



Statement of Purpose Greenfields House

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1. Overall aims and objectives

Greenfields House is one of four centres run by the charitable organisation Childhood First. Our work is based on our Integrated Systemic Therapy (IST) model, which has evolved over 40 years of work with children and young people. This is a holistic, group-based approach founded on the twin traditions of milieu therapy and systemic psychotherapy.

Greenfields House is a specialist residential therapeutic community providing therapeutic care and treatment along with family support for psychologically traumatised children. Greenfields House specialises in the treatment of young people who present severe emotional and behavioural problems as a result of attachment difficulties usually rooted in early life trauma. We offer an integrated systemic programme of care, therapeutic work and education for up to 10 children, aged 5-10 on admission. Placements are for 52 weeks a year with facilitation of all necessary arrangements for contact with families and significant others.

Greenfields House provides a safe environment designed for group living and learning. The children require and we provide dedicated, understanding and knowledgeable Therapeutic Care staff who support children to work through their past experiences of trauma. We meet each child's needs through, individual and group work. Staff support the children to work through their experiences of past trauma, over time

enabling them to engage as members of a group who are valued both collectively and individually in order to better prepare them for future relationships.

Our aim is to help the children to develop the ability to create and sustain meaningful and trusting relationships with others; providing them with interpersonal skills which can then be transferred onto other relationships in their next placement and later in their lives.

For all children placed at Greenfields House we aim to achieve the following positive outcomes:

- Be safe in the present and to develop ways of relating and skills which will help ensure future safety.
- Have a positive experience of being well cared for.
- Become healthier, physically and mentally.
- Benefit from the experience of play.
- Experience positive relationships with reliable adults.
- Develop the capacity for making healthy relationships.
- Develop emotionally, educationally and socially.
- Be able to engage in verbal communication, and that this should be developed as an alternative to acting out difficult feelings in the form of anti-social behaviour.
- Develop internal resources (with support) to cope with everyday situations which previously may have caused high levels of stress.
- Develop internal personal boundaries and a sense of an autonomous self.

2. Quality and Purpose of Care

2.1 Ethos and philosophy

The Childhood First document - Integrated Systemic Therapy for Traumatized Children and Young People - describes in detail the ethos and philosophy on which the care, education and treatment at Greenfields House is founded. This document is held in the home and additional information regarding our approach is available on request. Children placed at Greenfields House have experienced severe difficulties in their

relationships with others and in relationships between those around them. By attending to both these aspects the capacity to relate can be recovered and outcomes in all areas of life are then seen to improve.

Our therapeutic expertise is located in systemic and psychoanalytic thinking and practice which offers transformative insight, particularly in a group setting, to children suffering profound emotional or mental trauma. Robust theory and organisational structures together provide the setting within which the art of healing can take place, and traumatised children can learn the ability to make healthy attachments, process feelings and relate to others. Our family systems-based approach allows healthy relationships to develop across the group of children and staff. The group experience powerfully counters the dangerous sense many children have formed that they do not matter to anyone, and that nobody matters to them.

In addition, our facilities present a warm, creative, extended family home environment. The environment is of a high quality and maintained with careful attention to detail. Care is taken to ensure it represents security, wholeness and warmth at all times. The children's participation in thinking about all aspects of living together, including the environment, is a significant part of the group work and treatment.

2.2 Admissions policy and criteria

Following a referral from a local authority Greenfields House referral panel, consisting of the Registered Manager, Deputy Director, Assistant Director, Child Therapist, Head Teacher and Family and Placement Support Worker will consider children who are age 10 or under who have experienced inadequate early attachment and are assessed to possess sufficient intellectual capacity to be able to benefit from the treatment philosophy, regardless of their educational attainment. This forms part of the Assessment Placement Treatment Transition (APTT) Impact Assessment which is completed prior to a child's placement within the home.

As part of the admissions process we provide the social worker with our 'PreAdmission Information Request' list outlining documentation we require prior to admission.

Alongside documentation essential to meet statutory requirements, we also request relevant court reports, a detailed social and educational history and a chronology of previous placements (including an assessment of their success and/or failure), in order to assist us with our decision making and planning.

We invite the child's social worker and other involved professionals to visit Greenfields House and discuss the child with the panel. Following this process, if it is agreed that Greenfields House can meet the needs of the child and the child is an appropriate match for the current group of residents, an offer of placement will be made. Where appropriate, parents are invited to visit Greenfields House and meet key staff. This visit may take place prior to the child's move or at a later stage as guided by the social worker who has knowledge and understanding of the needs of the family.

Each child who is offered a placement at Greenfields House must possess sufficient intellectual capacity to enable them to respond to our therapeutic approach. We therefore cannot consider any child who is diagnosed as psychotic or has significant learning disabilities, nor can we consider those who are significantly physically disabled due to the nature of the premises.

2.3 Age range, gender and numbers of children

Greenfields House can accommodate 10 boys and girls aged 5-13 years who are unable to live in their own family setting. Children are aged 5-10 on admission.

2.4 Any special needs of children accommodated

Children who come to Greenfields House have been severely traumatised or psychologically deprived. The children therefore have individual special needs relating to their life experiences and circumstances. Many of the children have suffered the extremes of neglect, physical, emotional and sexual abuse. Their patterns of attachment are often disordered due to interruptions in their early care. Additionally, many are dealing with the consequences of overwhelming events from which they have been unable to recover. These early experiences have had the most serious

effect on their ability to function appropriately, both with respect to their own lives and in relation to others.

2.5 Range of needs the home is intended to meet

Children who have suffered in this way often interact with their environments through extremes of fear and anxiety, or overconfidence. Some are unable to cope with the demands of almost any new challenge, however small. Others have developed a certainty that any interaction or investment will have a painful outcome. Children who come to Greenfields House are therefore overwhelmed with feelings of worthlessness and low self-esteem, believing themselves to be unlovable and believing relationships with others will inevitably fail. They find it difficult to enjoy themselves, play creatively, learn, make friends, or share in any group activity. They cause concern in others and, while desperate for the reassurance of an adult who will love and care for them, they are unable to trust or to invest in any emotional attachment.

The range of difficulties children may therefore present includes: eating disorders, borderline personality disorders, school refusal, self-harm, violence towards others, ADHD, Asperger's Syndrome, oppositional defiance disorders, obsessive compulsive disorders, together with a variety of attachment disorders. Children with disabilities and special needs outside the criteria as set out above can be considered, as long as the criteria for admission is met and we feel we can appropriately meet the individual needs of the child. Children with a disability or special needs would need to be capable of engaging in the therapeutic process.

2.6 Cultural, linguistic and religious needs

Greenfields House ensures that children are supported in their wishes and the wishes of parents and guardians regarding their individual cultural and religious identity. We would however, challenge an understanding of any culture or religion which was disrespectful of others. Children who wish to maintain a religious observance or to attend a religious institution, are supported by staff to do so alongside encouragement to explore and develop their own beliefs. We consider that fostering a child's growth in understanding their world, including their cultural and any religious inheritance, is

an important aspect of their well-being and we seek to nurture this growth for each individual child. Individual arrangements are incorporated into the child's individual care planning process. In accordance with individual needs we would ensure that suitable quiet areas were facilitated to enable a child the opportunity to practise their religion, for example identifying a space that is suitable for observance of the Muslim religion. We also seek to ensure that any specific linguistic needs are accommodated.

2.7 Facilities and services

Greenfields House is a large, detached Edwardian house with accommodation on 2 floors. The home is located in beautiful part of Kent, on the parish boundaries of Tenterden and Biddenden. It is within easy travelling distance of the nearest town Ashford, which enables ease of access to resources often found in town and city locations, and which can support children in meeting their individual needs and good transport links to London.

Greenfields House is a spacious home that provides areas for group work as well as allowing for individual space. It provides a warm and friendly environment that is furnished and decorated to a high standard. The home has a fully equipped kitchen and dining room, quiet areas and large recreational areas. Therapeutic care staff have individual sleeping-in rooms with en-suite facilities; these rooms are equipped to ensure that staff who are sleeping in are able to rest and relax.

The house is set within spacious grounds incorporating, ample lawn area with a sandpit, football pitch, bike track and play area. Children are encouraged to play in the garden and particular emphasis is placed on resourcing children's play activities in the community. Additionally there is a large vegetable garden maintained by staff which the children are encouraged to help with.

2.8 Accommodation and room sharing

Greenfields House has a warm family home feel with good accommodation and spacious grounds. Each child has their own bedroom, there is no room sharing. Children are consulted in relation to furnishings and decor within the home and

particular attention is paid to how and where their personal property is kept. All furnishings and fittings conform to health and safety regulations.

