



# Statement of Purpose

## **Footsteps Care, Gidea Park Residential Children's Home**

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## Quality and purpose of care

### 1. Needs provided for by the home

Footsteps Care, Gidea Park is an independent Children's Home, offering residential care for up to 6 children aged 5 to 17 years on admission that have a diagnosed learning disability. The home will allow young people who have reached the age of 18 to stay on but not be admitted providing such young person has a lower cognitive functional age and the placing authority is actively looking for an appropriate place. Such young person(s) must not form the majority of individuals placed where the number of occupants are greater than one. Children being admitted may have complex needs including health care needs. Each child referred would be assessed to ensure that they did not compromise the care needs of children already placed, which would include taking into consideration the ages of children already at the home. The home would consider age gaps of more than 4 years, however there would need to be further dialogue with the local authorities of existing children at the home and a comprehensive/integrated risk assessment in place prior to placement. Each young person will have to be identified as needing residential support as the most appropriate option at the time.

### 2. Ethos and outcomes

Footsteps Care, Gidea Park adopts an individualised and bespoke approach to care of the children. Each child is assessed prior to admission, to ensure that the correct level of support and services can be identified and planned for. We offer a positive environment for children to exist and develop supported by a Positive Behaviour Support model and facilities for learning and development.

We aim to increase the children's opportunities for positive outcomes for their future and assist them in changing learned patterns of behaviour, attitudes and providing practical solutions to overcome obstacles created by disability.

The Aims and Objectives and desired Outcomes of Footsteps Care, Gidea Park are:

- To provide security and stability to children and young people requiring group residential care who need to be away from their family home, or are not able to live in foster care.
- To provide a professional service that is able to assist and make recommendations on a child's learning needs, emotional and behavioural needs and developmental needs within the context of a specific requirement from the referring local authority.

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- To risk assess all referred children, assessing the risk of all children already at the home.
  - To contain challenging behaviours, through positive behaviour management techniques, the strength of the group of children and input when necessary from other agencies such as Children and Adolescent Mental Health Services (CAMHS) and schools and where appropriate input from our psychiatrist and through close supervision.
  - To enable the children to find a way of describing and defining their issues in a manner that helps carers, families and others by mobilising the appropriate resources for them to communicate, be taught life skills and independent living skills, with a programme that is unique for each child and incorporating achievable targets and breaking down tasks to the child bearing in mind their level of understanding, so that their goals are achievable.
  - To identify health and educational issues pertinent to the wellbeing of each child and to ensure they have access to all resources available within the period of their placement with our service.
  - For each child to feel they are protected and cared for within a homely environment for the length of time they reside at Footsteps Care, Gidea Park.
  - For children to be able to develop trusting, safe and secure relationships
  - For children to participate in all aspects of planning for their care.
  - To enable children to achieve positive outcomes academically and vocationally within an environment that recognises all achievements for the child.
  - To promote physical, emotional health for each child ensuring that their health is monitored and that there is a plan to ensure that all the health needs are met for each child.
  - To be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing.

The home ensures that each child has an identified Key Worker who will be a point of contact and also provide individual support for the child, their family, social worker and other professionals.

Staff members always ensure that the children know they are present on all shifts. The children will be valued through boundaries and routines set for their behaviours; also by the way staff members persevere in trying to help them. The organisation will raise staff awareness of the complex needs of children through training, supervision and appraisal. Each child will have a Care Plan and Placement Plan on their records to enable staff to work in a positive and consistent way. We will also provide the

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allocated social worker with a thoroughly update report in respect of the child each month.

Staff will involve the children in all aspects of their care and planning to meet their needs through involvement in regular key work sessions, children's meetings, menu planning and activity planning. Each child will be supported to maintain acceptable levels of behaviour by a positive behaviour plan.

### **3. Accommodation and facilities**

Footsteps Care, Gidea Park is a 6 bedroom, two storey detached house. The bedrooms are on the first floor. There are two toilets and a bathroom for shared use on the first floor. There is a fire escape door to at one end of the corridor between the bedrooms which leads to external a fire escape stairs. The door has an alarm of it to prevent unauthorised use and is automatically released when the fire alarm is triggered.

