



**Bluebells
Statement of Purpose**

June 2021

WEBSITE VERSION

The Amicus Community

PO Box 79, Arundel, West Sussex BN18 9XA

t 01243 544107 **e** info@theamicuscommunity.com **w** www.theamicuscommunity.com

Primary Task

“We work with children who have been seriously disturbed by early environmental failure to such an extent that their corresponding behaviour is unmanageable in ordinary homes and schools. The task is to provide a highly supervised and planned environment that integrates residential care and education and is underpinned by a rigorous therapeutic model and understanding. The aim is to help children understand the impact of their pasts and corresponding behaviours and feelings. Enabling them to manage healthy relationships, through which they can achieve the trust and self-esteem essential for their eventual reintegration into the community.”

Introduction

This statement is maintained in accordance with the Care Standards Act 2000, Care Standards Act 2000 (Registration)(England) Regulations 2010 and the Children's Homes (England) Regulations 2015 including the Quality Standards. We also take into account of the 'Guide to the children's homes regulations including the quality standards' issued by the Department for Education. This Statement of Purpose relates to The Amicus Community, PO Box 79, Arundel, West Sussex BN18 9XA.

Amicus promotes the therapeutic community approach and early intervention with children and believes that referrals at an earlier age and lead to a more successful placement and relationships in the future. Often it is the case that children are referred to us much later on after having many multiple placement breakdowns. Amicus has worked hard to establish a strong therapeutic family type culture with is based on therapeutic community principles and group work in which we work psychoanalytically. Therefore, referrals are carefully considered and consideration taken into account how a new placement will fit in and affect the current child group.

The home has a staff group of one Registered Home Manager, a Therapeutic Home Manager, Deputy Home Manager, two Senior Therapeutic Childcare Practitioners and up to six Therapeutic Childcare Practitioners. The Amicus School is offsite from the home and located approximately 5 miles from each of the home and is located in a nearby village. The Amicus School is DofE registered as an independent special school and the children who have residential care at Amicus also attend the school which accepts day pupils also. The children who attend our school can't manage mainstream education and larger class sizes and require therapeutic education. The school currently consists of four classes which is based on emotional and academic ability. The school consists of the Head Teacher, Assistant Head Teacher, four's Teacher's, Class Leader, three Senior Therapeutic Education Practitioners and six Therapeutic Education Practitioners. Children coming to the home and school are referred from social services, health and education departments throughout the country. They are admitted in accordance with the Children Act (1989), Care Standards Act 2000 and the Children's Homes Regulations 2015.

Quality and purpose of Care

The Amicus Community is an independent, organisation with social enterprise principles and is a registered and accredited (by the Royal College of Psychiatrists) children's Therapeutic Community. Amicus currently consists of two affiliated family size homes and an offsite DofE registered Special Needs School based in the community. Our two homes (Jasmine and Bluebells) can accommodate children of either sex. Bluebells can take up to four children.

'Bluebells', takes children from the ages of 5 – 16 years old and accepts external referrals for children requiring therapeutic placements. The maximum age for children on admission is 11 years old, with a minimum agreed placement length of at least 24 months. This allows the child to have a long enough placement with Amicus for the therapeutic input to be effective.

We have decided to lower our age range and focus on early intervention as we feel that this offers the best possible chance for children and young people to move into foster placements / other suitable placements at that age and there are more options available for them also. This is based on our experience and discussions with placing / local authorities.

The majority of children who are referred to Amicus may have experienced emotional and physical neglect and/or abuse from a very early age. They will have certainly been deprived of an appropriate, consistent adult attachment figures and the corresponding emotional 'containment' essential for healthy emotional and intellectual development. Due to this they will often have many of the following characteristics:

- 1 Manifestly unable to manage themselves and their feelings and unable to allow other people to help them with this.
- 2 An inability to form positive trusting relationships with significant adults or other children.
- 3 May appear self-centred and with little sense of the needs of others.
- 4 An inability to think about the possible consequences of their behaviour or take responsibility for their actions.
- 5 Will often manifest extremely difficult and anti-social behaviors. Appearing frequently as either overly withdrawn and passive or overly aggressive and disruptive.
- 6 An inability to genuinely play or be creative, either with themselves or with other children.
- 7 Unlikely to be able to manage any form of frustration.
- 8 Have difficulty in age appropriate concentration and interest or ability in learning.
- 9 Have poor self-esteem and sense of self-worth and therefore little experience or belief in personal achievement or success.

These are children who will have had multiple placement breakdowns and frequently found education extremely threatening, leading to low educational

achievement. This and their possibly disruptive, disturbing, frightening or sometimes even overly withdrawn behaviour may have led to exclusion from mainstream schools.

Amicus is equipped to accept and work with referrals for children with moderate physical difficulties and other special needs, such as mild learning disabilities.

1. The children and young people cared for by Amicus are between the ages of five and up to sixteen (no older than eleven on admission) and are of either sex.
2. Amicus accommodates traumatised children and young people who have emotional and behavioural difficulties as described in the Introduction.
3. The children and young people's placement is determined in accordance with Amicus' referral procedures.
4. The specific range of needs of the children and young people are as described in the Introduction

Facilities & Services

Amicus provides all those facilities and services as legally required by the Children's National Quality Standards and Children's Homes Regulations 2015. Alongside these, we provide a range of other facilities and services that are discussed throughout this document. They include:

- Full-time Teachers who provide a comprehensive education programme in our offsite DofE registered school as well as regularly updated educational assessments. Education is carried out in a fully equipped and specialist school off site. The School is situated on the same grounds Amicus Head Office in a rural village location approximately five miles from the homes.
- An experienced Senior Management Team and Directors who, alongside the Amicus staff, assess any placed child and their families/carers specific needs and draw up comprehensive programmes of work for them. Where it is not possible or appropriate for the child or young person to return to their previous parents/carers, Amicus, in collaboration with the child or young person's local authority, work with the people involved in the child or young person's next placement. The aim will be the child or young person's eventual integration into family type life (such as a sustainable foster placement) or helping them prepare for independence.
- Highly trained and experienced Directors who provide regular clinical group and individual Supervisions, consultations, meetings and trainings to the staff.

- The Consultant Child Psychotherapist contributes to the assessments of the children's needs and corresponding Placement and Therapeutic Care Plans. They also provide individual formalised psychotherapy sessions for the children and young people when/ if this is felt to be appropriate.
- An initial induction month for all new staff prior to commencement of the appointed position. This includes spending time in the home to become familiar with the staff's duties and the home's culture, routines, structures, working practices and Policies and Procedures. It also enables the new staff members and the children and young people to start to become accustomed to and familiar with each other.
 - An extensive training programme which includes the Level 3 Diploma in Residential Child Care which provided through the Chichester College, alongside our own internal trainings and clinical groups which also focus on the therapeutic work with the children in accordance with our ethos. This extends to external trainings and conferences with organisations such as the Tavistock Clinic, Mind, The Link Centre and The Royal College of Psychiatrists.

Ethos and Philosophy

“It is believed to be essential for mental health that the infant and young child should experience a warm, intimate and continuous relationship with his mother, or mother-substitute, in which both find satisfaction and enjoyment.”

John Bowlby, (1953), Child Care and the Growth of Love.

All the children and young people referred to Amicus will have had relationships with their significant adults that have in some way failed to fulfil the above conditions. The circumstances of each individual child or young person's life will vary, as will their responses to them, but all will have had relationships with their primary carers which will have consistently, or at key points, failed to meet their emotional and developing needs. These children are unable to form real relationships because of the damage caused by their early experience. This damage has set up unconscious beliefs about themselves and the outside world that lead to the problematic behaviour that has brought them here. Our treatment combines two processes, one is to build up good ego functioning by providing a social environment in which they can develop social and academic skills, and the other is to help them discover the unconscious beliefs that so badly distort their view of the world they live in that they end up behaving in such difficult ways.

Until this can in some way be redressed or compensated for, emotional, social and intellectual development will remain stunted and any progress for the child impossible. For this reason the building of positive and trusting relationships

between the children, young people and adults within Amicus is our fundamental task, and forms the foundation on which all other work depends. We know that we can discover the unconscious beliefs of our children and young people by careful observation of the way they relate to each other and the staff team. Such observation will be most accurate were the variables are reduced to the minimum. Amicus do this by creating a very predictable environment that epitomises caring containment and thoughtfulness. Our staff maintain clear personal and professional boundaries so that the way that the residents see them (and believe them to be) can be clearly identified because of the contrast to their actual professional role and presentation.

The most important challenge is to create an environment and culture that is safe, secure and nurturing, while providing adult care that is unconditional and shows respect for all the children and young people regardless of how challenging and disturbing their behaviour. We know that the children will manifest their problems in challenges to our boundaries (it is the challenges to society's boundaries that have brought them here in the first place), therefore, if we provide clear and tight boundaries, the challenges can be picked up before they have escalated beyond our control and, in maintaining those boundaries, we have the opportunity to try to help the child understand what motivated them to make the challenge.

We know that our children will deal with parts of themselves that they otherwise cannot manage by projecting them into staff. This projective process goes on unconsciously, so individual members of staff may not notice what is being projected into them. On the other hand human beings are rather good at observing the unconscious of others, so we use the staff team to help each other notice the way we are being pulled into behaviours or feelings outside our own awareness. The opportunity to do this kind of work is built-in to daily practice in the form of spaces for reflective practice and spaces for supervision.

Creating and sustaining positive relationships with very deprived and emotionally damaged children and young people is both difficult and complex and cannot be left to intuition alone. It is vital therefore that all staff are well versed in basic child development research, therapeutic community principles, group work, various theory basis; such as attachment and group relations/dynamics theories and therapeutic techniques and communication of which we deliver and work with psychoanalytically. Staff receive training in these areas during their induction and through ongoing internal and external training courses. However all this will have little impact without regular and good quality supervision and consultation for all the care workers. For this reason supervision and consultation plays a central role in the life, work and thinking of Amicus (see section 6). This allows staff to think about their relationships with the children and young people, their effectiveness within these and the vital personal and professional boundaries that can so easily become blurred in intense work with emotionally damaged children and young people. Regular supervision/ consultation has the essential task of helping staff monitor the strong and disturbing emotions that the children and young people will often evoke in the adults and their responses to these. It also gives staff the opportunity to think about their adult working relationships. This thinking is be vital

in enabling them to work together effectively and to provide appropriate, co-operative and mature adult relationships for the children and young people.

Alongside the day to day care of the children and young people, the main task of the Therapeutic Childcare Practitioners is to hold all aspects of the child or young person's life together, both externally in the practical sense, but also in the workers mind. This being 'held in mind' and consistently thought about by reliable caring adults is vital for the children and young people's chances of a more healthy emotional development. Within these relationships it is vital that the children and young people can experience their often terrifying feelings and behaviours being managed and thought about, however disturbing or painful. In this way the children and young people can begin to understand, possibly for the first time, that they and their feelings are actually manageable, tolerable, and thinkable. This hopefully enables them to begin to carry out these essential functions for themselves and therefore reduce the need for their feelings to be acted out in destructive or anti-social behaviours. The Therapeutic Childcare Practitioners have the task of attempting to fulfil many of the vital functions that the child or young person's own parents did not, but, at the same time in no way attempting to replace them or apportioning blame.

As described earlier, the nurturing relationships within the home does not preclude the use of the firm boundaries that the emotionally damaged children and young people in our care need. It actually means that this essential work is carried out in a way that is perhaps made less frightening or persecutory for children and young people whose experiences of adult management may have been arbitrary, terrifying or in some cases negligible. It is hoped that the culture of openness and tolerance will allow the children and young people to eventually accept boundaries and management as vital to their care, protection and safeguarding. Importantly it allows them to be carried out in relationships where they can be thought about, reflected on and discussed, not merely imposed.

Aims and Outcomes

The specific purpose of Amicus is to provide a fifty-two week a year residential, therapeutic environment. Through two homes accommodating collectively up to nine children, Amicus looks after vulnerable and traumatised children, from the ages of five up to sixteen (no older than eleven on admission) in both our homes. Amicus' therapeutic structure and practices are designed to meet the needs of children and young people who are unable to manage or be managed within a family environment, whether birth, adoptive or foster. At the same time they are children whose young emotional age and emotional vulnerability will make a placement in larger traditional children's homes unsuitable and inappropriate.

Amicus bridges the gap between the children's need for a well-planned, professionally staffed and supervised environment and their equal need for a small, nurturing, family sized living experience. The aim is that this special provision prepares and equips the children for an eventual transition to family life,

and eventually helps and prepares them with their transition into independence. Where it is not possible or appropriate for a child to live with their family of origin, Amicus, in collaboration with the child or young person's local authority, will assist in finding an alternative. In both cases and supported by experienced Directors, a Consultant Child Psychotherapist and the Senior Management Team, Amicus plans a structured programme of work with the child's parents or future carers. This work is vital in facilitating the child's successful transition into family life and working towards eventual independence.