Each child's bedroom is their own personal and private space. Staff respect the child's right to privacy, however there are times when staff will enter the child's bedroom, for example when invited by the child, to tidy and clean, or if there are immediate concerns for the child's safety. All bedrooms are furnished and decorated to a high standard taking into account the individual needs of the children. During their placement at Greenfields House children are encouraged to personalise their bedrooms according to their wishes and feelings. This will include observance of diversity and recognition of the child's history, cultural, religious backgrounds and their developing sense of individual identity. Each child has a lockable bedside cabinet solely for their use. They are given a key for their cabinet and the spare key is kept in a locked key cabinet in the under stairs cupboard.

2.9 Suitability of location

Greenfields House is a detached house with 10 bedrooms on the outskirts of the small village of Tenterden in Kent. The grounds at Greenfields House cover two acres and include a large fenced garden with grass and trees, a herb and vegetable garden, a play shed and a hard play area. The play equipment in the garden consists of a sand pit, a bike track and in the summer months a splash pool.

We undertake a full review of our Location Assessment annually, which involves consulting with a number of local organisations in relation to potential risks within the locality, in particular risks relating to safeguarding and child sexual exploitation. We also consider the views from children and staff on the suitability of the location. To date, the Location Assessment did not present any risks which are not largely mitigated by the high supervision levels children receive at Greenfields House. We are satisfied that the location of Greenfields House is suitable for our purpose, both in relation to minimal risks within the locality and in relation to the diverse range of leisure opportunities easily accessible from our location.

3. Treatment and Therapeutic Approach

3.1 Specific therapeutic techniques used in the home

Greenfields House offer an integrated programme of care, treatment and education based on psychodynamic and systemic principles. Our document 'Integrated Systemic Therapy for Traumatized Children and Young People' describes in detail the framework and range of groups and facilitators used to support this therapeutic methodology. All aspects of the programme are regarded as part of an overall living learning experience, from structured education and small discussion groups, through to informal trips out, interacting with peers and staff, spending time with a key worker, or playing in the grounds. Each child who comes to Greenfields House is given the opportunity to participate in a wide range of activities in both individual and group situations which will challenge all that they have experienced in the past.

There are many ways the key elements of the "treatment process" offered by our community could be described. It is the integration of the care, treatment and education offered which constitutes the totality of what we feel is necessary for the successful development of each individual child. It is through the interaction of each individual with the social and physical environment of the community that the experiential and cognitive levels of the treatment process occur. It is our belief that real psychological change can only be facilitated through addressing the early life trauma experienced and redressing the emotional and psychological imbalances that have occurred as a result of their early years. We endeavour to create a social and physical environment which will create a sense of hope from the moment a child first arrives, something different to what they have experienced before. This provides each child with the possibility of an experience that will challenge their conscious and unconscious assumptions about themselves and their expectations of others. It is also our aim to continuously strive to create an environment in which each child will have a compensatory primary experience which may go some way to redressing the imbalance of their past experiences.

Our treatment model enables us to keep detailed records which inform individual Placement Plans outlining how each child's needs will be met. There is a monitoring process in place to ensure plans are fit for purpose for each child and accurately reflect their individuality as well as their ability to function within the group. Incorporated into the IST treatment model, is a comprehensive and robust assessment framework (Assessment, Planning, Treatment and Transition – APTT). In addition to this, there is ongoing monitoring, evaluation and measuring of outcomes for the children and the service provided.

3.2 The group environment

Over the last 20 years, outcomes from Greenfields House and other Childhood First communities demonstrate that the wide mix of children and larger group experience we offer presents significant opportunities to the traumatised children who come to us; they are unlikely to find this in a smaller, less group-oriented setting. The peer group is an essential element of our treatment model and group living is what makes a placement at Greenfields House an effective a form of treatment for the children we care for. Children who come to Greenfields House have been damaged within their relationships with adults and through their experience and witnessing of adults' relationships with one another. The consequence of this is that the children find themselves unable to relate to others in a healthy and productive way.

The group environment offers 3 channels of repairing these relational problems, which are inextricably linked through a programme of supervision and consultancy. Firstly, the staff team works together in a way designed to offer children healthy experiences of adult interactions and new forms of dialogue. Secondly, the staff are clinically supervised in relation to their management of the children including the impact of the children on themselves. They are encouraged in this forum to link their personal experiences with the impact of the work, so that they can make this material available to work on with the staff group. This enables fruitful exploration for the children of their impact on others, both peers and staff. Thirdly, formal and informal groups with the children concentrate on their communications and relationships with adults and one another.

Throughout the process of psychotherapeutic change, children are offered the opportunity to learn new skills and acquire knowledge of the world outside their own emotional spheres and immediate preoccupations. The aim is for the children to develop, eventually becoming responsible for their own lives in a practical, as well as a psychological sense. The work undertaken at Greenfields House focuses on each child's emotional development and helping them to understand the feelings that lead to destructive and anti-social behaviour. This takes place individually with the child through the provision of 1-1 relationships and experiences with staff, as well as through a child's individual weekly psychotherapy sessions and in a variety of group settings, including the weekly Community Meeting.

For some children the severity of the abuse experienced within a family environment severely impedes their capacity to function in similar settings. Many of the children who come to Greenfields House have experienced multiple foster placement breakdowns, which we are anxious not to repeat. For a significant proportion of children placed at Greenfields House, we aim to equip them with the internal emotional resources to enable them to eventually live in a family setting, either with their birth family (if this is in line with their individual Care Plan) or with a foster family. For some children, returning to a family setting of any sort would be damaging for them and further residential care is occasionally the best option for them when moving on from Greenfields House.

3.3 Individual Psychotherapy

In order to address some of the difficulties that the children face and to assist the healing process, Greenfields House offers children the opportunity of having individual psychotherapy sessions. The model of psychotherapy offered is psychoanalytic, with children being seen either once or twice weekly for regular, on-going sessions.

Therapy is offered for a minimum of a year, but often longer.

The initial 'state of mind' assessment conducted on admission informs the treatment plan and is regularly reviewed. Following a period of settling in at Greenfields House

and in discussion with a child's local authority, a psychotherapy assessment is arranged consisting of three once-weekly sessions. A meeting is then convened between the child psychotherapist, the child's social worker and a member of the senior management team. They discuss the assessment and whether commencing psychotherapy is in line with the child's needs. If psychotherapy does start, regular reports are included in the child's LAC reviews and the psychotherapist is available to discuss the child's progress where this is necessary.

3.4 Evaluation of the placement

Childhood First belongs to the CAMHS Outcome Research Consortium (CORC) and Greenfields House has an Assessment, Evaluation and Research Officer who conducts standardised measures (or questionnaires).

- Children's Global Assessment Scale - CGAS
- Strengths and Difficulties Questionnaires - SDQ
- Goal-based Measure
- Experience of Service Questionnaire (CHI-ESQ)

These assessments are conducted every six months initially. The information collated is shared through the LAC Review process. The information can be accessed in line with data protection guidance and our internal Childhood First Data Protection Policy. In addition there is a tailor-made questionnaire cross-referenced with Ofsted's domains for evaluating outcomes for children, to ascertain children's opinions about the impact of the Childhood First community on them.

This work is overseen by Childhood First's Senior Clinician and our Assessment, Evaluation and Research Officer. Where appropriate each child placed at Greenfields will receive a psychotherapeutic and education assessment. This shapes the work and ensures a baseline to enable us to demonstrate progress and improvement for the child. Any concerns that arise will be investigated and further assessments requested e.g. Educational Psychologist assessment. The psychotherapeutic assessment and CORC data enables all the staff to be aware of the child's state of mind and informs

the placement plan, risk assessment, behaviour management plan and their interactions with each child.

4. Incorporating Children's Views, Wishes and Feelings

Greenfields House staff listen attentively to the children's wishes and feelings. Children can help make decisions about how they want to be looked after and how things should be within the home. Children can let staff know about their wishes and feelings by talking to any staff member, talking in community meetings or using the children's 'I want you to know' forms. They can also ask staff to raise things that are important for them individually in the staff meeting or keyworking group.

Each child's right to be listened to is paramount, staff are therefore highly skilled in responding to their individual wishes and feelings, whether these are communicated verbally or in more subtle ways. This is evidenced through the attuned relationships staff develop with the children. The children, social workers and school complete a CHI-ESQ (experience of service questionnaire) every six months which enables us to monitor and develop the quality of service that we provide.