The home is situated in Gidea Park, in the borough of Havering. It offers children a well decorated and modern environment. The design and décor aims to create a homely environment which allows the children to flourish and gain ownership of their own lives with the support and dedication from the staff team. The children are actively encouraged to be involved in the decoration of the home and have opportunities to personalise their bedrooms. The accommodation provides each child with their own bedroom, which they are encouraged to personalise. Children can have their own TV in their rooms and other devices such as computers and mobile devices.

The ground floor has a lounge with a shared TV, a dining room, and activity room, a laundry room, a kitchen and the staff and manager's office. There is a garden area at the back of the premises which is equipped with a trampoline and can have other equipment set up for the children's enjoyment. The activity room is decorated in a very child friendly manner to enable the children using that space to relax but remain sufficiently stimulated by simple messages and concepts integrated into the décor.

The property perimeters are secured by fences and walls.

The home has a programme of continual maintenance and refurbishment to ensure that appropriate safety, privacy, hygiene and functionality of facilities. The premises has been configured to comply with fire, health and safety regulations and are regular inspected and certificated to ensure safety and compliance with regulations.

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The home is registered and regulated by Ofsted for 6 children of both genders for children between the ages of 5 and 17 years with learning and physical disabilities.

#### **4. Location**

The location of the home is in a quiet residential care of Gidea Park, Romford. The home is close to the local shops and the main line station with trains going to Liverpool Street and Shenfield. There are local buses which serve the area and the nearest bus stop is just a few hundred yards away from the home.

There are lots of opportunities for activities in the area and larger shopping facilities in Romford which is a 3 minutes train journey or a 15 minute bus journey away.

The organisation provides a Location Risk Assessment and Fitness of Premises Report both of which are updated regularly.

#### **5. Support for cultural and linguistic needs**

The cultural, linguistic and religious needs of the young people are identified during assessment and at admission. There are places of worship locally for all faiths and religions and staff will actively support children to continue in any religious or cultural belief system then may have. Linguistic needs are identified on assessment and the home ensures that the skills, language and understanding of staff are supported to ensure children needs are met. Where children are non-verbal in their communication, full support is given using their individual methods of communication or specified sign language dialect such as Makaton or Picture Exchange Communication System (PECS). To support children using alternative methods of language, staff members are trained appropriately. All staff at the home has basic Makaton training.

#### **6. Complaints handling**

The home's day-to-day practice is run in a consistent, open and fair manner. Every effort is made to resolve problems at source and quickly without recourse to formal procedures. If, however this is not the case, there is recourse to making complaints and the home has a policy and procedure outlined for handling such matters. A complaint can be taken directly to the Registered Manager. If a complaint involves the Registered Manager then the complaint can be taken to the Responsible Individual who is also a director of the organisation. A complain can also be taken to Ofsted should there be unhappiness about the organisation or any aspects of its function. A full copy of the complaints policy is available from the Registered Manager.

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## **7. Safeguarding and protection**

Safeguarding children is a priority for the home and there are vigorous policies and procedures in place to safeguard children at the home. These policies outline staff responsibilities and duty to protect and procedures to follow when there are concerns about a child's safety and reducing the element of risk. The home works closely with the Havering MASH (Multidisciplinary Assessment Safeguarding Hub) team to ensure that all concerns of a safeguarding nature are thoroughly investigated and risks appropriately managed. The policies regarding safeguarding can be obtained from the Registered Manager via email to [Jo.Wright@footstepscare.net](mailto:Jo.Wright@footstepscare.net).

## **8. Views, wishes and feelings of the children**

The children are encouraged to meet at house meetings to discuss any relevant issues in the house. Where there are communication limitations, staff will seek the wishes of children using an appropriate communication method to ascertain their preferences. In some cases this may involve observed responses. Children's meetings will include input in relation to food and menus, activities, home décor, holidays, structure, times, rules, issues within the group and expectations. The home keeps a record of such meetings and the actions arising from them. The manager is responsible for ensuring that recommendations from such meetings are actioned.

Children also have regular 1:1 key work sessions which are recorded. These allow the child individual time with staff to discuss more sensitive topics and issues personal to them and their family or significant others.

The children and parents are also provided with feedback forms regularly and this is used as part of the monitoring tool for management. These are in various formats to ensure that all children can express their views appropriate to their method of communication.

Children may also have an advocate for specific issues or an independent visitor who will represent the interest of the child and contribute to meeting their needs.

## **9. Diversity and equality**

Our service celebrates diversity amongst its children, staff and visitors and recognises the contribution which individuals with a wide range of backgrounds and experiences can make to life in the home.