This cannot be accomplished by goodwill and intuition alone. It can only be achieved by providing a carefully considered and structured environment which is tailored to the individual needs of each child or young person. Within this we not only provide external care and nurture, but begin to help the children and young people achieve a greater understanding of their inner lives, emotional views of the world and past experiences and relationships. This often slow and delicate process is essential if genuine change is going to occur and enable the child or young person to make the successful transition to family life or independence.

The structure of Amicus allows the children and young people to live in small and domestic but professionally staffed households. This will help them to feel safe and secure while also enhancing the opportunity to begin building the more trusting and dependent relationships/attachments with adults so essential for their long term healthy emotional and intellectual development.

Both of the homes households will also form a broader, interconnected therapeutic community. This will have the benefits of allowing the children and young people to encounter the larger group experience, helping them develop the capacities to work and play in groups essential for their future familial, social and educational success. Being part of, and learning to live within, the larger group can often bring out important emotional issues for the children and young people that may otherwise remain hidden. It can also help them understand that they are not alone and isolated, a feeling common amongst many children and young people experiencing emotional difficulties.

The home is well located and situated in an ordinary neighbourhood, becoming, where appropriate, part of its life and routines. The children and young people therefore are able to share and benefit from the relationships, amenities and expertise it has to offer. This aims to remove some of the feelings of exclusion that are often ingrained in emotionally deprived children and young people and adds to the process of gradual integration. The location of the home is risk assessed at least yearly and relates to keeping children safe and their safety and external agencies are be consulted to on this aspect.

There is now an increasing awareness both in academic research and social policy on the catastrophic effect of parental and environmental failure, particularly on very young children's emotional and intellectual development. These children are likely to grow to become failing parents themselves. This inter-generational cycle of deprivation inevitably has a malign effect, not only for the individuals directly

involved but for society in terms of massive social and financial costs. Our task is to help break this cycle of deprivation and start the healing process as early as is possible. By beginning to help the child at this early age, the chances of a more healthy development are greatly increased. Put simply, by waiting, we only extend the child's suffering, allow the emotional damage to become ever more ingrained and therefore make their true potential increasingly hard to reach.

Description of the accommodation

The home takes children from the ages of 5 up to 11 years on referral. The home is called 'Bluebells'. It is a five bedroom, two bathroom family-sized 1930s house with a garden in a small town location. It is kept in a good state of decoration and repair. This is achieved by our Maintenance Workers, who carry out the works required in the home.

The ground floor consists of a hallway, straight ahead there is a staircase leading to the bathrooms and bedrooms. Leading to the right, there is the living room and children's meeting room and downstairs cloakroom. To the left there is a living room. At the end of the hallway is the kitchen and dining area with side access to the back garden. Through the kitchen there is a small utility area and cloakroom.. Stairs from the hallway lead to first floor accommodation. three bedrooms are on the first floor, two of which are the children's bedrooms and one is also the adult bedroom/ sleep-in room. On the second floor there are two children's bedrooms and a children's bathroom. Each child has their own bedroom which is a good size and they are able to be involved in choosing how it is decorated. All bedrooms are accessed from the landing, as are the family bathrooms. There are two family bathrooms, one on the first floor and one on the second, both have a toilet and basin and both have baths with overhead showers. The staff bedroom has an en-suite bathroom. There is a medium size gardens to the back of the property. There is also an outhouse/ garage which is currently used for storage and there are plans for this space to be renovated/ developed.

Description of location of the home

The location of the home was carefully chosen to ensure that it was suitable for purpose and met safeguarding requirements and also allow integration into the community, it is also located very close to our other home which is useful for larger group and community events. Amicus consult with the local authority and Ofsted on the location of the home and in any future planned homes to obtain their views on the location too. Risk assessments on the home's location is undertaken yearly so that this can be carefully monitored.

Supporting the cultural, linguistic and religious needs of the children

Amicus strongly and actively believes in the equality of different religions and cultures. Religious and cultural differences are openly discussed with the children and young people, hopefully contributing to their ability to both acknowledge and value these variations. All the children and young people's religions and culture are recorded and put into their Therapeutic Placement Plans. Where requested, children and young people are actively supported in attending their particular places of worship and in engage with their culture and any traditions. Due to their age and vulnerability this is inevitably in the company of a staff member. Within the homes, the different religious festivals are celebrated and all the children and young people's participation actively encouraged. Overall, the whole approach to religion and culture is to provide a sense for the children and young people that difference and diversity can be both enjoyable and enriching.

Complaints

The children and young people are able to complain about any aspect of their care and be taken seriously when they do so. At the same time, by providing regular spaces for the children and young people to think about and discuss any difficulties they may have, it is hoped that many issues can be resolved with staff before they need to get to the complaint stage. Without practices that facilitate open communication, children and young people can feel that official complaints are the only way to get their views and feelings on problematic situations heard, and a complaints culture can develop. The task is to create a culture that attempts to avoid the perception that differences of opinion, or the inevitable difficulties in the adult/child or young person relationship, are conflictual and persecutory and therefore only resolvable by complaint or even accusation.

The aim of Amicus is to create a culture that helps to facilitate the understanding in the children and young people that difficulties are an inevitable part of all relationships and of the group living experience. This acceptance of difficulties and the capability to constructively and collaboratively think about them are vital aspects of all mature, creative and positive relationships and a central part of the therapeutic experience. At the same time it is essential that children and young people know that there is an efficient and effective complaints procedure if they believe a difficulty cannot be resolved through the above processes, or when they feel they have a genuine reason to make an allegation against perceived bad or abusive practice. In these situations an effective complaints procedure provides essential protection to the child/young person and a sense of positive empowerment.

Any complaint goes initially to the Home Managers, who will decide how the complaint will be dealt with. They will decide on the seriousness of the complaint and will, where appropriate, attempt to resolve the problem with those directly

involved as soon as possible after the actual incident. In more serious cases the Home Managers will inform the relevant external bodies (eg. Local Safeguarding Children Board, Police, Placing Authority) and follow their guidance. If the complaint involves the Home Manager, this process will be carried out by the Registered Provider (Responsible Individual).

The Complaints Procedure is clearly laid out in the Amicus Children' and Young Peoples Guide. This includes contact details for Ofsted, the telephone numbers for Child Line and Voice of the Child and The Office for the Children's Commissioner are also be listed. All children are provided with a copy of the Children's Guide on admission and given time with an adult to have it clearly explained to them. It is vital that they are aware that there are no restrictions on what will be a legitimate complaint and that there will be no reprisals from staff members.

Adults can also access the Complaints procedure through our website or by requesting a copy by calling the office number on 01243 544107 or emailing info@theamicuscommunity.com

An important aspect of the protection of the children and young people's right to complain is the ready access to their Placing Authority's complaint procedures as well as access to other people and agencies that can make a complaint on their behalf.

All complaints are recorded in the Complaints Book and also separately in the child or young person's file. Included in both of these are details of the event, name of the complainant, the complaint details, the person reported to, the person who made the investigation and details of the outcome. Where needed, the children and young people are encouraged and helped to inform their Social Worker, parents and/or independent advocates. When a staff member is the subject of the complaint it is vital that they are not included in the investigation and the issues involved are thoroughly discussed in their supervision.

Any complaints are acknowledged within five days and successfully addressed and resolved within twenty eight days. The same process is followed when someone external to Amicus makes a complaint. If the complainant is a child or young person, their Link Worker/ Social Worker will keep them informed of the progress. When the investigation into the complaint is completed, the Home Manager will explain the outcome to the child or young person with the Link Worker/ Social Worker present.

All recording of complaints are read, signed and monitored Amicus' external Regulation 44 visitor, when she makes her monthly Regulation 44 visits. The Regulation 44 Visitor will also be able to discuss any complaints verbally with the children and young people when these visits are made. Ofsted and the local authority are sent copies of the monthly Regulation 44 reports. The Regulation 44 reports are also distributed to the Management and Staff Team of Amicus for them to read and sign. Copies of these reports are made available to the children's local

authorities upon request. Complaints will be monitored in the Regulation 44 visits and the Directors will look for any patterns in the complaints made.

Child Protection and Safeguarding Policies and Behaviour Management Policy

Amicus have in depth Safeguarding , child protection and behaviour management policies. The children at the Amicus Community have a wide range of personal circumstances and backgrounds and it is important to recognise this whilst reading the policies. Each child's need for protection from potential or past abuse will be individual and fully observed and thought about.

The purpose of the policies are to inform staff¹, parents, volunteers and visitors about the organisation's responsibilities and approach to safeguarding children and how behaviour is managed. The aim is to enable everyone to have a clear understanding of how these responsibilities should be carried out.

Amicus takes seriously its responsibility to safeguard and promote the welfare of children in its care; and to work together with other agencies to ensure adequate arrangements within our organisation to identify, assess, and support children who have, who are, or who may be, suffering harm.

We recognise that all adults, including temporary staff and volunteers, have a full and active part to play in protecting children from harm, and that the child's welfare is our paramount concern.

All staff members believe that our organisation should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.

Staff members working with children are advised to maintain an attitude of 'it could happen to a child we know' where safeguarding is concerned. Many of the children who are placed with us would have experienced care in their earlier years. When concerned about the welfare of a child, staff members should always act in the interests of the child.

The Amicus Community will:

- Support the child's development in ways that will foster security, confidence and independence.

¹ Wherever the word "staff" is used, it covers ALL staff on site, including ancillary and supply staff, and volunteers working with children

- Provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they may be worried about being listened to.
- Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure that the organisation contributes to assessments of need and support packages for those children.
- Emphasise the need for good levels of communication between all members of staff, and between the organisation and other agencies.
- Have and regularly review a structured procedure within the organisation which will be followed by all members of our therapeutic community in cases of suspected abuse.
- Develop and promote effective working relationships with other agencies, especially the Police and Children's Services.
- Ensure that all adults within our organisation who have authorised and substantial access to children have been recruited and checked as to their suitability in accordance with Part Three of Keeping Children Safe in Education (DfE 2020).
- Will be aware that safeguarding issues can manifest themselves via peer on peer abuse.
- All staff will be given annual updating training to ensure that they are fully aware of current DfE guidance.

The Designated Safeguarding Lead for Child Protection

The Designated Safeguarding Lead (DSL) for Child Protection in this organisation is:

NAME: Nicky Young (HR & Service Manager)

Designated Safeguarding Mobile number: 07568 311572

Tel: 01243 544107 email: nicky.young@theamicuscommunity.com or safeguarding@theamicuscommunity.com

Two Deputy DSL's are also part of the safeguarding team at Amicus and are also appointed to act in the absence/unavailability of the DSL and are trained to the same level.

The Deputy Designated Safeguarding Leads for Child Protection in the organisation are:

NAME: Leeha Watney (Headteacher)

Tel: 01243 544107 email: leeha.watney@theamicuscommunity.com or safeguarding@theamicuscommunity.com

And

NAME: Kerry Foster (Operations and Outreach Manager)

Tel: 01243 544107 email: kerry.foster@theamicuscommunity.com or safeguarding@theamicuscommunity.com

Amicus Child Protection and Safeguarding Policies can be seen accessed through our website www.theamicuscommuity.com under the heading documents. Alternatively a copy can be required through Rebecca Newton who is contactable at the Head Office on 01243 544107 or via email at Rebecca.newton@theamicuscommunity.com

Behaviour Management

Due to the children and young people's early difficulties and developmental problems, they will often lack the resources to enable them to manage and contain their emotions, feelings and behaviour. Their fears and anxieties will therefore on occasion be acted out through difficult, disruptive and dangerous behaviours. Their views of themselves and their experiences of the world will often be fractured and fragmented. Alongside this they may have distorted views of adult care and little belief that adults can provide safe, consistent and predictable boundaries and understandable limits. This adds to the sense of inhabiting a frightening world where they may regularly feel unmanageable, uncontainable and uncontrollable. One vital aspect of the care of these children and young people therefore consists of providing firm and consistent boundaries thus offering experiences, over time, of adults who can appropriately manage children and young people. If there is any chance of this being genuinely accepted by the children and young people and not appearing merely arbitrary or persecutory it must be carried out in a culture where it can be openly thought about with them. The entire structures and practices of Amicus are based around providing for the children and young people, both formally and informally, spaces and opportunities to think about their feelings, experiences, relationships and interactions. At the same time, due to their age and emotional impairment it is obvious that the children will not always be able to take up these opportunities and may even show aggression towards them. The adults therefore often have to hold the thinking for the children and young people while continuing to maintain their firm management of them. The hope is that this thinking can be passed on to the children and young people over time as they become more able to accept it.

To genuinely maintain thoughtful consideration of the children and young people's

management, staff meetings, supervision and consultation become essential. It is here where it can be regularly thought about and monitored. Without these processes the children and young people's management can easily become unthinking or merely reactive and therefore cease to be of benefit to the child or young person.