4.1 Consultation with children about the operation of the home and the quality of their care

In keeping with our therapeutic approach the culture of Greenfields House is established on the basis of listening to, valuing and thinking with the children. Children are encouraged and supported in expressing their thoughts and feelings regarding all aspects of their lives and experiences at Greenfields House and the quality of care they receive. Their views are sought and collected on an ongoing basis within the culture of day-to-day life within the community; these inform decisions in relation to their care as individuals and as a group.

We hold a weekly Community Meeting for all the children and therapeutic care staff (every Monday). In addition to this, once a week we hold Boys Group, Girls Group, New Group and an older children's group Group (every Friday). These meetings are a central part of our therapeutic model and provide a forum to discuss

with the children plans for the forthcoming days, any visitors to the home, any concerns, etc. These meetings facilitate an experience for each child of being listened to by staff and peers. Children are given the opportunity to share their opinions on any topics relating to the home or their placement in the home. These meetings also provide the opportunity to reflect on their own personal experiences and talk about these if they choose to do so, in a supportive environment, alongside receiving peer group support with areas of difficulty.

Other meetings can be called by anyone at any time to address an issue which they feel may be undermining the wellbeing of the community or any individual within it. Children are supported to reflect on their behaviours, receiving support from staff and peers to encourage less negative ways of expressing difficult emotions. Such conversations support children in reflecting on any difficulties experienced in their relationships with one another, highlighting ways in which these can be resolved.

In keeping with our treatment methodology, children at Greenfields House are enabled to participate in all aspects of their lives and to consciously contribute to activities, daily groups and discussions, and as appropriate, decision-making and complaints. We actively maintain a culture of openness where all opinions are listened to and children are valued and respected by staff and children are helped to value and respect both one another and themselves. This programme of group and individual work helps children build on their strengths and identify areas of difficulty.

These systems promote and encourage open communication about all aspects of the children's lives including everyday living together. Staff encourage, listen to and respond to both 'minor' and major complaints and are trained and experienced in remaining alert to children's welfare at all times. Children are encouraged to raise concerns and make suggestions for changes and improvements. The children at Greenfields House are young and very traumatised; in line with good parenting it is therefore essential that staff know when it is helpful for children to be consulted and when it is more appropriate to make decisions in their best.

Each child is encouraged to engage in the process of developing their 'My Placement Plan' booklet, as appropriate to their age and level of understanding. This outlines the care they require throughout each day, and identifies areas where they need support from staff as well as areas where they may have made progress with reducing a negative behaviour or developed independence.

4.2 Equality and diversity

Greenfields House is committed to equality, diversity and children's rights. Children are treated with dignity and respect at all times. Staff demonstrate the principles of dignity and respect for others throughout their professional relationships, offering good role models for children in their care. Over time this enables children to develop a positive self view, emotional resilience and knowledge and understanding of their background. Staff aim to mitigate and repair the effects of stereotyping and discrimination on the grounds of ethnicity, age, gender or level of ability or understanding. Staff are proactive in making sure that neither the children or themselves are ever treated unfairly.

The promotion of equality and diversity is intrinsic within the culture of the community at Greenfields House, incorporating acceptance and understanding across all protected characteristics and individual differences. Staff actively promote a culture of openness and acceptance within the day-to-day life of the community; this includes role modelling in a parental manner, being open minded and challenging others where there may be differences in attitudes. This is consistent both in 1-1 work with the children and within the group as a whole. Children are encouraged to develop close relationships with staff over time where they feel safe to explore their personal beliefs, views, values and attitudes. These relationships also provide a forum for children to be appropriately challenged and supported with their attitudes or behaviours where necessary.

Ensuring each child's individual needs are met is part of the planning process prior to the child's placement at Greenfields House, this is then reviewed in consultation with the child and others where appropriate to ensure the child feels safe in the knowledge

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that their individuality is embraced and supported. We strive to help the children discover and appreciate their unique qualities, whilst also learning to value the unique qualities of others. Prior to the admission of a child with specific needs such as cultural, religious, language, identity, ethnic, racial or other specific needs, we endeavour to ensure the resources within the home are sufficient to accommodate these needs, alongside researching local cultural groups or places of worship as appropriate should the child wish to access these at any point. We give additional consideration to the impact of moving to the Kent countryside and support children with adjusting to a different area, for example moving from an ethnically diverse major city.

Whilst we appreciate the importance of ensuring we are adequately prepared to meet a child's specific needs, we work to ensure that the details of their care and treatment at Greenfields House are ultimately determined by their needs as a child foremost and in line with their individual wishes and feelings. We access support from partners where appropriate to ensure the child's needs are met, for example if a child or their family members did not have English as a first language we would access local translation services in consultation with the placing authority and we would expect this to be built into the overall care planning for the child.

We regularly mark a culturally diverse range of festivals and celebrations through activity evenings linked with the experience of new foods. This ensures that all children develop an understanding and appreciation of a diverse range of cultures alongside traditional UK celebrations.

4.3 Anti-discriminatory practice

Every effort is made to ensure that Greenfields House is welcoming to all children, their families and others significant in their care and wellbeing. The Director monitors the range of children placed within the community in terms of ethnicity, gender and disability, to ensure the service provision is reaching all and not creating barriers to particular groups. Children are offered opportunities to try out new experiences, which are not restricted by traditional gender options. Children have the right to express

their views freely in all matters affecting them and staff are expected to challenge attitudes, behaviour and language that are non-inclusive and discriminatory, in a positive way.

4.4 Children's rights

Children are encouraged and supported to understand their rights and ways of challenging any form of discrimination. Children are enabled to express their views about the services and if necessary to be supported by an independent person should they wish to complain e.g. an independent advocate. Children have access to telephone numbers for a range of relevant organisations/ roles including ChildLine, Police, Office of the Children's Rights Director, Ofsted and the Children's Complaints Officer for their local authority; this information is stored in the children's complaints folder.

5. Education

Our therapeutic model Integrated Systemic Therapy considers that alongside the care and treatment it is essential that children receive education which is similarly adapted to their emotional state and which can deliver the best possible educational outcomes. Specifically, throughout the duration of each child's placement we aim to help them break down their barriers to education and learning through positive engagement. We aim to support each child to progress and achieve as much as their abilities and time permits, whilst helping achieve a true sense of worth through positive relationships and celebrating their achievements with them. Staff offer 1-1 support whilst children complete their homework and a variety of separate, quiet space spaces are available for children where needed. Children are encouraged to use the library and visit places of interest related to their school projects.

We work closely with Greenfields School which is located about a half a mile from the home and provides excellent education. Greenfields School has provision for key stages one, two and three across two sites. In Greenfields School there is a high staff: pupil ratio which allows for individual support and group work alongside opportunities for nurture. Each class has an experienced teacher and learning support assistant.

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The school has a successful, step by step, child-led induction programme which encompasses our systemic and psychodynamic thinking, focusing on building relationships with the educational staff, allowing joined up thinking between the educational and residential teams. This way of working has resulted in successful outcomes in terms of our children's social, emotional, behavioural and learning difficulties, preparing them for future learning, school placements and transitions.

5.1 Special educational needs

When a child is admitted to Greenfields House, particular attention is paid to their educational needs. Education is provided by our own well-staffed registered Independent Special School for children with Social, Emotional and Behavioural Difficulties as well as identified Additional Educational Needs. Full time education is provided by well qualified teachers with a special needs background and wide experience, who are committed to working alongside the residential staff in an holistic and therapeutic way, so that the children feel 'contained' and supported. The children are also supported by well qualified and experienced learning support assistants who work alongside the teachers to promote learning, social and independence skills. Where a child has an EHC plan this is used to provide the basis for their individual learning programme.

5.2 The education structure

The residential team at Greenfields House work very closely with Greenfields School and a sense of community between both sites is very much promoted. The Head Teacher is part of the senior management team, which encompasses both home and school across the Greenfields Community, and attends various meetings, business and child focused groups at the house throughout the week. We have a Clinical Educational Support Assistant at the school who supports in the link of psychodynamic and systematic thinking and practise between the residential and educational team. A member of the residential team is available throughout the school day for school support to continue the day to day therapeutic thinking across the community.

All of the children resident at Greenfields House are in full-time education. We are proactive in responding to non-attendance with supported re-engagement plans devised by education staff in conjunction with the child's psychotherapist and therapeutic care staff. Where a child cannot engage with school and learning we consider the reasons behind that inability including the emotional impact of their personal histories, current state of mind and our clinical understanding. Joint working with the education team is vital in supporting the re-engagement of the child in their learning.

