs of the young person beyond the limits of Aspire House set out on page three of this document. There will be a separate and full procedure for receiving emergency placements. They will have a detailed routine, with which all members of the SFT will be familiar, and notified of any changes.

The routine will include having:

- A checklist for admissions readily available;
- A vacant bedroom with appropriate facilities, in a state of readiness;
- Easy to prepare basic food and drink accessible for staff to prepare day or night;
- A strategy for the redeployment of staff to deal with the emergency admission.

Managers should ensure that where an emergency admission takes place a planning meeting also known as an Emergency Review is held within 72 hours of admission, see following page, Criteria and Timing for Emergency Reviews.

Emergency Placement Procedure

In the event of a referral to the SFT, the person receiving / administering the referral should do all that is reasonable to follow the normal admissions procedures. (When an emergency placement is requested out of hours then the on-call manager should be consulted prior to accepting the referral – admissions can only be referred if approved by service manager in conjunction with the registered manager/assistant team manager or team manager (or delegated Senior Residential Outreach Worker) of Aspire House).

Any decision to admit a young person in an emergency must be based a proper assessment of the available information. Given the time constraints, this assessment is likely to be carried out from information provided over the telephone or by email. Referral forms still need to be completed and received before the young person is admitted despite the time pressures with emergency placements.

When emergency placements are made, case holding social workers should endeavour to make as much of the necessary information about the young person available to the home as is possible, and should always make available any information that is vital to allow the home to care safely for the young person (e.g. medical information or

information about any known serious behavioural issues which may place the young person at risk of harm to him/herself or others).

As a minimum, the following information will be required at the time of the placement:

- The contact arrangements that may be permitted between the young person and his/her parents, siblings, relatives and friends – no contact may be allowed without the approval of the social worker or as set out in the young person's Placement Plan;
- A copy of the young person's Health Care Plan or, if this is not available, details of any healthcare or medical needs/requirements that the home should be aware of e.g. Homely Remedies or Medication that the young person may require, see Health Care Assessments and Plans Procedure;
- Copies or information relating to any Court Orders that may be required or influence the young person's placement e.g. if the young person is subject to a Remand.

The person administering this process must keep a record of the matters that are not undertaken, and pass this to the chair of the Emergency Review (see next heading, Criteria and Timing for Emergency Reviews), so that they can be followed up.

Criteria and Timing of Emergency Reviews

An emergency review meeting must be held within 72 hours of any emergency admission, this is a maximum timescale and the urgency of the situation may dictate that the timescales should be shorter (discussions will take place every 24 hours where possible, following an admission to ensure the limitations of Aspire House are not breached).

The purpose of the meeting will be to ascertain where the young person will be moving to following their stay at Aspire House. Discussion around suitability of the placement should take place and the readiness to either return-back to their family, to foster carer, or to a longer-term residential provision should be explored, and any actions to follow up agreed.

Arranging and Conducting Emergency Reviews

Emergency Reviews will normally be arranged by the manager of the home, who should act as the chairperson. This responsibility may be delegated to a member of the SFT of management team.

The review must be conducted in the form of a meeting (this can be completed via Skype due to the timeframes involved).

Who Should Attend or Contribute to Emergency Reviews?

The people listed below should contribute to the Emergency Review, the case holding social worker will detail any reasons that people should be omitted or included:

1. The young person's social worker;
2. If applicable an Independent Reviewing Officer (IRO) for the young person;
3. The young person;
4. The young person's parents;
5. The young person's SFT assigned worker, or another member of the team.

From onset of any placement at Aspire House the case holding professionals will be aware of the restrictions of anyone staying at the home. The intended review each 24-hours is to ensure that suitable plans are made for the young person and that re-integration to their family is both appropriate and achievable, or that other accommodation such as foster carer or medium to long-term residential accommodation is being sourced and actioned.

Contact Information

“You have worked really hard at building a positive relationship with this family and this has enabled to trust a professional for the first time ever, and this in turn is making a difference to the children's lives”

Independent Reviewing Officer, 2019

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