Sanctions inevitably play a part in the children and young people's management but only when they benefit the child and young person's development and understanding. They are used to help the child and young person understand the consequences of their behaviour and the associated feelings and give the opportunity for them to make steps towards restitution and reparation. All sanctions are appropriate to the actual incident, the child and young person's specific needs and their level of emotional development. Where possible, sanctions given are discussed with the child or young person so that the reasons for them are clear. The aim is to enable them to think about the possible feelings and anxieties that underlie the behaviour that precipitated the sanction and to find alternatives to the child or young person's disruptive or destructive behaviour. Any sanctions given are recorded, as are the child and young person's responses to, and understanding of them. This recording continues to measure the effectiveness and usefulness of the sanctions to the child or young person. It also allows them to be discussed and thought about by the Care and Treatment Team. This culture of openness, scrutiny and dialogue around sanctions is essential to help safeguard against them becoming overly relied upon, arbitrary or merely used as lazy practice. The recording of sanctions is in the Consequence Log and includes the date, the name of child or young person, a description of the incident and the actual sanction and then the child or young person's response to the sanction and their own comments as well as any reparation that they are involved in. All staff involved and the Home Manager then give their signatures. There is also a space for the child or young person to give their signature.

Our behaviour management policy can also be requested using the contact details above.

Views, Wishes and Feelings of the Children

Consulting with the children and young people and thinking with them about the operation of the homes and school and their experiences and relationships within them, forms a core aspect of the children and young people's therapeutic experience and care. This is in no way intended as being permissive, and the children and young people's rights are firmly balanced with responsibilities, for these concepts must go hand in hand. It is hoped that within a genuinely safe and containing environment where children and young people and their views, wishes and feelings are heard and respected, a sense of responsibility can begin to develop. It is through the regular exposure of the children and young people to experiences of being meaningfully thought about within relationships with reliable and trusting adults that a sense of themselves will emerge. It is through this

process that the balance between rights, consultation and responsibilities is negotiated. With the younger children, it must, however, be kept in mind that due to the young age and emotional damage of the children, their ability to contribute genuinely to a consultative process and to think in terms of responsibilities is often very limited or even non-existent, nevertheless, Amicus will try and be creative in its approaches in consulting with children and considering their views. Therefore, the adults know when to use their authority and make decisions for the children and not pass onto them inappropriate responsibilities or choices. For the children must be aware that having their wishes and views respected is not the same as always having them acted upon. The task is to encourage responsibility but at the same time to be aware of when this seems too much for the children and young people and to know when to intervene or take control, in the same way that a parent might. Limits are essential but within a culture where they are not arbitrarily imposed and where opportunities are available for the children and young people, with adult support, to thoughtfully consider and reflect upon them.

At an informal level, consultation is an intrinsic part of the culture and life of the home. On a more formal level the operation of the home and the relationships between all the children and young people and staff is thought about at the daily timetabled Children and Young People's Meetings. For these meetings to be effective, they are essentially taken seriously by the adults themselves. They become part of the culture of the home and the boundaries around them maintained however much the children and young people at times may attempt to disrupt and reject them. Feelings and difficulties around all areas of the children and young people's daily lives, relationships and experiences are discussed openly and honestly. Expectations of behaviour of both staff and children and young people are thought about and where appropriate negotiated. The children and young people can hopefully begin to learn from each other's experiences and relationships and begin to discuss them openly with adult support. The meetings are a time to think about individual needs and relationships and the need to balance them with those of the group. Vitally the meetings can help enable the children and young people to start to feel they will be listened to and their contributions both valued and when appropriate, acted upon. Through this they may begin to feel empowered and able to positively impact on the world around them both as individuals and through co-operative relationships with others.

The children and young people are also offered the opportunity to discuss and think about the more intimate and personal aspects of their care, lives, relationships and experiences within the home with their Link Workers. Sessions with the Link Workers are spontaneous and are led by the needs and requirements of the child, if need be they can be timetabled. Children and Young People are also offered the opportunity to say how they feel about various aspects in their life in their Statutory Review Meetings. Amicus have their own child friendly document called 'Your Review' which staff encourage the children to complete and offer assistance were necessary to ensure that their views are heard.

Amicus also consult with the children on at least a three monthly basis to obtain their thoughts and views on the care they receive and the home they live in and its

facilities and their relationships. One of the main objectives of this consultation process is to ascertain how the child feels in the placement, with particular needs to their feeling safe, happiness and their relationships with others. This information is gathered in a variety of ways and can be more formal by the child completing a child friendly form to gather the information of it maybe more informal, such as a conversation with them. The information is used as part of our self-evaluation in our Regulation 45 reports and the children's views are listened to and considered and also shared with all those involved with their care.

Children and Young People's involvement in the Recruitment of Staff

Amicus believe that the children should be involved in the recruitment of staff at an appropriate level and according to their ability to engage with this process. To be involved in this process the potential applicants for posts are invited to the homes for a shadow shift. This allows them to spend time with the children and other staff on shift and for all parties to give their thoughts and views on the shadow shift. Children are able to be part of this by spending supervised time with the applicant attending the shadow shift and by also completing a feedback form on the person.

Amicus believe that the children's views should be sought as:

- The adults will be spending a lot of time in the children's home
- Discussing relationships at Amicus is an important part of what we do here
- It helps to build up trust and relationships between the adults and the children
- The children feel listened too and that their views are important
- Children may view things/ people differently to adults
- It is important they know who may be coming into their home and be involved with their care

The children are involved with as much as they can manage on the day when a staff member comes for a shadow shift. This may involve the child/ children showing the applicant round the home with an adult and also explaining the routines and what happens in the day. It may also mean spending time with them. Some children may not want to be actively involved in this process and this will be respected and thought about too and also acknowledged that the presence of new adults in the home will evoke different feelings in the child, depending on their previous experiences before coming to Amicus of often abuse adults. Due to the sensitivity around the children's feelings and previous experiences they will be informed beforehand of a potential new member of staff coming to the shadow shift. After the applicant has left the shadow shift, the children will have an opportunity to complete a feedback form. They may choose to do this privately or with an adult.

Once the forms have been completed then these are given to the interview panel,

who will consider carefully the children's views given on the form. The interview panel will make sure that they look at all the applicants fairly and also ensure that they are safe to work at Amicus, following employment law and safeguarding guidelines for recruitment. Ultimately after a series of checks, the interview panel will decide who will work at Amicus. Once a person has been offered a job with Amicus, the children are told who the new member of staff is and why they were chosen and when they will start at Amicus.

External Consultation

Amicus also encourage the children to share their views to those outside of the organisation, such as Ofsted, their Social Worker or an advocate. If a child at Amicus does require an advocate or this is something they have expressed they would like then this is something Amicus can arrange and ensure that a suitable advocate is assigned to the child to also help them have their views and voice heard as well as the report they receive from Amicus as it is appreciated that sometimes an external influence maybe easier for the child to talk to at times.

If the children and young people feel these forums are unsatisfactory or wish to take any grievance further or outside of the organisation, they are enabled to do so. All children and young people are supplied with clear guidance on making complaints as well as contact details in case they wish to make a formal complaint. The children and young people have the complaints procedure explained clearly to them and in an age appropriate way. It is important that the children and young people are able to choose the adult they wish to help them with the complaint. All Amicus staff are willing to assist in this, or alternatively the children and young people are aided in seeking outside help if this is their preference.

On arriving at the home every child and young person is given a Children's Guide welcoming them and informing them of the daily routines and expectations of the home. Staff help any child or young person read these or with any difficulties they may have with the information or contents within them.

Anti-discriminatory Practice

The structures and practices of Amicus have been developed to facilitate a culture of openness and tolerance to difference and diversity. This is intended to include all aspects of the children and young people's lives from their gender, class, ethnicity, (dis)ability, religion, language, to their unique experiences, sense of themselves, views of the world and their place within it. The aim is, through a culture that, both formally and informally, encourages open discussion and thinking around the children and young people's experiences and feelings, differences can be openly discussed and thought about. The children and young people's difficulties around diversity or their prejudices can be acknowledged, thought about and addressed both individually and within the group discussions. By allowing

them to become part of a real and live discussion where they are challenged within a context of thoughtful consideration and understanding, the roots of any prejudices can be opened up for serious thinking and reflection. It is through these processes that genuine change in discriminatory views or behaviour may be facilitated.

Children's Rights

Every child and young person has rights, no matter who they are or where they live. Many of the children who have been referred to Amicus will have had their rights violated in their previous experiences. Therefore Amicus takes extremely seriously the children's rights and also supports, encourages and listens to the children's views. There are many ways that we do this at Amicus which is incorporated into our therapeutic culture and practice as an accredited children's therapeutic community.

We actively listen to children in care and preparing to leave care, and we take their feelings, views and wishes seriously. We empower children to take part in decisions that affect their lives. We believe that the participation of children is essential to our organisation's development and improvement.

Amicus works with the other agencies involved with the children to ensure that the children's rights and views are actively promoted and sought. This is done both formally and informally, in meeting spaces with the children, such as the daily children's meetings, the CLA Reviews, Link Worker meetings, Life Story Work and psychotherapy sessions to name a view and also through ordinary every interactions and relationships and discussions with the child.

Amicus ask for children's views in a variety of ways, both formally and informally. Most of the time we try and document their views and share this with the children and also all those involved in their care and education and decisions that affect them. Amicus have incorporated sections into various Logs, paperwork where the children's views and reflections can be sought. Ideally this is done by the child themselves but can also be written in the children's words by an adult too. Amicus also have lots of child friendly forma that we use to gain the children opinions on the care they receive, their reviews and also in helping us decide in choosing staff to work for the organisation.

Amicus also encourage the children to be aware of their rights too and staff actively promote this in their care and practice with the children and make them aware of why their rights are important, which many children at Amicus may have difficulty comprehending or accepting due to their trauma and treatment received in the past and their corresponding low sense of self-worth and self-esteem.

Amicus practices with regards to children's rights and views work in accordance

with the Children's Act 1989 (2004): <http://www.legislation.gov.uk/ukpga/1989/41>

And the UN Convention on the Rights of the Child, of which a link to the whole document regarding this can be found here:

http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf

A fact sheet on the rights of the child can also be found on this link:

http://www.unicef.org/crc/files/Rights_overview.pdf

Education

Amicus sees the child and young person's learning as an essential part of their individual development and an inseparable part of the holistic, therapeutic living experience. To this end we provide an education programme that is integrated with the child's Therapeutic Placement Plan and daily care and treatment programme. An important part of this is to provide or support an education that is appropriate to the child or young person's developmental stage. Careful attention is paid to an educational experience that acknowledges emotional development whilst ensuring that intellectual growth is also encouraged.

We have a full time Education Team, consisting of our Head Teacher, Assistant Head Teacher, four Therapeutic Teachers, Class Leader, three Senior Therapeutic Education Practitioners and six Therapeutic Education Practitioners who are able to offer a complete education programme or identify external provision where appropriate. Off-site education is carried out in our separate, fully equipped DfES registered SEN school. Education is guided by the National Curriculum and all the children are taught at the key stages appropriate to their level of attainment. Every child and young person who attends the school has an Education, Health and Care Plan and is also provided with a full and regularly updated educational assessment. These are reviewed on a regular basis.

The decision as to where the child or young person will be educated is only taken after a full discussion between the Amicus Care and Treatment Team and Education Team and those involved with the referral, including where appropriate the child or young person's parents/carers. Discussion with the child or young person's past or present educational providers is also included. The final decision is based on the child or young person's needs and the best available provider. Amicus do recommend however that children who receive residential care from Amicus would also benefit from our therapeutic education as the homes and school work closely together to provide a continuation and consistent therapeutic approach and this also helps to stabilise the membership of the child group. The Amicus School also takes outside referrals for day pupils from local authorities for children who cannot manage mainstream education or larger class sizes and whom it is felt would benefit from therapeutic education

The eventual aim is to integrate the children and young people back into mainstream school, where and when this is not already the case or assist and

support them in gaining attainable qualifications to enable them to become employable and pursue a career as they approach adulthood. At the same time, it is vital the children and young people understand that the Amicus' education provision is full and complete in itself, different from, but in no way inferior to, external or mainstream provisions. It is provided on the basis of different needs and not lesser ones. Amicus has good links with some of the local mainstream school in the area and as children begin to manage their education they can experience lessons in a mainstream school in addition to still being a pupil at Amicus, this helps with the aim of integration and transition into a mainstream education setting.

When a child or young person is educated in-house a member of the on duty Care and Treatment Team meets formally with the child or young person's Teacher before and after every school day, thus enabling the integration of the children and young person's education with their daily living experiences. The Teachers also keep the Care and Treatment Team well informed of the children and young people's educational needs and development. This aids them to support and help the children and young people with their formal education/homework and any problems around these. It also helps the Therapeutic Childcare Practitioners with the more informal and spontaneous learning and creativity that is an important part of the culture and life of the home. Members of the Care and Treatment Team remain on duty to provide help in the class where needed and support outside it for those children and young people who are unable to manage within the school.