6. Enjoyment and Achievement

6.1 Children's participation in cultural, recreational and sporting activities

Cultural, recreational and sporting activities form important building blocks in a child's life. Children benefit enormously from individual and group activities in terms of social interaction with their peers and building their individual self-esteem. Children living at Greenfields House are actively encouraged to experience a variety of activities and once settled in the home are encouraged in choosing to follow a hobby or activity for which they have special aptitude or interest. Children are encouraged to pursue external hobbies and interested in line with their wishes and feelings and as appropriate to their individual stage of readiness for increased social engagement; attending clubs or activities provides children with opportunities to develop their sense of identity alongside the opportunity to relate socially with peers. This enables links to community and provides the opportunity to develop relationships outside of the community that also support children through their transitions. Where children make friends through these activities whom they wish to invite to Greenfields House, or who invite them to their own homes, this is given careful consideration and fully supported if deemed appropriate.

There is a wide range of choice available locally in relation to clubs and activities, including horse riding, dance classes, swimming, gymnastics, canoeing, football, hockey as well as more community-based activities such as Cubs, Scouts, Brownies and Guides. There are also opportunities for group excursions to places of interest and activity parks. Whatever the activity, children are supervised by appropriately trained staff. Group activities are planned in conversations between staff and children ensuring that plans benefit each child. Cultural activities as outlined previously are

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supported on an individual needs led basis, however we also offer group activities to support all children in their understanding of difference, such as celebration of different cultures and religions.

7. Health

Although particular significance is given to a child's emotional health throughout their placement at Greenfields House, we believe a child's physical well-being is equally important. Each child who comes to Greenfields House becomes a patient at our local GP surgery which has a good understanding of our task and the experiences and specific needs of the children we care for. If a child wishes to be seen by a female or male doctor this is respected. Children are also registered with local dental and ophthalmic practices of whom we have good relationships with and are aware of the specific and individual needs of all our children. We ensure each child has an annual full health assessment, alongside regular dental and optician check-ups. There are close links with the LAC professionals in the area and individual programmes are discussed as and when required with both the child and others as appropriate. We support children to attend additional health appointments and consultations as appropriate. Where appropriate, children are consulted and can contribute to their health plans.

We follow written procedures relating to the storage, rotation, recording, administration and disposal of medication, both prescribed medication and homely remedies. Staff receive medication training to ensure administration and storage of medication in line with best practise guidance. Where appropriate and following a risk assessment, some children may on occasion self administer medication, this decision is based on a range of factors and is reviewed on a regular basis.

The children are encouraged to discuss openly all aspects of their health and wellbeing, while their right to privacy and confidentiality is respected. Support and education in relation to wider health education issues is offered on a 1-1 basis or in small groups according to the child's age and stage of readiness for this input, for example sex and relationships education, smoking, alcohol and substance misuse.

7.1 Exercise

Every child is encouraged to take exercise in a way that they enjoy. Staff are available to join in and organise games and sports. There is a wide range of informal and formal opportunities to exercise including individual activities (e.g. walking, bike riding, swimming); group games (e.g. football) and organised classes and team sports (e.g. dance, football training) through to pursuing more specialist hobbies like horse riding. These are provided for their physical health benefits as well as their contribution to the children's emotional development and well-being.

Relaxing, resting and being able to sleep well are essential elements of children's lives and part of our treatment programme aims to help children use opportunities to rest and relax, giving their minds and bodies opportunity for quiet and replenishment. All children are supported at bedtimes with individual attention based on their individual needs to best enable them to make the transition into sleep and being on their own.

7.2 Diet

Eating well has a critical impact on physical health. All children are provided with a balanced diet and helped to develop healthy eating patterns. Each child's individual needs are taken in to consideration in the planning and preparation of meals. We recognise the importance of the provision of good food and its contribution to a child's development, identity and emotional health therefore attention to detail in relation to food preparation is essential. Children are encouraged to become involved with menu planning, the preparation of meals and to engage in conversations and meetings about what they like to eat and about the food provided. Children's individual choices and food preferences are incorporated into each weekly menu and helping to prepare and cook food is part of their experience of day-to-day living within the community.

We have a Therapeutic Cook with many years of experience and a good understanding of the specific needs of our children and their, sometimes, complex relationships with food and diet. We work closely with a Paediatric Dietician to ensure the food provided by the therapeutic care staff meets nutritional guidelines and the individual dietary

needs of the children residing at Greenfields House. An initial assessment is carried out by the Paediatric Dietician for all new children, considering the child's BMI, diet and individual relationship with food, providing advice and recommendations in meeting the individual dietary needs of the child. This is followed up by further assessments every three-six months throughout the child's placement, dependant on their dietary needs. In addition, the Paediatric Dietician provides annual Nutrition training for all therapeutic care staff and a bi annually Catering Report, which provides an assessment of Greenfields House food provision.

Children are supported to attend group mealtimes as a social occasion; cultural differences in food are attended to and celebrated and all children are encouraged to try different foods in gaining experiences of a range of cultures. Throughout the year we hold a variety of themed evenings celebrating different cultures and faiths, food is a central part of these experiences. Children with specific dietary requirements are supported through their individual plans and in consultation with health professionals as appropriate.

7.3 Smoking

Greenfields House has a non-smoking policy for children. There is a designated smoking area for staff and visitors.

7.4 Alcohol, drugs and illegal substances

No form of alcohol is allowed on our premises. No recreational drugs are allowed on our premises.

8. Positive Relationships

The creation of positive relationships is central to our therapeutic approach. Children are supported to develop an understanding of the impact of their behaviour on others and to express their feelings about others' behaviour. High levels of supervision and guidance are offered to encourage behaviour and relationships which have a beneficial impact for each child and the group. Achievements and participation are celebrated

and rewarded. Where behaviour is unacceptable or has a destructive impact, it is responded to with consistency and clarity within the context of understanding the individual child's history as well as the group dynamic.

Relationships between staff and children at Greenfields House are based on honesty, mutual respect and understanding. The staff team is expected to maintain clear safe consistent and understanding boundaries for the children. Rewards and sanctions are part of the mechanisms for care and control within the context of thoughtful consistent relationships and these are monitored by the management team to ensure that rewards and sanctions are proportionate to the event and appropriate to the needs of the individual child.

8.1 Contact between children and parents, relatives and friends

It is our policy to work in partnership and facilitate positive contact for each child and their family and significant others who have been important in their past. Throughout each child's placement at Greenfields House we therefore encourage and facilitate contact with family and friends wherever possible and appropriate. For children with little or no family contact we support their local authority in identifying significant external contacts such as an independent visitor. Contact with parents, families and significant others are arranged in consultation with the child's social worker and in accordance with the child's Care Plan. We endeavour to foster a normal home environment for the children who live at Greenfields House, including promoting positive and normal friendships within their peer group. Young people are encouraged to invite friends to visit and to visit friends within their own homes where appropriate.

There are a variety of comfortable rooms within the house which can be made available for family contacts. This allows the child and their family to have contact whilst minimising the impact on the other children and vice versa. We have a designated Placement and Family Support Worker who works directly with the children's families, seeking to provide supportive relationships with the children's parents and other family members. This role facilitates well supported and positive experiences of regular family contact for the children wherever possible. Our

Placement and Family Support Worker seek to help family members in developing their understanding of themselves and the events which lead to their child coming into care, ultimately better equipping them to be able to relate to their child now and in the future.

8.2 Working in Partnership

Relationships form the basis of all areas of our work and we are committed to working in partnership with others involved in children's lives in order to achieve the best possible outcomes for the children. We strive to work in effective partnership with local authorities, social workers, IRO's families, health professionals, CAHMS Teams, independent visitors, advocates and other professionals as appropriate to the needs and best interests of each child. We consult every six months with those we work in partnership with, seeking feedback on their experience of working with us and identifying potential areas for improvement.

9. Protection of Children

9.1 Promoting appropriate behaviour, control, physical intervention and discipline

We believe the foundation to achieving our therapeutic task at Greenfields House is the fostering of positive relationships between the staff and the children within a clearly defined set of boundaries. We aim to establish good and appropriately professional, interpersonal relationships between the staff and the children. These relationships provide a sense of containment, through a consistent but appropriately flexible understanding of the many different situations they must manage on a daily basis, underpinned by a sense of personal concern and commitment to each child.

Children placed at Greenfields House are severely emotionally traumatised by their past experiences and have difficulties in relating to others. They therefore display negative, unkind, destructive and aggressive behaviours at times, especially when their feelings become overwhelming for them. The histories of the children we care for are such that the focus of their personal development is inevitably taken up through the interplay of their past conflict and trauma in the present. Crossing boundaries

within the community is an inevitable part of the work with the children, while they struggle to begin to establish a more trusting and co-operative partnership with those around them. Through Integrated Systemic Therapy we seek to view the children's behaviour as communication and over time use this in helping them develop a greater understanding of themselves, their past experiences and their day-to-day thoughts and feelings. We support children to manage their challenging behaviours and in time develop more appropriate ways of communicating their feelings to others.