For each child and young person there are regular education reviews. These include the child or young person's Link Worker, Teacher and the child or young person's Social Worker. This will not only further the integration of home life, education and the child or young person's local authority but allow agreed targets between them to be set and reviewed. The Teacher, Link Worker and child or young person will initially meet weekly to discuss and think about the child or young person's educational experiences and feelings around these.

Where appropriate the children and young people's parents/carers and Social Workers are regularly informed of the child or young person's educational development. Across the academic year they are also invited to three end of term open days at the school where they can meet with the Teachers, see the child or young person's work and share in their achievements.

The home has an area set aside specifically for private study and homework. A desk and necessary equipment including art and craft materials is provided. Books are available within the home and the children and young people have membership to various local libraries. The home has access to a computer with supervised, monitored and restricted internet access.

Where the children and young person's education is provided externally, staff take responsibility for the child and young person's safe transitions to and from the school. An Amicus staff member always remains on call. The continued integration between the child or young person's home and school life is also maintained. For

example, it is proposed that, with the school's agreement, there is a regular fortnightly meeting between the child, their Teacher and their Link Worker. Alongside this the Amicus Teachers are regularly available to meet and discuss the child or young person with the external providers. All children and young people take with them a daily home/school contact book. Where needed, Amicus carers remain in the school to provide extra support. They attend, where appropriate accompanied by the child or young person's parents/carers, all relevant school events and meetings which are recognised as both important and significant to the children and young people.

Progression and Achievement in Educational

As children within Amicus begin to make sustained and sufficient social and emotional progress opportunities are sought to begin reintegration into mainstream or specialist provision beyond the community. These links are carefully planned and bespoke to the individual child; this takes into account the current age and stage of the young person alongside their cognitive abilities and incorporates any future planning relevant to the individual child's Educational and Health Care Plan (EHCP).

We have strong links with Chichester College, a local Outstanding further education provider, and previously students have attended on Level 1 programmes as part of their 14-16 provision. Such opportunities support children to engage within a mainstream setting, whilst still retaining the close support Amicus offers. Previously this has involved close support in sessions from a member of staff from The Amicus School, consistent communication between all professionals and careful transition planning to join the college sessions. Over time this support is gradually reduced to ensure students develop their independence; through this process communication and planning takes place with all professionals within the team supporting the child. It is the hope that eventually students will gradually be able to attend the college with minimal support from Amicus staff onsite. On leaving The Amicus School at the age of 16 young people have also continued their studies full-time at Chichester College. This demonstrates a high level of educational achievement, moving from specialist provision with intensive support to a mainstream college provision.

Enjoyment and Achievement

Due to the young age (chronologically and emotionally) of the children and young people living at Amicus, play is extremely significant and therefore included in any discussion around activities and their promotion.

The children and young people's ability to play constructively and participate in recreational, sporting and cultural activities will often have been impaired by their early deprivation. On a more obvious level their aptitude and competence in these

areas will have often been detrimentally affected. Yet perhaps on a more profound level, these children and young people's belief that activities of this kind could even provide enjoyment and satisfaction is frequently negligible. Such activities may induce, in emotionally damaged children and young people, fears of failure, ridicule and incompetence. Their deprived development may have so damaged the children's imaginative and creative growth, that even play itself can be impossible.

It is vital therefore that play and recreational activities are not foisted arbitrarily and uniformly on the children and young people. Each child and young person is considered and thought about separately in the context of their particular personal histories and experiences and level of emotional and intellectual development. The work is to think with the children and young people about their aptitudes, pleasures, fears and feelings concerning their play and recreation etc. The task is to provide the environment and relationships for the children and young people that will most enhance their potential to participate and be enriched in these areas, always with the understanding that this is inseparable from their overall emotional development and growth. It is important that we must go at the child or young person's own pace and avoid the well intentioned tendency to overburden and overwhelm them with both the activities we offer and our expectations about their participation.

On a formal level the children and young people's participation in play, recreation, sport and cultural activities is included in their Placement and Therapeutic Care Programs and Needs Assessment. This allows the children and young people's participation to be monitored and any developments to be assessed and thought about in the context of their overall development. The children and young people are given the opportunity to think about, discuss, choose and suggest activities at the Daily Children's Meetings and in their individual times. On a less formal level the culture of the homes is one that encourages creative activity in the children and young people. Staff meetings and group consultations are used partly to monitor the cultural climate of the homes and the staff teams' impact and contribution to this.

On a practical level the home has a recreation/play room, where art, craft and play materials are available. The home and school is equipped with basic sporting equipment. They offer supervised sporting activities in-house and links are made with local sports clubs and centres and the children and young people's participation encouraged where appropriate. Links are also made with local cultural amenities such as libraries, craft clubs, theatre groups etc. In-house, the Therapeutic Childcare Workers are expected to offer a range of activities appropriate to the child or young person group of the time. The home also runs various activities for the children and young people that vary from music, cookery, play, drama and talking groups. Alongside this there are various activities outside the home, which include bike rides, going to the local park or beach, trips to café's and eating out and also larger trips such as visits to the cinema and to see shows. The children also have the opportunity of having a 'Big Night' on Saturday, which involves a takeaway or trip out and staying up to half an hour later than their normal bedtime. This reward is dependent on how well they have managed that week. The holiday budget provides the opportunity, where appropriate, for one 'big'

holiday a year and various weekend and short breaks. All formal activity arrangements are discussed and thought about in advance by the Amicus Care and Treatment Team at their regular timetabled meetings. Anything that is formally offered to the children and young people is timetabled, offered reliably, risk assessed, recorded and where necessary consent obtained from the child or young person's parent/carer or Social Worker.

It is equally important to note that a great deal of what is offered to the children and young people is opportunity led. Alongside the need for structured activities there is room for spontaneity. It is often the case with emotionally troubled children and young people that their fear and anxiety can stifle their interest in the world and their creativity. Opportunity led activities; however, can help to provide a sense of a world that can be explored, played and improvised in. These more impromptu activities, where provided within a containing and secure environment, need not be feared by either the staff or children and young people. As long as the adults continue to maintain a culture where the work is thought about and discussed, they can monitor the essential but difficult balance between the need for structured activity and spontaneity.

Health

The promotion of the children and young people's health is seen as another vital aspect of their overall care. The children and young people's physical health is of course important in itself, but how it is considered, protected and promoted by staff will also carry important emotional significance for the child or young person. How the staff respond to the children and young people's bodily and health needs and how much value they place on their physical care and nurture is of the utmost importance. It indicates how much they value the children and young people and will influence how the children and young people perceive their own physical and bodily well-being. This perception is inseparable from the children and young people's emotional and mental sense of themselves and of their healthy growth and development. Closely interlinked with is the staff's appreciation of the children's ethnic and cultural identities. How staff demonstrate this awareness to the children and young people in the promotion of their care and health needs will also greatly impact on how they receive and accept it. Like other aspects of the children and young people's lives and care, their physical well-being, including the often complex and unique needs surrounding this, must be genuinely 'held in mind' by the Therapeutic Childcare Practitioners.

On admission all children and young people will have a medical and are registered at a local Doctor, Dentist and Optician. Initial links are made with any providers so as to confirm their suitability. A record of the children and young people's medical history is compiled and kept on file if there is not one already available. Due to the children's young age the Therapeutic Childcare Practitioners are responsible for identifying when a child or young person needs any medical attention. The staff working in the home are not medically trained but maintain particular vigilance for any signs of illness, physical abnormalities or change and if this is observed then

they make sure they see a registered and qualified person to give medical attention. All the home's health remedies and medicines are kept secure in a medical cabinet, and medical consent is obtained from the placing authority upon the child or young person's admission. Medications are only ever administered by staff and always recorded, as is any refusal to take a medication. All statutory medicals are carried out by a community General Practitioner or Looked After Children's Nurse who also advises on general health issues and preventative services.

Food is another essential aspect of the children and young people's health care. On admission, all children and young people's basic dietary needs are written into their care/placement plans and twenty four hour daily care and treatment programmes. All staff involved in food preparation and provision have full knowledge of each child and young person's dietary/physical needs, including any medical problems or eating disorders. Alongside this, staff are aware of and always take seriously the children and young people's cultural, ethnic and religious backgrounds and how these impact on their dietary needs and the choices of food available.

On a practical level there is serious consideration given to the quality of food eaten, its nutritional value and its variety. All meals/menus are recorded as are any difficulties, changes or developments in the children and young people's eating habits and/or behaviour around food. Where appropriate children and young people are given the chance to help shop for food and prepare meals as well as express their views on what they eat. At the same time, due to their young age and emotional difficulties, they will always need to be guided by the adults, who will make the final decisions. The older children will be encouraged to choose and be involved in the cooking of their meals as part of a community setting. All those staff involved in food preparation will have been trained in safe food handling and hygiene. On all difficult aspects of eating and nutrition, the home will be advised by a nutritionist who will provide training to all care staff.

In addition to the practical issues, the way the children and young people perceive the food offered to them will greatly influence their ability to accept it, and will therefore impact on their physical well-being. For this reason, the whole process of food, how it is prepared, presented, given and received, the wider experience of the meal and the relationships between those sharing it forms an integral part of the home's holistic, therapeutic living experience. For many deprived children and young people, food will evoke emotions and fears as a consequence of early deprivations. It may therefore have psychological implications and symbolic significance. So when food is prepared and given, the unique emotional content it will have for each child and young person must be taken into account and worked with.

The thought that goes into meals in the Amicus home includes not only the nutritional value of food, but its presentation, the eating environment and the way it is experienced by each child and young person. The value, commitment, care and pleasure the staff put into both preparing and eating food with the children and

young people is vital. Mealtimes are therefore a central, regular and valued part of the culture and routines of the homes. It is necessary to balance the individual needs of the children and young people, culturally, nutritionally and emotionally, with the aim of making eating a shared and enjoyable experience.

The home has provisions and assistance available for the children and young people to prepare snacks and drinks between meals. Due to the children and young people's young age and emotional difficulties, this is monitored and access restricted to what is appropriate, reasonable and healthy. A bowl of fruit is accessible to children and young people at all times. The culture of food availability as well as the appropriate boundaries around it can also carry an emotional significance for the children and young people and be of therapeutic value.

An important part of the children and young people's health promotion is their participation in sport and regular exercise. This is included in the children and young people's Therapeutic Placement and Education Plans. The home and school is equipped with basic sporting equipment and staff offer the children and young people a choice of in-house sporting activities. Other physical activities such as nature walks and bike rides are also offered. The home and school has good links with local sporting centres and clubs and the children and young people's participation is actively supported. Links are also made through various sporting instructors and community groups who offers regular and timetabled sessions with the children as part of their education and also recreational.

Qualifications and Experience of External Consultants and Therapists

Philip Stokoe - Organisational Consultant and Supervisor to the Directors

Philip is Amicus' Organisational Consultant and Clinical Supervisor to the Director's Stewart Thomson and Rebecca Newton on the development and running of The Amicus Community. Philip Stokoe is trained as a Psychoanalyst (Fellow of the Institute of Psychoanalysis) and also runs a private practice working with adults and couples, and an Organisational Consultant, providing consultation to a wide range of organisations for 30 years. He is Honorary Visiting Professor, Mental Health at City University; where he is helping to set up a radically new way to train Mental Health Nurses based on psychoanalytic principles. He worked as a Consultant Social Worker in the Adult Department of the Tavistock & Portman NHS Foundation Trust between 1994 and 2012 where he was the Clinical Director of the Adult Department from 2007 to 2011. He has developed a reputation as a successful teacher and has taught and written about the application of psychoanalysis in a wide range of settings; Supervision, Leadership, Groups, Organisations, Ethics, Borderline Disorder, Adolescence, Residential Work, Working with victims of Sexual Abuse, Psychological Services in the NHS, Couple

Relationships, and Politics. He has particular interest in human creativity as it relates to the development of the mind and the central role of curiosity and interest. His early experience as an actor has left him with an abiding interest in Theatre, Art and Cinema.

Philip has been involved in the reviewing of many psychoanalytical publications, and has also contributed by writing chapters to books. Philip Full Member of British Psycho-analytical Society, member of the APP (Association for Psychoanalytic Psychotherapy in the National Health Service) and is a member of OPUS

Professional Qualifications:

- Fellow of the IPA, Psychoanalysis
- BSc (Hons.) Psychology (London University)
- MSc (Econ) Social Work Studies (London LSE)
- CQSW (London LSE)
- Certificate of Postural Integration
- Advanced course in Consultancy and Training in Mental Health, organisational consultancy (Tavistock Clinic, London)

Garry Kelly – Child and Adolescent Psychotherapist

Garry is Amicus' Child Psychotherapist and has been working with the organisation since 2017. He works closely with Amicus on the clinical work and reports concerning the children. Garry holds weekly individual psychotherapy sessions with the children, when they are ready to undergo this, with some children increasing to two sessions a week. Garry also work does some work with the families of the children and is part of the Amicus Care and Treatment Team. Garry qualified as a Child and Adolescent Psychotherapist in October 2009. He has gained extensive assessing and working post assessment with children and young people who have experienced sexual abuse, trauma and who have presented with harmful or destructive behaviours. Garry has vast experience of working in schools, providing therapy to children and also consulting to staff in various roles within education teams. Both in his current role as a child psychotherapist and in his previous career as an Immigration and Human Rights Lawyer, he has gained expertise in high level interagency collaborative working to protect children who are vulnerable or at 'high risk'.

Garry is a full member of the British Association of Psychotherapists and Association of Child psychotherapists and is supervised by the Head of Therapeutic Practice monthly. He is trained in safeguarding and child protection and keeps this training refreshed within his role.

Professional Qualifications:

- Child and Adolescent Psychotherapist in Training, British Association of Psychotherapists/Brent CAMHS

- Post Graduate Diploma in *The Psychodynamics of Human Development* (Merit) Birkbeck College, University of London.
- M.A . Critical Theory (Distinction), Sussex University
- M.A. English Literature (2:1), Cambridge University

Effectiveness and Support Structures with regards to the Therapeutic Model

For the effective practical application of our therapeutic thinking it is important that the core of it is rooted in the culture and day to day practice of the homes. It is not intended as an extra that can occasionally be used and then withdrawn but as part of the day to day living interactions between the Therapeutic Childcare Practitioners and the children and young people. It is in the interplay of these central relationships during the daily activities and routines of the homes that the bulk of the ‘therapy’ is carried out. The gradual building up of these experiences within a carefully considered, planned and structured environment and the thinking around them can accumulate into a potentially profound therapeutic experience, an experience that hopefully can produce genuine and long term change.

Amicus’ choice of therapeutic approaches will remain flexible and open and are constantly informed by the whole range of theoretical perspectives, treatment modalities and developments in child development research. At the same time our core theoretical model is of a psychoanalytical approach taking into account therapeutic community principles and group dynamics. A good description of the practical application of this model is described by Anna Maher, (Chapter Eight: Using a Therapeutic Model of Thought and Practice, in *Loving, Hating and Survival*, published by Ashgate 1999).

‘By a therapeutic response I mean thinking about what the child is trying to communicate through words and behaviour, and responding in a way that is helpful and can be understood by the child. To achieve this, it is necessary to try to understand what may be the feelings underlying what the child is communicating, and to respond in a way that both acknowledges and contains them. This means taking into account the child’s inner world and stage of emotional development, as well as the reality of what is happening in the environment, and one’s own response to it.’

Any progress in the child or young person’s development could be short lived unless attention is paid and corresponding work done with all those groups, organisations and individuals who will interact significantly with the child or young person. Therefore, alongside psychoanalytic thinking, our practice is informed by systemic psychotherapy. This means where possible, we also work with the children and young people’s families (birth, foster or adoptive) across a wide range of difficulties as well as relationship problems. It is our aim, in participation with outside agencies, to engage everyone who holds a significant relationship with the

child and young person including different combinations of family members and professionals.

One of the main tasks of the organisation is to help create an environment that can keep this therapeutic endeavour real and alive and always with the knowledge that it can become easily lost in the day to day struggles of working with emotionally damaged children and young people. At times even just managing to maintain some sense of order in the face of impending chaos and personally surviving the children and young people's often attacking, destructive and disturbing behaviours can seem a huge enough task in itself. To maintain the adult ability to think and keep both the children and young people and the therapeutic task in mind, cannot happen through goodwill alone but by attempting to create a genuinely integrated, task orientated and holding environment for the Therapeutic Childcare Practitioners. The main factors that make this possible and enable the carers to genuinely work therapeutically are:

1. *A Primary Task.* There must be a firm and agreed understanding from all the workers on what they actually do and what they are aiming to achieve when they walk through the door of the home. In the simplest terms, "Who are the children and young people we care for? What do we intend to do for them, and with them? What is our eventual aim or intended outcome?" Without an agreed purpose and a commitment to it, one that is also openly communicated to the children and young people and becomes part of their daily care it is too easy for staff to fall into confusion, despair, chaos and a feeling of impotence. Without some sense of an agreed direction it seems impossible to maintain constructive thinking and therapeutic practice when confronted with the children and young people's often extremely provocative, bewildering and rejecting behaviour; behaviour that can often lead to tendencies in adult carers to either simply react or flee.
2. *Training.* For the Therapeutic Childcare Practitioners to work effectively and genuinely therapeutically with the children and young people it is essential that they receive regular training. For any training or learning to be productive it must match actual practice and cover those areas necessary to work therapeutically. All Amicus workers receive an initial internal induction and then attend ongoing training in therapeutic childcare both internally and externally. Staff also undertake the Level 3 Diploma in Residential Childcare if they do not already hold this qualification or an equivalent qualification. Amicus always attempt to match the training material and the learning experience with the reality of the workers day to day practice. Collaboration with external trainers is always be seen as important as it adds to both the individual's and the organisation's therapeutic practice by providing an impetus to new thinking which is independent of the organisation. This can help to keep the therapeutic practice alive and adaptive and provide another safeguard against stagnation and regimented thinking and practice.
3. *Meetings.* A major aspect of working therapeutically is to be able to

genuinely think with, and about, the children and young people and to attempt to understand them, eventually enabling them to begin to do these things for themselves. As described earlier, this is achieved through the relationships that the adults are able to build with the children and young people. An essential ingredient for the success of this endeavour is the regular, consistent and predictable provision of space for the staff to be able to think together about the work and the children and young people. It is vital that these spaces and the boundaries around them are held and maintained, however difficult in practice this may be. Like the therapy itself these thinking spaces cannot be mere add-ons but must be rooted in the culture and practice of the homes.

4. *Supervision.* For the individual workers to genuinely put any therapeutic thinking into practice, they need a coherent structure and framework in which they have a good understanding of where they stand in the organisation and their roles within it. Productive supervision helps maintain this structure by helping staff to understand precisely what is required of them, to carry this work out effectively and to stay successfully on task. Their training needs, job descriptions, position and roles within the organisation and work performances are regularly assessed. Effective supervision should also help link the overall objectives of the organisation and its therapeutic thinking with the day to day practice of the Therapeutic Childcare Practitioners. Like staff meetings, for supervision to be productive it needs to be timetabled, regular and the boundaries around it maintained. There are various supervision spaces at Amicus; Line Management Supervision, Clinical Supervision, also Group Dynamics Supervision and Group Clinical Supervision.
5. *Consultation.* In any organisation working with emotionally damaged children and young people, it is all too easy for the often extreme anxiety they feel to be passed onto the Care and Treatment Team. Therefore relationships and communication between the adults can become blocked and real tensions arise. This may have a devastating effect on the Therapeutic Childcare Practitioners' day to day practice and the organisation's ability to work effectively. In these situations, the overall strategy as well as the Care and Treatment Team's ability to think constructively, creatively and therapeutically can be impeded. It is therefore essential that there is recourse to the more objective perspective of an effective external consultant and also to utilise the skills and experience of the Amicus Directors. Apart from the external consultant's and Directors expertise, their position on the edge of the organisation can allow them to maintain a clearer view and perspective on the problems, obstructions and conflicts within the staff team and individual workers and their relationships with the children and young people. Not being directly involved in the day to day workings of the homes and therefore the inescapable blockages and areas of blindness, the consultant and Directors are more able to recognise these and make them more visible and available for constructive thought. This is a vital safeguard in maintaining the organisation's – and the

individual worker's – ability to think effectively and therapeutically. The Amicus Consultants and Directors contribute at all levels, giving both group and individual supervision and advice on the overall running of the organisation.

Alongside extensive training and the use of external consultants, Amicus' model of residential care and therapeutic treatment for emotionally disturbed children and young people will be researched by an external agencies, one of these being Community of Communities of which, as a registered and accredited children's therapeutic community we undergo an annual peer review, so as to continually evaluate its effectiveness and help maintain a high quality of practice.

Positive Relationships

A major aspect of the Amicus therapeutic programme is to make links and work with all those groups and individuals that interact significantly with the child or young person. Where appropriate the child or young person's parents whether birth, adoptive or foster, form the cornerstone of this endeavour; the aim where possible being to facilitate the eventual integration of the child or young person into family life. A vital part of any effective work in this area is to support and maintain contact between the child or young person and their parents/carers and other significant people, especially siblings and friends. The work varies according to the needs of the child or young person and their parents/carers and follows the details of their individual placement plans, which is written in consultation with the relevant people.

One of the Care and Treatment Team's most important roles is to facilitate the child or young person's contact with their parents/carers or friends. On a practical level it is expected that the children and young people, due to their age and vulnerability, are transported by Amicus staff. The Amicus staff actively help plan, support and structure contacts with those involved if this is felt to be beneficial and will offer financial assistance if appropriate. Where needed, they also supervise a child or young person's contact. Facilities and adult support are provided for children and young people to make contact by phone, e-mail and letter. Some parents/carers may need support and encouragement in all areas of contact with the child or young person and this is provided by the staff team. A central part of all this work is to effectively monitor the possible impact of these contacts on the child or young person both before and after they have occurred. This is fed back effectively to all those who will be working with the child or young person and into any review of the contact details. There is always time offered for the children and young people's feelings, wishes and opinions to be listened to and recorded. These are respected and become an important part of any further discussions/reviews of the child or young person's contact arrangements. Support is also offered to parents/carers and a space for their feelings and views to be considered.

Where appropriate it is intended that Amicus will build a working partnership with the child or young person's parents/carers and also try and encourage positive friendships with peers. Research findings highlighted for example in the Utting report, point to the '*desirability, where possible, of maintaining parental contacts and continuing to work with families*' of children and young people placed in care. It is important therefore that these families/parents/carers are engaged, where appropriate, in any work with the child or young person and are helped to be supportive of any changes. Part of this may be to help some parents to address and work through their own difficulties and often traumatic past experiences. Supported by our experienced Directors and Senior Managers, Amicus will draw up a program of work with the child or young person's parents/carers. This is designed around the specific needs of the particular parents and child or young person, and will cover all aspects including practical support, the maintenance of contact, therapeutic input and appropriate parental involvement in the child or young person's care. Where possible this allows the children and young people's eventual integration into their parents'/carers' care. Where this is not the case it may still have the potential to facilitate a healthier or less conflictual relationship than perhaps existed previously; one that enables the parents and child or young person to at least relate to each other in the future in a way that is less dysfunctional or damaging to the child or young person's potential for a healthier development. An important aspect of this may be to help those involved to come to terms with more realistic expectations around their relationships, therefore not hindering the child or young person's growth through idealised and false hopes.

Where a child or young person may not have any contact with their parents/carers, friends or any significant other in their life, or if they wish to have someone external and independent to speak to and help express their views and wishes, Amicus will arrange where appropriate for that child or young person to have an advocate or independent visitor from external organisation. Amicus will work with the appropriate organisations to identify a suitable advocate/ independent visitor who is a correct match for child or young person. Meeting with the child or young person and hearing the child or young person's views will help identify a suitable person. The person who is identified suitable will be DBS checked and undergo the necessary safeguarding checks. It is then hoped that the child or young person can build upon a relationship which a significant other outside of Amicus which they might not have otherwise had.

Protection of Children

Monitoring and Surveillance

Due to the small size of the homes, it is considered that any video electronic or mechanical means of surveillance is unnecessary. Additionally, the use of surveillance equipment would detract from Amicus' intended family-style living

experience, becoming overly intrusive and potentially creating a culture of distrust. Amicus takes on board guidance and follows the Ofsted document 'Positive Environments where Children can Flourish' and takes this into account with regards to our monitoring and surveillance of the children. According to guidance it is acceptable to use mechanisms or modifications to a children's home which are necessary for security, for example on external exits or windows, so long as this does not restrict children's mobility or ability to leave the premises if it is safe for them to do so. It is also acceptable to lock office or storage areas to which children are not normally expected to gain access.

The children we care for are extremely vulnerable and traumatised and any monitoring and surveillance used is done to safeguard the child / child group's welfare and for security reasons. Children at times may show and be part of risky behaviours such as leaving the home authorised which due to their vulnerability and young age has serious safety and safeguarding concerns and implications. As children get older in their placement when working towards independence or when they know their placement is coming to a planned end, or at times of high anxiety, it is acknowledged that children may try to leave the home unauthorised or they may try and enter each other's bedrooms at night and test the boundaries around this. Staff are vigilant and aware of the children's presentation and needs and the children have individual risk assessments in place for behaviours that are risky and may compromise their safety. Children all also have a MAR sheet completed on their file containing key information about them should they leave the home unauthorised or go 'missing' – this is also shared with the host authority (West Sussex) and the Police who also hold this information and any updates are given monthly.