The management of difficulties resulting from negative behaviour is often the focus of small groups, personal meetings with key workers and staff, and community meetings. Children are encouraged (and supported) in raising matters which concern them. Each child is helped towards a sharing of the responsibility for group and individual well-being, and supported in finding verbalising their feelings and listening respectfully to others. Acknowledgement and understanding are generally the main aim of such a task, but occasionally a sanction may be incorporated as part of an appropriate response. Where a sanction has been the appropriate response there will be opportunity for the child to reduce or indeed lift the sanction dependent on the individual circumstances, enabling a positive outcome for the young person. We are proactive in planning rewards and incentives to help children have positive experiences to aim for each week, in attempting to encourage positive reinforcement and discourage negative behaviours.

Individual risk assessments enable staff to make informed judgements, in conjunction with each child's individual behaviour management plan which details the methods of control that are used and states the child's preferred method. When there are concerns about an individual child our risk assessment process allows a systematic process of assessing risk, determining strategy and informing practice around a child to contain the situation. Our care and control (behaviour management) policy can be accessed online via Childhood First Procedure Manual:
(<http://childhoodfirst.proceduresonline.com/index.htm>).

9.2 Restrictive physical intervention

Restrictive physical intervention is permitted only in circumstances when a child may be intent on causing harm to him/herself or to another person, or when causing damage to property. In all cases where a restrictive physical intervention occurs, staff use minimum necessary force, and place an emphasis on the sense of being held and not punished and in being looked after and not humiliated. It is emphasised that a child should be held only for the time that it takes them to regain inner control. Our physical intervention policy can be accessed online via Childhood First Procedure Manual: (<http://childhoodfirst.proceduresonline.com/index.htm>).

Our Therapeutic Staff are trained in the Management of Actual or Potential Aggression for the use of restrictive physical interventions. This is delivered annually by our in house trainers, trained by the Crisis Prevention Institute who receive annual refresher training. A training manual including descriptions of each of the holds is available in the staff office for reference.

Children who have suffered traumatic early life experiences often display violence, self-harm or damage of property as a way of communicating their distress. We find that some children go through periods of time whilst living at Greenfields House when they are involved in a number of incidents of violence towards others which often necessitates restrictive physical intervention. For most children the relationships they develop with staff at Greenfields are their first experience of safe adult relationships and therefore they will at times communicate their extreme emotions associated with their early life experiences through their behaviour towards these trusted adults. Over time, the children are helped to learn to communicate these feelings in a more appropriate manner.

Following an incident where restrictive physical intervention has been used the child and staff involved are always given the opportunity to give their opinion about it and are supported to reflect on how a similar incident could be avoided in the future. We monitor levels of physical intervention through weekly Post Incident Review Meetings and thorough regular analysis of restrictive physical interventions. These meetings

guide our practice in relation to how best to avoid the need for restrictive physical intervention with each individual child. Staff closely analyse each incident and adjust risk assessments and behaviour management strategies within individual Placement Plans accordingly.

9.3 Rewards and incentives

Rewards for thoughtful and acceptable behaviour are most often in the form of praise and encouragement within both individual conversations and within group forums. This is reflected in the child's Daily Log and the Community Meeting minutes. Contribution to and participation in the group is noticed and encouraged. Small achievements are praised and noticed in the context of children's individual areas of difficulty rather than relative to each other.

We are proactive in planning incentives to help children have positive experiences to aim for, thereby encouraging positive reinforcement and discouraging negative behaviours, alongside helping children to measure their progress. We use many positive rewards and incentives and these are recorded in each child's Placement Plan. Positive incentives and rewards are highly individual according to each child's preferences and motivations, alongside their age and stage of development. We believe that positive incentives are effective in helping to motivate children in working towards individually identified areas of development and supporting their development of self-esteem.

9.4 Sanctions procedures

Where patterns of persistent negative behaviour become apparent for any individual child or combination of children, we support them to change these patterns over time through combining supportive reflection with staff they share close relationships with, positive incentives to help motivate them to work towards behavioural goals and occasional sanctions as appropriate. Responses to individual children's negative behaviour are carefully considered by the staff team who offer children supportive alternatives to negative behaviour and the opportunity to reflect on the impact of their behaviour on others, as appropriate to their age and level of understanding.

Sanctions are used as part of establishing positive relationships with children to maintain boundaries and control. They are used to engender the concept of restitution and reparation; the notion that mistakes or wrong-doing can be repaired and things, (including people) can be 'made better'. The sanctions imposed are usually seen as being related to a particular incident, particularly if an acknowledgement of the consequence of a particular behaviour is not possible in an alternative way. We endeavour to ensure all sanctions adequately reflect the behaviours, are varied and effective, and decided following discussion within the staff team. Managing group and communal boundaries within the community is normally seen as a precursor to providing an appropriate guarantee to managing group outings from the community and a "grounding" may follow a serious incident. However, grounding does not apply to any educational or family visit. Fines are rarely used at Greenfields, and only in context of reparative payment in relation to damage for which they are held responsible. Children are invited to share their views following a sanction.

The following are Permissible Sanctions:

- Restitution
'Making good' or repaying an individual or community for the consequences of unacceptable actions or damaged caused. A proportion of pocket money may be withheld to facilitate this.
- Reparation (for example by helping to repair damage)
- The curtailment of leisure activities
- Grounding

Increased supervision or restrictions on the availability of transport is used as a tool for safe management but not as a sanction.

9.5 Prohibited methods of control

None of the disciplinary measures prohibited under Regulations 8 of the Children Act 1989 have ever been permitted at Greenfields House. In line with the Children's Homes Regulations (2015) no measure of control or discipline which is excessive or unreasonable may be used, specifically the following measures may not be used to discipline any child:

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- Any form of corporal punishment
- Any punishment involving the consumption or deprivation of food or drink □ Any restriction, other than one imposed by a court or in accordance with regulation 22 (contact and access to communications), on:
 - a child's contact with parents, relatives or friends ○ visits to the child by the child's parents, relatives or friends ○ a child's communications with any persons listed in regulation 22(1) (contact and access to communications)
 - a child's access to any internet-based or telephone helpline providing counselling for children
- The use or withholding of medication, or medical or dental treatment
- The intentional deprivation of sleep
- Imposing a financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation
- Any intimate physical examination
- Withholding any aids or equipment needed by a disabled child
- Any measure involving a child imposing any measure against another child
- Any measure involving punishing a group of children for the behaviour of an individual child.

9.6 Deprivation of liberty

By the nature of our work at Childhood First in providing a service to psychologically traumatised children we may on occasion adopt practice that could constitute a restriction or deprivation of liberty (The Law Society) such as the physical restraint of children and increased monitoring and supervision that would be normal and good practice in a range of circumstances. Failure to monitor and supervise children dependent on their age, understanding and vulnerability would be negligent.

The best interests of children are best protected by open, transparent and honest practice therefore individual practice with children will be undertaken in consultation with placing authorities and where appropriate with children and their families. All

interventions with children including any practice that may constitute deprivation or restriction of liberty will be subject to regular review and consultation with the placing authority to ensure legal permission is sought if required.

9.7 Surveillance within the home

There is a buzzer system which alerts sleeping-in staff if any bedroom door is opened at night. This is in place to provide safeguards for both staff and children and its use is assessed on an individual basis as outlined in each child's Placement Plan. The system does not prevent children from leaving their bedrooms, it enables staff to respond to a child in need during night time hours as well as alerting staff to any children trying to access other rooms or leave the building etc. We seek consent from each child's placing authority and/or parents, in accordance with their legal status. The buzzer system is explained to each child on their arrival, as appropriate to their age and level of understanding, emphasising that the system means a member of staff will always be available to them at night if they need somebody.

Childhood First uses an IT surveillance system called "Securus" which enables Directors/Registered Managers to pick up key words that staff or children input into the Childhood First system through emails, reports, search engines etc.

9.8 Fire precautions and emergency procedures

Greenfields House has written statements in relation to fire precautions and evacuation procedures, which are known to both children and staff and which are reinforced by regular recorded fire drills. Our Fire Safety Policy outlines responsibilities, recordings, drills, procedures, training and assembly points. Staff are aware of our health and safety policy and regular risk assessments are made which cover all aspects of the home and specified excursions beyond our community. Greenfields has a range of operational continuity plans that would be employed in the event of an emergency.