Due to the children's age and vulnerability and also due to the family home type environment / setup, the external doors are locked for safety and security reasons as part of the normal routine of the home. In a private family home / setting with young or vulnerable children the default position is to keep the front and back doors locked during the day and night. As with an 'ordinary' family home where the homeowner / householder permits entry and exit to the home and the household will leave and return in line with their daily activities, staff members on shift facilitate this and ensure the security and safety of those in and who enter and leave the home. Many of the children are placed away from their families and the location of the home and its address is unknown and not shared with them for child protection / safeguarding reasons. For some children, they are often fearful that their family / relatives may know where they live or come and find them and take them away and some have had experience of this previously. Therefore it is really important that the children feel safe and protected in their home. So as well as the external doors being locked for security and safety reasons it also provides emotional containment to the children. The locking of external doors is not used a behaviour management intervention.

The external doors are therefore locked at all times due to the above reasons and are part of an electronic mechanical locking system that is connected to the fire alarm system. The doors are still able to be automatically unlocked by pressing the

green Exit button by the door and therefore the children's access is not restricted and if they wanted and it is safe to do so they are still able to leave the house. In periods where it is felt the safety, wellbeing and security of the children is compromised or at risk then the green exit button can be overridden to ensure the safety, security and wellbeing of the children and the home. This may be in place for when new children arrive in the home or when children's placements are coming to an end and the anxieties and challenging behaviours that come with these transitions -in testing the environments and its boundaries and safety. This can also occur at times of high anxiety for the children or if there are safeguarding concerns regarding the child / children or concerns around them being at risk of harm from themselves or others which would be significant if they left the house unauthorised. This is carefully thought about and children would still be able to leave the environment if they wished by sounding the fire alarms which would then unlock the external doors.

The locking system also ensures that when the fire alarm is sounded and in the event of a fire / or drill, then the doors unlock automatically. Staff also carry their keys discretely with them at all times whilst on shift. Children who are felt ready and are working towards independence may be given their own door key – this would be carefully thought about and discussed, risk assessed and regularly reviewed.

The children also have a 'silent' alarm (door buzzer) on their bedroom doors, which if they get up in the night a sensor is set off once they leave their room and vibrates a pager that the sleep-in person has to alert them. This ensures the safety and whereabouts of the children during the night-time if they do get up in the night, that way a staff member is aware and can support them until they settle back to sleep again. Some children may also require their door buzzers being set when in their room during the day for safety reasons and this will be clearly written and reasoned within their Therapeutic and Safety Plan. This is reviewed as whether the children require this or not depending on their ability to manage and their state of mind, group dynamics, any safeguarding concerns and in line with their growing independence.

The preventative measures regarding security, safety and emotional containment and wellbeing of the children around monitoring and surveillance is communicated and agreed to with Placing Authorities and parents / carers (if appropriate / applicable.) Authorisation around the use of door buzzers and locking systems for is sought via a consent form by Amicus from the child's social worker/ placing authority. This arrangement does not in any way infringe on the child's right to liberty as the staff are employed 24/7 in the home to be with and supervise the children and go out in the community with the children anytime of the day. The electronic locking mechanism on external doors can be unlocked by pressing the green Exit button by the external doors and therefore does not restrict the children's mobility or ability to leave the premises if they wish and it is safe to do so.

The above measures allow the children to feel safe and secure in the their home

and creates a positive environment for children to live and learn. Where staff interact with children positively and build up secure appropriate attachments and help them with difficult feelings and previous experiences and thus in turn the children can begin to recover from their trauma.

Physical Intervention

The children's inability to manage and contain themselves and their feelings can lead to situations where they put themselves and others at physical risk. It may therefore be necessary, at times, to use physical intervention and holding techniques to keep the children safe and in order to demonstrate the adult's ability to both manage and care for them fully. It can also provide an opportunity for the children to experience, during these often emotionally overwhelming periods, an adult response that is neither reactive nor overwhelmed and can continue to think with and for them. After any physical restraint it is essential that an opportunity for it to be discussed with the children is offered. The need and reasons for the physical intervention and the children's responses to it, can be thought about. An integral part of this is to think with the children about the possible meaning behind their behaviour and to attempt to make it available for thought and thus the need for it to be acted out, eventually less necessary. Again the children will often be unable to take on any thinking and it will have to be held by staff for them, until hopefully they are enabled to take an active part in this process.

Due to many of the children's past experiences of adult care they may perceive any physical intervention/holding as extremely threatening and frightening. It must therefore always be made clear, it is part of the adult's care and protection for the child and not a form of punishment or retribution. For this reason, our control and restraint procedure and the possibility of its use, must be thought about openly with the children not just when it occurs but at other times as part of all their overall care. It needs to be thought about in the context of all the children, for the physical intervention of a particular child can often induce great fear and anxiety in the others. Therefore, other children exposed to a restraint will also be offered an opportunity to discuss their feelings. The children must be prepared for the possible use of physical holding within the homes to lessen the chances of it appearing merely arbitrary and anxiety inducing.

As with all physical interventions, they will be thoroughly recorded the child's social worker and where appropriate, parents or other carers will be notified. Every child will have their own physical intervention records. This will help to monitor the physical intervention patterns around each child. The children will be given the opportunity to have their own views and feelings recorded. There is space in the Physical intervention sheets to record reflection of the staff and child regarding the intervention and also a section for Manager's comments. The children's feelings and views will be recorded and thus available for the same level of external and internal scrutiny and inspection as will those of the care workers. This recording will add another dimension to the children's protection.

Information for the physical interventions for each child are gathered on a monthly basis and then the data used to explore any patterns emerging. This is recorded on a table format and converted to graphs

All physical interventions will be monitored and considered within the context of the children's overall care and placement plans and development. Any staff member involved in a physical intervention will be given the opportunity to have a space to think about the often strong feelings and emotions it may have invoked. It will also be discussed at the recorded weekly staff meeting where it can be considered by the whole staff team and therefore within the broader context of the young person's interactions and relationships with them and within the child group.

The recording of physical interventions will include the date and time, the name of child, a description of the incident that led to the intervention and hold/s itself. All those staff involved and those who witnessed the physical intervention will then give their signatures. The Home Manager will keep a rigorous overview of all recordings of physical interventions and will also need to sign them. Any physical interventions will be discussed and recorded in the staff's individual supervision sessions as well as at the weekly staff meetings. The Directors will be given copies of all restraints so as to provide a critical monitoring of their use. They will be able to discuss them with the staff group at the regular child case study/placement plan review meetings.

All recording of Physical interventions will be read and signed by the by Amicus external independent Regulation 44 Visitor during the monthly regulation 44 visits and may also discuss them personally with the young people during the visits. All Regulation 44 reports will be sent off to Ofsted and the local authority monthly and within two weeks of the visit being carried out.

Amicus work from the premise that all children should aim to develop sufficient skills and inner controls to take appropriate responsibility for their actions, demonstrating respect for themselves, others and property. Because of the nature of their disturbance and the many distorted experiences that they may have been subjected to, this is often a very slow area of progress. As mentioned previously, for this reason all incidents of physical interventions are followed by reflective discussions with the children. In this way it is possible for a positive outcome to emerge from what is always a difficult and traumatic incident, with a resolution that is understandable to all involved.

An important element of control is the quality of the relationship which exists between adults and children. An atmosphere of mutual respect between staff and children helps to develop relationships based on positive experience. The staff respond by having a readiness to listen to the children and will, where necessary challenge inappropriate behaviours. Children have a right to be protected from their own self-destructive or anti-social behaviour and to be assisted in searching out the goal of self-control.

Control and physical intervention is a permitted management technique. It is

clearly used very much as a last resort after de-escalation techniques have been exhausted, but where there is serious or significant risk to self, others or property, the physical intervention may be used. Staff are trained to take steps to diffuse potential situations where violence and aggression may be the outcome and are encouraged to be aware and perceptive to moods, triggers etc.

As discussed above, physical interventions will be monitored and where a child's need for them is felt to be inappropriately high, an accompanying narrative will be provided to try and ascertain the reasons for this. There will be discussions with both the child, the care team and the Management Team, including Directors, to decide what measures can be put into place to try and reduce the number of physical interventions and explore as to the reason why the child has a high number recorded. Again staff members are also asked for feedback on physical interventions they have been part of or have observed during their various supervisions and external consultations and also on shift in handovers and debriefs as part of our culture of ongoing reflective practice. Children are also asked for their experiences and feelings around the physical intervention, this is often done through conversation and / or the use of Amicus child friendly 'Holding Form.'

Where behaviour has become unacceptable and there is a risk of danger to staff, others or property, staff will respond promptly, firmly and consistently. Behaviour that has become quite set, or those which the child comes with, will be addressed within their placement plans and achievable goals will be placed around these behaviours and exploration around the meaning and underlying cause of these behaviours from the child.

The use of Prone and Ground Recovery Holds

The use of physical interventions and how different holds have been experienced by the child and how effective they have been will be regularly discussed and considered. The Staff always attempt to hold the child in an upright position but due to the children's violence and as a last resort when other options have been exhausted, they may have to be held in ground recovery position. 'Supine' (laid on back) position holds are not suitable for our children and therefore are not used in our practice. Staff need to consider this and always be aware of other holding possibilities, although on occasions the ground position may be the only alternative. Staff need to be aware that using this type of hold can be a highly emotionally charged experience

Staff need to be aware of the possible dangers when holding a child in a ground recovery hold especially involving the airways and pressure on the chest and torso and also circulation. Therefore, when in this position staff need to ensure that the child's neck and airways are kept clear so that the child can breathe safely. The children will be held by their long bones (arms and legs) to keep pressure off the chest area. Staff will also check regularly for the child's skin colour during the hold to ensure there are no problems with their circulation. If a ground recovery position is required to be used to physically contain the children, then this will be recorded

clearly in the Child's Physical Intervention records regarding the details of the hold and how long this particular hold was used for as well as the safety checks and monitoring that took place during the hold and after too. Medical checks to ensure the child is okay after a ground hold will take place a 5, 30 and 60 minutes after the physical intervention. If the use of holding a child in prone or ground recovery position exceeds 15 minutes, then staff need to make a dynamic risk assessment of the likely outcome of the hold and balance this against the risk to decide whether they continue, and are advised to seek management support or advice to help them with the decision. Details of how this assessment was made should be included in the recording of the physical intervention log. All prone and ground recovery physical interventions should be reported to the Responsible Individual/ Strategic and Clinical Director with a photocopy of the report to be handed over the next morning or within 24 hours. After the hold has taken place the on-call person and Responsible Individual should be notified immediately with the details.

The children need to always be made aware that the ground hold position is used due to their own violence and is carried out in order to keep themselves and others safe and they will be informed that the staff will put them back into an upright position as soon as possible and they are able to start calming down and regaining control.

The children need to always be made aware that the prone position is due to their own violence and is carried out in order to keep themselves and others safe and they will be informed that the staff will put them back into an upright position as soon as possible and they are able to start calming down and regaining control.

Training in Physical Intervention Techniques

All staff attend a 3 day external de-escalation and physical intervention course called 'Team Teach' as part of their Mandatory Training this is refreshed every two years and also Advanced Team Teach which is refreshed yearly. This provides members of staff with awareness of behaviour management, from de-escalation techniques, crisis management, defence positions and last resort physical interventions such as prone and ground recovery holds. Amicus has two staff members that are qualified Team Teach Trainers who deliver intermediate training and advanced training is facilitated externally through Team Teach. All staff are also provided with comprehensive internal support where they are led through the use of physical intervention techniques with more experienced members of staff prior to them using these techniques more independently. The training is in full accordance with and follows all the requirements of The Children's Homes Regulations and Quality Standards for Children's Homes and staff receive refreshers of the training when required and if necessary before the due date. Staff are expected to debrief and reflect on all physical interventions they are part of and / or have observed and given and are given feedback. This can highlight areas for improvement, development and where additional training maybe required. The use of physical intervention is monitored through the monitoring of the physical intervention logs in which Managers write their own comments, through feedback

from colleagues and also from listening to the experiences and reflections from the child concerned. This is also discussed individually with staff in their Line Management and Clinical Supervision.

Leadership and Management

Details of the Registered Provider

The Registered Provider is The Amicus Community.
Address: PO Box 79, Arundel, West Sussex, BN18 9XA.
Tel: 01243 544107
Email: info@theamicuscommunity.com
Web: www.theamicuscommunity.com

The name of the home is: 'Bluebells'

Details of Responsible Individual

The Responsible Individual of Bluebells is Rebecca Newton,
Address: The Amicus Community, PO Box 79, Arundel, West Sussex, BN18 9XA.
Tel: 01243 544107
Email: Rebecca.newton@theamicuscommunity.com

Rebecca Newton – Strategic and Clinical Director of Amicus. Also holds registration with Ofsted and DfE for the roles of Responsible Individual for both homes and as the School Proprietor.