10. Safeguarding and Child Protection

Childhood First is committed at every level to safeguarding and child protection in order to promote children's welfare. We take seriously our duty to protect every child from abuse and maltreatment and to prevent impairment of health or development. Our Safeguarding and Child Protection Policy is available in the home or can be accessed via the Childhood First Procedures Manual:

(<http://childhoodfirst.proceduresonline.com/index.htm>). We are committed to interagency working, actively maintaining good relationship with our local safeguarding partners and the Kent LADO Team and LADO teams from other local authorities as required. All concerns of a child protection nature will be dealt with and referred as appropriate by the Registered Manager or Deputy Director (Designated Safeguarding Leads) to the appropriate local authority. In any circumstances where Safeguarding procedures are undertaken, the child's social services and parents (where appropriate) will be kept closely involved and informed as required by Working Together to Safeguard Children 2015.

On admission, a comprehensive risk assessment undertaken for each child covers all aspects of safeguarding. This is reviewed regularly, or immediately if the need arises, to ensure that any new behaviours or historical information disclosed can be factored into our response in the safeguarding of the child. All staff receive annual safeguarding training, together with support and guidance in safeguarding and promoting children's welfare whenever required. The Senior Management Team have all taken part in Advanced Child Protection Training. Additional safeguarding training is implemented when appropriate or when linked to a specific area.

10.1 Preventing bullying

Greenfields House does not tolerate any form of bullying and is committed to developing a culture within which all individuals are supported in confronting both being bullied and the potential to become a bully. We employ a restorative approach in relation to incidences of bullying or unkindness wherever possible, seeking to help the children develop a greater understanding of themselves and of the impact their actions can have on others. We encourage children to be assertive in response to

bullying and to make staff aware of any interactions which have left them feeling upset.

We strive to create and maintain an environment where children are treated with dignity and respect at all times. All staff are vigilant for signs of bullying and any concerns are brought to the attention of the Registered Manager and other senior staff. There is a clear system in place for reporting, tracking and responding to incidences of bullying. This is monitored by the Registered Manager and is also reviewed in weekly Staff Meetings. If bullying occurs, the child will be encouraged and supported in expressing their concerns through open communication. Within the community this could be either in the Community Meeting or in conversation with a member of staff. All children are aware of where they can find information regarding appropriate external contacts e.g. their social worker, Childline or Ofsted should wish to contact them.

10.2 Child sexual exploitation

Staff complete training in the risks associated with child sexual exploitation, the vulnerability of our children's group and potential behavioural indicators of a child being groomed/exploited. The management team ensure the assessment of associated risks is integrated within each child's individual risk assessments. Staff seek to remain continually vigilant to potential indicators of child sexual exploitation. The close partnership working ethos within the staff team, alongside the expectation for open communication in relation to all areas of the children's care helps to minimise the risk of exploitation from within the home.

A thorough Location Assessment is regularly reviewed and updated. The assessment concluded the location of Greenfields House is suitable for our purpose of residential therapeutic childcare, additionally the high supervision levels of the children at Greenfields House minimises risks associated with our location.

10.3 Child criminal exploitation (CCE)

Staff have an awareness of child criminal exploitation, also known as 'county lines', although the criminal exploitation of children is broader than county line. Staff have completed training and are highly aware of the vulnerability of the children in our care and remain vigilant to the potential indicators of related issues, including risks related to use of technology and the internet.

10.4 Radicalisation of children

Staff at Greenfields House complete Prevent and radicalisation training and have an awareness that children can be drawn into violence or they can be exposed to the messages of extremist groups by many means including the influence of family members or friends, direct contact with extremist groups and through the internet. Staff understand that this can put a child at risk of being drawn into criminal activity (including terrorism) and has the potential to cause significant harm. Staff are aware of our responsibilities under the 'Prevent Duty' (2015), understanding the importance of identifying children who may be vulnerable to radicalisation through promoting fundamental British values thereby enabling them to challenge extremist views. The high supervision levels of the children at Greenfields House and careful risk assessment in relation to children spending time off site independently or attending clubs/groups significantly reduces the risk of radicalisation. Staff seek to remain vigilant to potential indicators to radicalisation.

10.5 Female Genital Mutilation

Staff complete training for Female Genital Mutilation (FGM) and are aware of the associated issues, in particular of our duty to inform Children's Social Care should we expect or know of any child who may or has been subjected to FGM. The senior management team seek to remain informed of emerging safeguarding issues as these become evident in order to guide the staff team in their awareness of these potential issues and in safeguarding the children e.g breast flattening, forced marriage, modern slavery, trafficking and county line gangs.

10.6 Internet safety

All staff are kept well informed as to the risk associated with use of the internet, supported by relevant training as appropriate. Due to the age of the children placed at Greenfields House their use of the internet is fully supervised. We support children to understand the risks associated with the internet and how to keep themselves safe, as appropriate to their age and level of understanding. Older children may at times be able to work towards small amounts of unsupervised time on the internet, as appropriate to their age and level of understanding and their ability to demonstrate skills in relation to safe and responsible use of the internet.

As previously mentioned Childhood First uses an IT surveillance system called "Securus" which enables Directors/Registered Managers to pick up key words that staff and children input into the Childhood First system through emails, reports, search engines etc. This provides an early alert to any potential safeguarding concerns about staff practice and enables similar monitoring of children's use of the internet.

10.7 Significant events

Events and notifications under Regulation 40 of the Children's Home Regulations are sent to the required authorities as well as to the Chief Executive of Childhood First (Responsible Individual). Notifications are held confidentially within the home and are cross-referenced with other systems such as referrals to LADO or LSCB, these are monitored by the Registered Manager and through the Regulation 44 process.

10.8 If a child goes missing and action taken when a child returns from being missing

Due to the high levels of supervision of the children living at Greenfields House staff on duty know where all the children are at any given time. It is very unusual for a child to go missing, however in this instance the senior member of staff would be immediately informed and would co-ordinate the search for the child while ensuring

the remainder of the children's group is appropriately supervised; the missing from care checklist facilitates this process. The senior member of staff ensures the child remains in sight wherever possible and that they are followed if observed leaving the grounds. If the child is not found once the initial search of the house, grounds and immediate surrounding area has been completed the Director would be informed, or in his absence a Designated Senior Manager would Deputise.

Greenfields House Staff would work with Police, social services departments and parents to locate missing children and ensure their safety. As required we have a Missing from Care' protocol in place, which has been developed in partnership with our local Missing Child Liaison Officer. During normal office hours the child's social worker would be contacted, if unavailable information would be passed to the duty social worker. At evenings and weekends relevant Emergency Duty Teams would be contacted. We have a good relationship with Ashford Police and with our local allocated Police Officer.

Following a missing or absent episode the child is always welcomed back to Greenfields House in a non-punitive manner, space being given by staff to reassure them and assess any immediate needs, for example medical treatment, food, drink, blankets etc. If possible, the staff would determine where the child had been and with whom, although this would be approached with sensitivity, recognising that they may be tired and frightened, depending on their experiences while absent. Other agencies/persons involved in the search for the child would be informed as soon as possible that the child has returned. Children will be seen by an appropriate independent person, as soon as is practically possible, to explore the reasons for their absence and check on their well being.

11. Leadership and Managements

The home is run by an experienced leadership team, with the Director being supported by one Deputy Director, two Assistant Directors and three Team Leaders. Childhood

First also has a robust organisational structure which supports Greenfields House within the wider organisation.

11.1 Registered Provider and Registered Manager

Greenfields House is fully owned and managed by Childhood First.

Registered Office: Childhood First, 210 Borough High Street, London SE1 1JX

Registered Provider and Responsible Individual: Gary Yexley, Chief Executive.

Work address: Childhood First, 210 Borough High Street, London. SE1 1JX

Registered Manager and Director of Greenfields: Robyn Bartram.