Rebecca at the start of her career gained several years' experience working with young disabled and sick children and babies at Great Ormond Street Hospital, London and Worthing and Southlands NHS Trust. Before setting up Amicus in June 2004 she worked as a Residential Social Worker in a Therapeutic Children's Home in East Sussex, working with children and adolescents displaying severe emotional disorders and trauma.

Rebecca was part of setting up and establishing the whole organisation when Amicus first commenced in 2004. She successfully ensured registration of the school and homes and continues to develop the organisation in her role. Rebecca has established with her co-director, the psychoanalytic therapeutic culture and model within the school and homes and ensuring this was integrated into practice. In her role Rebecca provides strategic leadership and direction in the organisation and provides Clinical support, advice and direction to managers and staff.

As part of her professional development, Rebecca has been in her own individual professional analysis by a fully qualified training Analyst and Psychotherapist for the last 15 years at least twice a week. As well as providing professional clinical support, emotional development and understanding, in these sessions personal experiences and thought processes are discussed concerning their role and strategic direction and this is rigorously challenged and explored.

Since 2008, Rebecca also receives external organisational consultation and role consultation (Supervision) by a qualified Organisational Consultant and Consultant Psychotherapist once a month for two hours a session. This is a joint meeting that both Directors attend and the task is to help the Directorate to think about their tasks of governance, strategic planning and the clinical work.

Rebecca, as with her co-Director, is very 'hands on' and involved in the work and knows the children and staff well. She is available and has a presence within the organisation and takes time to observe practice and hear the children's views and experiences as well as the staff members. The Directors are always looking for ways to improve and develop the organisation and monitor the children's progression and achievement. The children's wellbeing and safeguarding is paramount and is at the forefront of the work. Rebecca held the role of Designated Safeguarding Lead in the organisation for 12 years before handing this role over to one of the Senior Managers and Amicus Safeguarding team. Rebecca also regularly provides both individual and group clinical supervision and well as line management supervision. She also facilitates regular meetings with the Senior Management Team, which includes the Headteacher to review the week, their tasks and focus and to support their leadership.

With the support and consultation in place concerning governance, strategic direction, leadership and safeguarding, Rebecca feels that this enhances her decision making, increases her accountability and enables her along with her co-Director to provide strong leadership.

Alongside her role as Strategic and Clinical Director, Rebecca is the registered Responsible Individual and School Proprietor for Amicus. She is also a member of the 'Sound Systems Safeguarding Team' (involving child protection and safeguarding) as a Mentor and Assessor for various organisations and is on the Moderation Board. Rebecca has also received Lead Reviewer training from the Royal College of Psychiatrists enabling her to facilitate annual peer reviews for other therapeutic communities on behalf of Community of Communities, of which Amicus is an accredited member of. She also has the role of 'Therapeutic Community Specialist' in which she works with other Therapeutic Communities on behalf of the Royal College of Psychiatrists. Rebecca has a passion for group processes and relations and facilitates Group Dynamics Sessions internally and externally to Amicus. Rebecca also consults to external organisations and also is an independent Regulation 44 Visitor and Consultant to a residential SEN schools specialising in working with children who have severe trauma.

Rebecca has attended numerous training courses and conferences over the years

and keeps up to date with these, covering mandatory training, such as safeguarding, medication, first aid, health and safety. She is trained in Makaton stages 1- 4. She has also attended training and conferences, working groups on subjects relating to the therapeutic model at Amicus, around attachment theory, child development, unconscious process, neuroscience, psychoanalytic concepts and theory basis etc and has also spoken externally and held talks to present on these topics to share learning and knowledge. Rebecca maintains her continuous professional development within her role and has a passion for organisational and group dynamics / analysis.

Qualifications:

- MA Degree in Working with Groups: (Groupwork in the Public and Independent Sectors) – (Tavistock Clinic, London)
- Level 5 Diploma in Leadership and Management in Residential Childcare
- CACHE Level 2 Children and Young People’s Mental Health
- Diploma in Psychosocial Care (covering the competencies of NVQ#3 Children and Young People) (Middlesex University)
- Professional Certificate of Merit - Art its Place in Therapy.

Current:

- Level 7 Diploma in Strategic Management.

Forthcoming:

- Doctorate in Consultation and the Organisation: Psychoanalytic Approaches. (Tavistock Clinic, London)

Details of the Registered Home Manager

The Registered Manager of Bluebells is: Stewart Thomson.

Address: The Amicus Community, PO Box 79, Arundel, West Sussex, BN18 9XA.

Tel: 01243 544107

Email: stewart.thomson@theamicuscommunity.com

Stewart Thomson - The Registered Home Manager of Bluebells and Director of Therapeutic Services:

Stewart Thomson has worked in the care field for approximately twenty five years. In that time he has worked with a variety of client groups. His first job in care was as a Residential Care Worker in a home for children with autism. He then moved to a day centre for adults with learning and behavioural difficulties, where he worked for three years as a Co-coordinator and then managed the industrial/work experience unit. Looking for a new challenge, Stewart began working at a Local

Authority home for children with emotional and behavioural difficulties. From here he moved to a new home specialising in working with adolescents, described as having 'extreme challenging behaviour'. He was promoted to the role of Senior Team Leader and managed the assessment unit. After four years Stewart wanted to experience working with younger children and spent a year at the Mulberry Bush School in Oxfordshire. Following this, he spent two years helping set up a therapeutic children's home in Northern Ireland. Stewart then assisted with the creation of Amicus and is now in the process of doing his clinical training in psychoanalytical psychotherapy at the Psychoanalytic Psychotherapy Association. He also holds the role of School Proprietor and also provides Clinical Supervision to the staff team at all levels. As part of his development and training, Stewart also attends his own regular professional analysis sessions with a registered Psychotherapist which he has been in attendance for over 15 years.

Qualifications/Training:

- Diploma in Psychoanalytic Infant and Child Observation (Tavistock Clinic)
- Level 5 Diploma in Leadership and Management in Residential Childcare
- Certificate in Therapeutic Child Care (Caldecott College, Kent)
- Certificate in the Induction to Psychology
- Certificate in the Introduction to Counselling

Stewart, although holds the role of both Director of Therapeutic Services and Registered Home Manager he holds a wealth of experience in the field of child care and is very 'hands on' in terms of his leadership of the home. Visiting the homes frequently and observing practice in the home and has relationships with all the children and will meet and discuss issues with them. He also provides both clinical and group supervisions and is part of the children CLA Reviews and professionals meetings. He works with modelling excellent leadership and management the home manager who is in post (but is not registered with Ofsted). The aim over the next year is for the Home Manager to obtain Ofsted registration and to hold dual registration for the home with Stewart. Stewart, along with the Senior management team are supporting the Home Manager with their leadership and development and registration they will be taking on with Ofsted. By having dual registration, this will allow Stewart to continue to support and model good therapeutic practice and leadership and to ensure constant registration in this role. This will also allow Stewart to concentrate further on his Director responsibilities and also gives further authority, responsibility and leadership to the Home Managers.

Experience and Qualifications of Staff

Amicus has an experienced and diverse Therapeutic Care, Education and Treatment Team. Details of our employees; their job titles, experience and qualifications are available on request.

Management and Staffing Structure

Amicus is headed by the two Directors. The Strategic and Clinical Director who is also the Responsible Individual and School Proprietor and then the Director of Therapeutic Services, who is also the Registered Home Manager for both the homes. Working alongside the Directors -and forming part of the Management Team, is the Home Managers and Deputy Home Managers of both the homes, who work closely with the Directors in the management of staff and the children's day to day care and therapeutic treatment. Amicus also has a Head of Therapeutic Practice which is held in a job share. This role oversees the therapeutic model and practice is worked to and evidenced in the homes and supports the managers in the home and the directors with operational and development issues and also focuses on the therapeutic and clinical practice within the work. We also have an Operations and Outreach Manager who provides management support to the Home Managers and Supervision, he monitors the quality of practice and recording in the home and ensures this is triangulated, supporting the managers with this task. This role also oversees any outreach work and contact with the children and their families. There is also a HR and Service Manager – who takes a lead and deals with personnel issues for the employees and leads recruitment and training of staff. Another area of the role is ensure the environment is maintained and supervising the environment team to carry this out and think about this in the context and importance this also has on our therapeutic work and symbolic nature of the environments and how they are looked after and treated. The management team liaises with the Directors to ensure the smooth running of the organisation and children's home.

Amicus comprises of two affiliated family sized homes and a school based in the community. Both homes are a short distance away from each other and can accommodate children from the ages of 5 up to 16 years of age (maximum age is 11 years old on referral). The children in the homes stay together as a child group during their placement in the same home and individual work done with them to address their needs, such as preparation for leaving Amicus or when they get older; work to prepare them for independence and sometimes leaving care. The ultimate aim is that eventually the child will be able to move into a foster care placement or other family time setting without the need for intense therapeutic intervention. Each home comprises of a staff team of one Registered Home Manager, Therapeutic Home Manager, a Deputy Home Manager, two Senior Therapeutic Childcare Practitioners and up to 6 Therapeutic Childcare Practitioners

Amicus also has as separate DfE registered SEN school. The school is located separately from the homes in a nearby village approximately 5 miles away. Children and young people placed at Amicus are automatically offered a place in our school for our therapeutic education. This is recommended as the homes and school work closely together to provide a continuation and consistent therapeutic approach and also helps to stabilise the membership of the child group for care

and education. The Amicus School also takes outside referrals for day pupils from local authorities for children who cannot manage mainstream education or larger class sizes and whom it is felt would benefit from therapeutic education. The school is run and managed by the School Proprietor, Head teacher and Assistant Head Teacher who manage the team of four Therapeutic Teachers, Class Leader, three Senior Therapeutic Education Practitioners and six Therapeutic Education Practitioners. Together the education staff team are responsible for the children' and young people's educational provision and academic progress and achievement.

To ensure consistency and to assist in absence management and covering the care needs of the children, Amicus have a long standing and experienced team of 'bank' Therapeutic Childcare Practitioners who work casual hours to provide cover when required. These workers are well known to the children and this enables Amicus to not have to use Agency staff on a frequent basis. Bank Therapeutic Childcare Practitioners are used to cover holidays, staff absences and sickness. Bank staff follow the same recruitment procedures as other staff and are interviewed, met and safeguarding checks carried out before working on shift and will visit the home prior to commencing work. Bank Therapeutic Childcare Practitioners attend the same mandatory training as the permanent Care and Treatment Team and also have regular Supervision sessions. In the rare occurrences that Agency workers are used, this is as a last resort and they also undergo interviews and reference checks and a visit to the organisation as well as their DBS certificate being viewed before commencing shifts with Amicus. They also undergo regular Supervision.

The Therapeutic Home Manager works flexi-time to a minimum of 40 hours per week, including weekends where necessary, doing at least one day a week on shift in the home. The Home Manager oversees the operation of the home and manages staff working with the children and observes practice and also provides Supervision and support. The Home Manager also promotes and ensures the safeguarding and welfare needs of the children are met and ensures that there are clear structures and plans around the children's care, treatment and education needs as per the children's placement plans. Currently the role of Registered Home Manager is being carried out by the Director of Therapeutic Services. The Home Manager will be undergoing registration with Ofsted after successful completion of her probationary period and will then apply to register as Registered Home Manager with Ofsted, holding dual registration with the Director who will be able to support the home manager and model good therapeutic practice. The Home Manager is also supported by the Deputy Home Managers, Service and Therapeutic Practice Managers, HR and Service Manager and Operations and Outreach Manager. The Deputy Home Manager and the staff team work a monthly rota averaging a 40 hour week, plus approximately one sleep- per week in order to provide 24 hour care for the children. The Deputy Home Managers, work at least 20hrs a week on shift in the home. A high level of management presence in both homes enables practice to be regularly observed and to ensure that our high standards and therapeutic culture and practice are maintained. A 24 hour on-call system is in place to give advice and support and to deal with emergencies as

appropriate. The On-call Team consists of the members of the Management Team and senior, more experienced staff members. There are two tiers to our on-call system – level 1 management on-call in which the Home Management Team provides physical and advice on-call support to frontline staff and also level 2 – Consultancy On-call which is provided by the Senior Management team to provide support and advice to management on-call.

Alongside those staff directly employed by the organisation, Amicus is supported by a team of external consultants. An Organisational Consultant supports and supervises the Directors in the overall running of the organisation and advises on the planning of any work carried out with the children's families/carers or other external persons and groups and also appraises the Directors in their roles. A Child and Adolescent Psychotherapist provides both individual therapy to the children where appropriate and consultation and feedback on the clinical work with the children. The Directors also hold clinical group supervision spaces, this allows staff to discuss the emotional impact of the work and group dynamics. An Educational Consultant provides consultation, appraisal and support for the School Proprietor and Head Teacher and other Teachers in the school. Members of the Management Team are encouraged to be in their own professional psychoanalysis sessions at least once a week to assist them in their thinking and linking their experiences to psychoanalytic theory which helps to inform their practice and the care and treatment of the children. Therapeutic Childcare Practitioners are also supported to have their own external psychotherapy sessions and are given time off the rota to facilitate this where possible.