Work address: Greenfields House, Biddenden Road, Tenterden, Kent. TN30 6TD

Therapeutic Services Director, Institute of Integrated Systemic Therapy & Childhood First, Registered Manager and Director of Greenfields House and Gables House.

| Position | Relevant Qualifications | Professional Experience | UKCP Status |
|--|--|---|------------------------------------|
| Registered Provider & Responsible Individual Gary Yexley | MBA (Dist), Leadership and Management in Healthcare, (Cant Uni), MA (Tavistock), Psychoanalytic Observational Studies, Child Psychotherapeutic Counsellor, UCKP Reg. | Therapeutic Services Director, Institute of Integrated Systemic Therapy and Childhood First, Registered Manager and Director of Greenfields House and School and Gables House | Child Psychotherapeutic Counsellor |

| | | | |
|---|---|---|------------------------------------|
| Registered Manager and Director Robyn Bartram | Diploma in Psychosocial Care, Supervision Module, NVQ Level 3 in Health and Social Care Studying: MA in iST | Commenced: 2011 Deputy Manager in an Adult Care Home | Child Psychotherapeutic Counsellor |
|---|---|---|------------------------------------|

11.2 Consultants and Therapists

| Position | Qualifications | Membership of Regulatory Bodies | Supervision Arrangements |
|---|--|---------------------------------|------------------------------------|
| Staff Consultant Rosemary Bodium | Post Graduate Diploma in Group Therapy, Diploma in Psychodynamic Counselling, Registered Social Worker | UKCP | Employed by Childhood First |
| Child and Adolescent Psychotherapist Chris Hayman | MA, MACP, MTSP | | |
| Child Therapist Naomi Axon | PG Dip Counselling MA Counselling Level 4 Certificate in Counselling Children | | Employed by Childhood First |
| Child Therapist Katy Ervine | Post-graduate Certificate in Psychosocial Care, BSc (Hons) Psychology <u>Studying: iST Masters</u> | | Child Psychotherapeutic Counsellor |

11.3 Staff Recruitment

Staff are recruited through a rigorous selection process which involves both informal and formal interviews. The views of the children at Greenfields House are incorporated as appropriate to their age and level of understanding. All appropriate checks are carried out according to current legislation and guidelines before any

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prospective member of staff begins employment with us. We endeavour to provide a range of appropriate role models of both sexes. We also endeavour to recruit a staff team that reflects the diversity of the children’s group, however this has proved challenging in our rural location.

11.4 Staff Team

There are 28 members of staff at Greenfields House. Supporting the Registered Manager are, 1 Deputy Director, 2 Assistant Directors and 3 Team Leaders. The Team Leaders are responsible for their teams, supported by their Deputy Team Leaders; these teams provide 24-hour 365-day care for the children, following a rota based upon a repeating 3-week system. The senior team ensure a well managed home in which the home’s resources needs and staff development needs are met, alongside meeting all the statutory requirements. Annual leave is carefully planned enabling rotas to be predictable for both staff and children. In addition, ancillary staff who support the main team, covering the important areas of administration and the environment. Overnight two staff sleep in once the children are settled. Staffing levels are adjusted according to need and amendments to children’s individual risk assessments. The Director is able to monitor the welfare of children through a variety of weekly forums as well as through informal conversations with children and staff. The Director facilitates the community meeting which ensures he is attuned to the needs of the group and the children individually.

| Position | Relevant Qualifications | Experience | UKCP Status |
|--------------------------------------|--|-------------------------------------|------------------------------------|
| Deputy Director (maternity leave) | BA (Hons) in Childhood Studies with Health Studies BTEC National Diploma in Childhood Studies Cert Psychosocial Care, Supervision Module | Commenced: 2005 Prior: Nanny | |
| Acting Deputy Director | GNVQ Health & Social Care Diploma in Psychosocial Care, IST Supervision Module | Commenced: 2004 | Child Psychotherapeutic Counsellor |

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| | | | |
|-------------------------------------|---|---|--|
| Assistant Director | BSc Psychology Studies, iST Practitioners Diploma, iST Supervision <u>Studying:</u> iST Masters | Commenced: 2017 Prior: Team Leader | |
| Acting Assistant Director | BA (Hons) Early Childhood Studies, iST Practitioners Diploma, iST Supervision <u>Studying:</u> iST Masters | Commenced: 2014 Prior: Team Leader | |
| Placement and Family Support Worker | BACP Accredited Certificate in Counselling | Commenced: 2016 | |

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|---------------------------|--|---|--|
| Acting Team Leader | Studies, iST Certificate | Commenced: 2015 | |
| Team Leader | BSc (Hons) Social Work Philology Education, Youth & Sport, iST Certificate <u>Studying:</u> iST Practitioners Diploma, iST Supervision | Commenced: 2017 | |
| Team Leader | BTEC Diploma in Performing Arts <u>Studying:</u> iST Certificate | Commenced: 2019 Prior: Senior Support Worker | |
| Therapeutic Care Worker | NVQ3 Children & Young People, Level 3 Transition award in Play <u>Studying:</u> iST Diploma | Commenced: 2017 Prior: Community and Events Coordinator, Parenting Programme Facilitator | |
| Therapeutic Care Worker | Level 2 & 3 Certificate in Counselling Skills Studies, iST Certificate | Commenced: 2016 and again in 2019 | |
| Acting Deputy Team Leader | FDA child and family studies Level 4 <u>Studying:</u> iST Certificate | Commenced: 2018 Prior: Care Assistant-Physical and Mental Disabilities | |
| Therapeutic Care Worker | NVQ Level 2 Health and Social Care Btec Level 3 Health and Social Care <u>Studying:</u> iST Certificate | Commenced: 2018 Prior: Team Leader Supported Living | |
| Deputy Team Leader | BA (Hons) Working with Children and Young People <u>Studying:</u> iST Diploma | Commenced: 2018 Prior: Placements-Learning Support Assistant/ Youth Support Worker | |

GREENFIELDS HOUSE
Statement of Purpose



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| Therapeutic Care Worker | BSc (Hons) Psychology <u>Studying:</u> iST Certificate | Commenced: 2018 Prior: Volunteer Friendship Mentor | |
| Deputy Team Leader | BSc (Hons) Psychology <u>Studying:</u> iST Certificate | Commenced: 2018 Prior: Volunteer at Early Intervention Ward | |
| Therapeutic Care Worker | NVQ Level 2 Diploma in Hairdressing <u>Studying:</u> iST Foundation | Commenced: 2019 Prior: Support Worker- Tier 4 CAMHS Ward | |
| Therapeutic Care Worker | BA (Hons) Religious Studies PG Certificate Special and Additional Learning Needs MSc Child Welfare and Wellbeing <u>Studying:</u> iST Foundation | Commenced: 2019 Prior: Student Mentor | |
| Therapeutic Care Worker | <u>Studying:</u> iST Foundation | Commenced: 2019 | |
| Therapeutic Care Worker | <u>Studying:</u> iST Foundation | Commenced: 2019 Prior: Health Care Assistant | |
| Therapeutic Care Worker | <u>Studying:</u> iST Foundation | Commenced: 2019 | |
| Therapeutic Care Worker | <u>Studying:</u> iST Foundation | Commenced: 2019 | |
| Therapeutic Care Worker | BSc Sports Coaching and Physical Education MSc Performance Analysis <u>Studying:</u> iST Foundation | Commenced: 2019 Prior: Learning Support Assistant | |
| Therapeutic Care Worker | BSc (Hons) Psychology <u>Studying:</u> iST Foundation | Commenced: 2019 | |

Reviewed and Updated January 2021: Review July 2021
 (Staff Appendix updated (January 2021))

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| Therapeutic Care Worker | <u>Studying</u> : iST Foundation | Commenced: 2020 Prior: | |
| Therapeutic Care Worker | <u>Studying</u> : iST Foundation | Commenced: 2020 | |
| Therapeutic Care Worker | BA (Hons) Psychology with Early Childhood Studies <u>Studying</u> : iST Foundation | Commenced: 2020 | |
| Therapeutic Care Worker | <u>Studying</u> : iST Foundation | Commenced: 2020 | |

Greenfields School

| Position | Qualification | Experience |
|------------------------|---------------------------------------|--|
| Head Teacher | BA (Hons) Contemporary Dance | Commenced: 2017 Prior: 4 years' experience as performing arts specialist, Many years' experience as Secondary Teacher including 3 years as Head of KS3 (Literacy) <u>Completed</u> : iST Certificate |
| Assistant Head Teacher | BA (Hons) Sociology | Commenced: 2014 Prior: 7 years' experience teaching as UQT. <u>Completed</u> : iST Certificate |
| Assistant Head Teacher | BA (Hons) Spanish PGCE Key Stage 2 | Commenced: 2015 Prior: Prior experience as Primary Teacher <u>Completed</u> : iST Certificate |
| Teacher | BA (Hons) in Child and Youth studies. | Commenced: 2015 Prior: Many years' Primary School Teacher/Teaching Assistant <u>Completed</u> : iST Certificate |
| Teacher | B.Mus (Hons) | Joined 2017 Prior: 3 years' experience as SEN Teacher, many years' experience |