Supervision and Training of Staff

All new staff have an initial induction month. This includes Child Protection and Safeguarding, First Aid, Medication and Physical Intervention trainings, guidance on our therapeutic method, culture and theory bases and spending time in the home to become familiar with the staff's duties and the home's culture, routines, structures, regulations, working practices and policies and procedures. It also enables the new staff members and the children to start to become accustomed to and familiar with each other. During this period, they are able to complete some of the core training courses as outlined in the Children's Homes Regulations and Quality Standards. As well as this they attend seminar groups on therapeutic child care, child development, therapeutic community theory and practice, attachment theory, systemic theory, group dynamics, family work and infant observation.

The induction training and learning continues and is ongoing. Amicus has good links with West Sussex in which we use to source some of our mandatory trainings for staff. Staff also work towards the recognised qualification for their care role of the Level 3 Diploma. This Diploma training is done in collaboration with the Chichester College.

Staff also have the opportunity to undertake CACHE Level 2 courses which are funded in subject matters that interest them and are related also to the work. This

is facilitated through the Greater Brighton Metropolitan College and also Learning Curve Group

The first six months of staff working full-time is a probationary period in order to assess their suitability for the post. This is reviewed during this time after six, twelve and twenty weeks.

Essential to the effectiveness of all staff is regular, effective, timetabled and recorded Clinical Supervision and Line Management meetings. Sessions last one hour and are held at least fortnightly. Each fortnight all staff attend a Group Process Supervision which is facilitated by the Strategic & Clinical Director. This is a regular ongoing facilitated space and allows the whole staff group to openly discuss and explore their feelings on the emotional impact of the work, working relations within the team and group dynamics occurring. Staff also attend a Group Clinical Supervision space to discuss and focus on one child and themes/ issues that are coming up for this child and then explored and thought about in relation to our therapeutic ethos and culture and how their experiences and behaviours are linked to their traumatic past experiences – this discussion and information informed placement plans and outcomes for children.

All staff are able to work through appraisals and individual aims and goals with their line manager in special individual sessions. The appraisals are reviewed yearly and the workers' professional development and individual goals reviewed.

Through their supervision, staff are offered a training programme worked out and developed according to their individual needs and interests. As well as the mandatory trainings and required qualifications for the roles staff hold, Amicus will also consider (once staff have met all their other training requirements) other external training courses that relate to their roles and the work. External training courses are supported by Amicus and a contribution can be applied for from the training budget and staff are given time to attend and, where necessary, assisted in the successful completion of course work or with any vocational aspects of the training. Amongst the external training courses we support, will be part-time courses at the Tavistock Clinic, CPD courses in Therapeutic Childcare at the University of Reading.

Among the available systems of support there is the opportunity for all workers to have further individual clinical sessions with the experienced Directors or Senior Managers. These are for staff members who feel they may need extra support or specialised input with a particular area of work in addition to the internal support they already receive. The Directors hold clinical meetings and group supervision with the whole staff team fortnightly for a Clinical Group Supervision / Case discussions and Group Dynamics Supervision. This is in addition to each staff member's regular clinical and line management Supervisions.

Amicus also funds for its Senior and Home Managers to have an external clinical space they can go to with a weekly professional psychotherapy session with a qualified Psychotherapist/ analyst. Other staff where possible are given time off

work to attend regular psychotherapy sessions if they chose to do so and wish to engage in this process, which is recommend and supported.

Care Planning

Admissions Procedures

The following procedures are seen as advantageous for a successful placement and are therefore be carried out to the full. The time span of any possible admission, however, will vary according to the given circumstances and urgency of the particular child or young person's situation.

1. The referring agency will identify a child who may be appropriate for, and benefit from, Amicus.
2. Initial contact will be made through Rebecca Newton – Strategic and Clinical Director and will be shared with the Amicus Management Team.
3. From this discussion the referrer will be sent the Amicus referral form and a list stating what information and documentation will be required to assess the suitability of the referral, they will also be sent Amicus' Statement of Purpose, recent Ofsted Reports, Placement Costings, Children's Guide and any other relevant documentation.
4. The possible referral will then be discussed by the Directors, Head Teacher, Senior Management Team, Home Manager, Deputy Home Manager and the Care and Treatment Team and consultation will also take place with our Child and Adolescent Psychotherapist. This will take into account not only the referred child or young person but their compatibility with the current children or young people living in the home. An impact risk assessment will be undertaken.
5. If Amicus and the referring agency consider the placement to be suitable for the child or young person, a meeting will be arranged between the Directors and those responsible for the referral. Other interested parties, including the child or young person's parents/carers, will be invited where appropriate. This often takes place with the Social Worker visiting Amicus and the home and school and/or Amicus – one of the Directors and a member of the management team or experienced staff member visiting the child in their current placement to form an assessment.
6. If a decision is made to offer the child or young person a place at Amicus, the child or young person will where appropriate be visited firstly on familiar ground and in the company of familiar carers. This initial contact will be made by the child or young person's potential Amicus Link Worker and the Home Manager.

7. The child or young person (with parents/carers, again where appropriate) will then be invited to visit the home for at least one initial visit.
8. After this process and with the relevant parental/carer consent a place will be offered if it is still felt that Amicus would be a suitable placement. A transition programme will then be agreed and implemented and is normally around a week to two weeks from this stage, (although maybe sooner in the child is in crisis and requires a placement sooner).
9. Where children are coming from out of county, the host local authority; West Sussex, will be informed of new placements. Written notification will be given to the host authority and will include: the child's name and date of birth, whether the child is placed under section 20 or 21 or subject to a care or supervision order under section 31, contact details for the team manager of the placing authority and the child's IRO, whether the child has a statement of special educational needs, and if so, details of the local authority that maintains the statement.
10. Before the new child or young person becomes a resident, it is also vital that not only the staff team but the other children and young people are prepared for their arrival.
11. Before the placement commences the assigned Link-Worker of the child may visit the child again in their current placement and arrangements will be made with the child's local authority and/parents/carers for the child to come and visit the home and/ or school again and stay for lunch or dinner. This may occur several times over the planned transition process and may involve an overnight stay before they commence their placement fully. The child is encouraged on their visits to leave a possession of their choice in their new bedroom for when they return and to also be part of choosing how they want their bedroom to be decorated and to choose which duvet covers they would like. This helps them to attach in their placements and have a sense of belonging and involvement.
12. When possible or appropriate, the needs of the broader family (again this includes birth, adoptive or foster) will also be identified and work carried out with them. This is important for any genuine long term progress.

Placement plans

A placement plan and Needs Assessment is an agreed written statement, regularly updated, defining how a child or young person is to be looked after on a day to day basis at the home. This will include meeting the young person's needs and responding to the young person's difficulties in a way that is consistent with both the home's Statement of

Purpose and the overall care plan for the young person made by their placing authority.

Placement plans and Needs Assessments will form an integral part of Amicus' thinking and provide a vital reference tool and therapeutic aid.

The therapeutic Placement Plan will add clarity to the young person's Care Plan, actualizing it in terms of the homes day to day, twenty-four-hour therapeutic care programmes and introducing targets that the young person, with the support of the care team, can work towards.

All therapeutic Placement Plans will be split into sections. These will be in accordance with the young person's local authority care plans but with Amicus additions.

The therapeutic Placement Plans are split into sections, these begin with Biographies and current Therapeutic Overviews from latest CLA Reviews.

The Therapeutic Placement plans at **Bluebells** will include the below headings:

1. **Developing a Healthy Identity (health needs; emotional and behavioural issues; identity; social presentation and self-care skills)**
2. **Developing Healthy Relationships (including family; social relationships in wider community; relationship with peers, adults and attachment issues)**
3. **Education (attendance; relationships and behaviour in school, levels and learning capacity)**
4. **Keeping child Safe (to include any safeguarding issues)**
5. **Taking Positive Risks (including activities and interests; clubs; relating to others; developing self-esteem; age appropriate risk taking)**
6. **Child's views and wishes**

All the above sections of the young person's placement plan will be divided into three sections: **Needs; Treatment and Outcomes/Aims.**

For example, in the Developing a Healthy Identity section there would be sub-heading to separate out all issues related to this section – with it being then addressed as to what the **Need** is; what **Treatment** is being given for this therapeutically and what the **Aims and Outcomes** are to be. This could be as follows:

Developing a Healthy Identity

Symptoms of PTSD due to early experiences:

Needs: Description of issues and factual information associated with this area (such as

child appears to be 'frozen', unable to express any feeling, or extremely violent and out of control due to lack of parental preoccupation and exposure to traumatic events)

Treatment: Description of how it is being worked with (such as, child to be helped to learn about his/her feelings and that it is okay to have a range of different feelings and use of early play materials, and by being kept safe by adults looking after him/her, to enable non-verbal expression that can be interpreted by experienced workers with the Amicus care and treatment team and the education team)

Aims/Outcomes: This would include definite aims and objectives (such as, child being enabled to begin to learn more about self/others and be properly 'seen' and contained by caring and professional adults that can help the child develop on from his/her trauma).

As the young people grow and develop with us, their Therapeutic Placement Plans will change slightly to accommodate their development and work towards independence. This is normally from the age of 14 years and onwards. They will follow the headings below:

1. **Health and Development (health needs)**
2. **Education, Training and Development (current educational provision; attendance; levels; current aims and needs)**
3. **Family and Social Relationships (including family; social relationships in wider community; relationship with peers, adults and attachment issues)**
4. **Emotional and Behavioural Development (emotional and behavioural issues; identity)**
5. **Self-care skills and Presentation**
6. **Keeping safe**
7. **Young person's views and wishes**

For children 16+ an addition to the placement plan will be made to include:

8. **Pathway Planning (Work towards independence: cooking, housework, budgeting and personal self-care and Transitional information/plans)**

These headings will be separated out into **Strengths/Progress; Needs Identified and Aims/Outcomes:**

For example, in the **Self-Care and Presentation** section it would begin with recent information from CLA reviews which would then go on to identify what the **Strengths** are; what the **Needs** are; and what the **Aims and Outcomes** are to be. This could be as follows:

Self-Care and Presentation

Information from CLA Review/recent details

Strengths: List of items that reflect progress in this area (such as, young person can now manage self-care routines around washing and cleaning appropriately)

Needs: List of areas where further work is required (such as, young person finds looking after their bedroom space very difficult and will persistently create a feeling a chaos and anxiety within this area when adults come into it in the evening to say goodnight)

Aims/Outcomes: This would include definite aims and objectives related to the areas of need (such as, young person to be sensitively helped to think about why it is at night-time particularly that he/she finds this difficult; a plan to be made with young person about how to say goodnight without adults coming into bedroom if felt to be less anxiety inducing; support to have a bedroom space that can feel manageable and pleasant to live in).

All of the placement plans will also include short, medium and long term goals/targets.

It is also important that they do not only address negative areas of the young person's life but deal and help the young person with positive achievements and areas of strength and potential.

Once the decision to place a young person at Amicus has been made, their Link Worker, under the supervision of the Home Manager, will begin to compile an initial placement plan. This will be done using the young person's local authority care plan and all received information and discussions with other relevant external people/agencies. This will then be taken to an internal placement review meeting with the whole staff team where it will be discussed further. Further discussion and contributions will be made at a case study review held by our external consultant child psychotherapist. The proposed placement plan will then be taken to the young person's placement planning meeting where it will be finalised.

All the young people's placement plans will be subject to ongoing review and scrutiny and constantly revised depending on the development and needs of each young person, but will be a minimum of every six months at an internal placement plan review meeting. As the staff's personal knowledge, experiences and relationships with the young people grow it will inform the content of the placement plans. This will add to their effectiveness, sophistication and areas of the young person's life that they will be able to successfully address.

Any changes in the young person's emotional, intellectual and physical development will be recorded and become part of the placement plans as will significant changes in their routines or lives, such as changes of care staff or school etc. All relevant external agencies/people, including the young person's social worker and parents will be informed and kept up to date of any changes. They will also be regularly consulted by Amicus and their views on the plans will inform its content. (In the case of parents this may at times

not be appropriate) When young people leave Amicus it is also important that their placement plans are passed onto their future carers.

The young people will regularly be able to discuss and think about their placement plans both informally through their day to day interactions with the grown-ups and at their recorded weekly sessions with their Link Workers. They will be informed, at a level appropriate to their emotional and intellectual development, of all changes and areas of progress or difficulty. Before reviews, their views will be recorded in a special session with their key worker and this will inform any thinking around, or changes to, the plan.

Due to the young age and vulnerability of the young people placed at Amicus their placement plans will contain a child protection plan and an absconding/ unauthorised absence policy.