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| | | as Primary School/Secondary Music Specialist <u>Completed:</u> iST Certificate |
| Unqualified Teacher | BSc (Honours) Open Degree | Commenced 2020 1 years' therapeutic care experience <u>Completed:</u> iST Certificate |
| Unqualified Teacher | A Level English, Sport Studies and German | Commenced: 2017 Prior: Previous experience of working as a Teaching Assistant in SEN <u>Completed:</u> iST Certificate |
| Classroom Assistant | NVQ Level 2 - Activity Leadership Level 3 Speech and Language Support for 5-11's. | Commenced: 2017 Prior: Activity Instructor <u>Completed:</u> iST Certificate |
| Classroom Assistant | NVQ Levels 2 & 3 in Health & Social Care | 17 years' experience as Care Assistant for the elderly. <u>Studying:</u> Ist Certificate (Sept 2020) |
| Classroom Assistant | BSc (Hons) Economics | Commenced: 2014 Prior: Previously worked for many years in Financial Services Sector. <u>Completed:</u> iST Certificate |
| Classroom Assistant | NVQ Level 2 in Health & Social Care NVQ Business Studies Intermediate and Advanced PAMS Trained | Commenced: 2019 TA on Behavioural Team Social Worker Assistant Respite Carer <u>Studying:</u> Ist Certificate (Sept 2020) |
| Classroom Assistant | BA (Hons) Fashion Design | Commenced: 2014 Prior: Worked in Insurance Industry <u>Completed:</u> iST Certificate |
| Clinical Education Support Assistant (Lower School) | BSc Clinical and Health Psychology Level 3 Diploma in Health and Social Care | Commenced: 2012 8 years' therapeutic care experience <u>Completed:</u> iST Certificate |
| Clinical Education Support Assistant (Upper School) | BTEC Music and Drama | Commenced: 2014 4 years' therapeutic care Experience <u>Studying:</u> iST Certificate (Sept 2020) |
| Teacher | BEd (Hons) Primary Education | Commenced: 2020 2 years' experience as Primary School Teacher <u>Studying:</u> iST Certificate (Sept |

| | | |
|---------------------|--|--|
| | | 2020) |
| Classroom Assistant | A Level Psychology, Health and Social Care, Theatre and Film Studies | Commenced 2020 Experience as a Care Assistant and Teaching Assistant. <u>Studying:</u> iST Certificate (Sept 2020) |
| Classroom Assistant | | |
| School Secretary | Extensive Secretarial Qualifications | Commenced: 2014 Prior: Many years' experience as Secretary/PA and Office Manager. |

Administration and Auxiliary Staff

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|------------------------------------|---|-------------------------|
| Business Support Administrator | | Commenced: 2018 |
| Clinical Case Administration | Experienced Administrator | Commenced: 2020 |
| Estates Manager | Experienced Maintenance and Groundskeeper | Commenced: |
| Estates Assistant | Experienced Maintenance and Groundskeeper | Commenced December 2016 |
| Estates Assistant | | Commenced: 2020 |
| Therapeutic Cook | | Commenced: 2004 |
| Cleaner | | Commenced: 2006 |
| Cleaner | | Commenced: 2017 |
| Statutory Compliance Administrator | Experienced Administrator | Commenced: 2020 |

11.6 Staff training and iST

Childhood First is committed to in-depth staff training. Our work-based training programme has been developed in partnership with the Tavistock Clinic and the School of Social Science at Middlesex University. This programme together with iST underpins our care and treatment of the children and the professional development of our staff. The training requires staff to understand and articulate the links between

theory and practice in the context of their day-to-day work with the children, with one another and the outside world. On commencing employment all staff undertake the iST Foundation Course (equivalent to CWDC Workbook) followed by the iST Certificate (equivalent to Level 3 Diploma), followed by enrolling on the iST Diploma or iST Practitioners Diploma.

The aim of the iST programme is to provide a practice-based training for professionals caring for children and young people with complex emotional and psychological needs. iST training is professionally accredited by United Kingdom Council for Psychotherapy (UKCP) via the College of Child and Adolescent Psychotherapies (C-CAP) and academically accredited by Middlesex University. Childhood First received formal approval with UKCP in 2015 becoming registered with UKCP as a Training Organisation. Staff who successfully complete the training are registered as UKCP accredited Psychotherapeutic Counsellors. Working towards this accreditation takes five years post-probation.

The iST training programmes are particularly aimed at group-based care settings (e.g. residential therapeutic communities, residential children's homes and special schools and smaller units) where the assumption is that the core of staff training and development needs to be practice-based, with the essential aims of developing the individual, the team and organisational practice. The main purpose of the Certificate, Diploma and Practitioner's Diploma, is workforce development for the staff who work within our own therapeutic communities. This training provides the basis for the staff to learn the theoretical and practical application of Childhood First's unique iST model, within which the whole organisation works.

11.7 Staff supervision

Central to Childhood First's Integrated Systemic Therapy is that staff work within a comprehensive framework which emphasises a thorough understanding of the children and of themselves in relation to the therapeutic task. Staff receive several group supervisions each week, including new group, key working group, deputy team leader group, case discussions, and staff dynamics meetings. These meetings offer a range of ways of understanding the history, inner world, current functioning and

impact of the children as individuals and as a group, as well as exploration of the impact of the staff on the children.

Staff are also supervised individually by a line manager, all of whom are experienced practitioners, to facilitate the purpose of continually reflecting on and thinking about the overall task, it's planning and integration. This work is supported by our Consultant who works with the staff team for 1 day a week facilitating our dynamic supervision programme. The work of the community is also supported by the input of

our Head of Therapy, who is present in many of our staff meetings and child focused forums offering a clinical understanding when thinking about the children.

12. Complaints and Data Protection

It is the policy of Childhood First that wherever possible, whether a complaint originates from a child, parent, carer or person with statutory responsibility, the complaint shall be resolved in an informal manner. This informal framework and culture is supported by a formal procedural framework which ensures that any complaints shall be addressed appropriately where informal means have failed for whatever reason to reach a point of resolution. Our complaints procedures can be accessed via the Childhood First Procedures Manual (<http://childhoodfirst.proceduresonline.com/index.htm>). If for any reason the complainant does not wish to contact Greenfields House or Childhood First directly, complaints can be directed to Ofsted or the placing authority of the child as appropriate.

12.1 Complaints by children

Complaints and 'grumbles' from children can be discussed in Community Meetings where children are supported in challenging one another or staff and in voicing their feelings if they are unhappy about something. Most issues are adequately and effectively resolved in this forum, which fits with our therapeutic model and is a healthy way of enabling children to overcome issues with support from the group.

If children feel that they have been treated unfairly or inappropriately in any way, they can complain to their key worker, to any member of staff or to the Director. The Director is the designated Complaints Officer at Greenfields House; If the child's complaint is about the Director, the child can access other senior staff or use an external agency to express their concern/complaint.

If any child wishes to make a complaint to a person outside of the community, they may do so directly to their social worker, Ofsted, the Office of the Children's Rights Director, Regulation 44 visitor, parent, teacher or other person they feel comfortable talking to. They may also contact directly, either by telephone or by

letter, the Complaints Officer at Kent County Council with whom Greenfields House is registered or the Complaints Officer for their individual placing authority.

Information about how to make a complaint is available in a booklet kept in the community room, listing relevant telephone numbers and websites, alongside children's complaints forms. This booklet and the information is explained to the children as part of their induction to the home. We endeavour to resolve complaints internally where possible, but where complaints need to be taken up at a formal level, our complaint's procedure or the local authority complaints procedure may be utilised.

12.2 Complaints by employees

In line with our policy, wherever possible complaints and grievances shall be resolved in an informal manner, firstly by the establishment of a culture in which staff are encouraged and expected to address issues of concern and conflict at source. This informal framework is supported by a formal procedural framework, which guarantees that any complaints shall be addressed appropriately where informal means have failed; this is undertaken in consultation with Childhood First Human Resources.

12.3 Complaints by third parties

Where an external agency or other third party has a concern or complaint about any aspect of the work of any part of Childhood First, of its Directors, staff or children, then it would be our wish that any such complaint be raised at the earliest opportunity. It would be the Director's aim that the concern or complaint should be resolved, wherever possible in an informal way, unless of course where the complaint is of a nature where more formal action is appropriate, in which case it shall be the Director's responsibility to support such action.

12.4 Data protection

In compliance with the General Data Protection Regulations (2018) Childhood First is committed to being transparent about meeting its data protection obligations and how it collects and uses the personal data of those in our care, their families and wider

networks as well as our workforce. Our policies relating to data protection and records management can be accessed via the Childhood First Procedures Manual

(<http://childhoodfirst.proceduresonline.com/index.htm>).