The organisation recognises that some children can experience discrimination and disadvantages in their access to education, training and work experience; and has in

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place policies and practices which promote equality and redress to disadvantages within the current legal framework.

In particular, the organisation believes that no individual or group should receive less favourable treatment as a consequence of their disability, gender, age, colour, ethnic origin, culture, religious beliefs, marital status, responsibility for dependents, employment status, sexual orientation, criminal record or social and economic status. The organisation monitors the effectiveness of this policy by analysing relevant information including recruitment, care plan information, planned activities and complaints.

The organisation's commitment to equality of opportunities and the elimination of discrimination extends to applicants, children, family, staff and visitors.

Children have rights to every aspect of care at Footsteps Care. These rights are protected through the various policies and procedures, for example – protection against abuse and bullying, and rights to be dealt with fairly through the behaviour management policy. The home has additional policies to protect privacy, dignity and confidentiality.

The home's policy statements states:

***"Each child will be provided with guidance, advice and support, in accordance with the child's needs, age and wishes. Children and staff will respect a child's wish for privacy, confidentiality and maintenance of dignity in a manner that is entirely consistent with good and reasonable parenting and the need to protect the child".***

## **10. Education**

The home has very good links with three local schools catering for the needs of children with special educational needs. There is a small staff team designated to education and they ensure that arrangements for education are made as quickly as possible once a child is placed. The home has a dedicated area where home education can take place and works closely with the virtual school of the local authority to enable children's education to continue if not placed in a school. All children have access to computer facilities in the education room of the bungalow in the grounds of the home. There are two members of staff who provide learning support and assistance to children who are not yet placed at a school. Children are assisted with homework and projects and staff contribute to educational reviews and the education.

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Children placed at the home usually have a statement of Special Educational Needs (SEN). All children are supported to ensure that the needs identified in their statement are met through the education provision they engage with. The home will require the last SEN statement and Personal Educational Plan (PEP) for the child if they are available and these would be reviewed annually in concert with the education provider.

Education progress and achievement is monitored and evaluated monthly and progress is summarised in the monthly report provided to the social worker. The home has regular contacts with teachers for each child at school and there is a two way dialogue regarding children, their behaviours and progress with schools.

### **11. Education provision**

The home is not dually registered with a school but education can be provided as home education in the bungalow while a child is waiting to be placed at a school or where health conditions limit attendance.

### **12. Arrangements for attending local educational facilities**

At Footsteps Care, education is perceived as an opportunity for preparing for future life. Our staff team are therefore duty bound to support children to attend education locally, in neighbouring boroughs and further afield where appropriate.

Where a child is over the school age, in the first instance a local college or training course would be offered to the child. Support and advice and links to courses would be given by staff. Footsteps Care is a registered Award Scheme Development and Accreditation Network (ASDAN) course provider and can support children who elect to complete ASDAN qualifications.

Staff members attend school events and open evenings and take an interest in all aspects of school life. Schools are always invited to participate in reviews for each child in order to ensure that there is focus on identified needs.

All young people will have preparation for transition into adulthood support through their Life Skills and independence programme co-ordinated by the home.

### **13. Enjoying, achieving and development of interest**

The home provides a range of opportunities for children to access local leisure facilities, clubs and events. Where a child has come to the home with hobbies or skills, they are actively encouraged to keep these going where appropriate and

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practical. Each child has an activity budget which is replenished monthly. Staff members support children to access activities and maintain a record of such activities in the care plan. The home has in place a system of seeking additional resources from local authorities to enable children to be adequately supervised on planned activities. A focused risk assessment is carried out on activities so that children have better chances of accessing appropriate activities.

Particular cultural activities are supported and any request by the child of those with parental responsibility is incorporated into the routine planning for the child.

Some of the local facilities available to children are:

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Staff members take into consideration the half-term breaks as well as the three holiday blocks during the academic year to plan activities for the children.

#### **14. Health**

Our staff members have a significant role to play in promoting awareness of health issues and healthy lifestyle. This includes providing good nutrition, ensuring adequate sleep and a proper and detailed regard for personal safety. Staff members provide children with the opportunity for good health but also work towards preparing them to take care of their own personal health where possible.

Consent for medication and emergency medical treatment is obtained on admission and is essential before any treatment is given.

All aspects of healthy living are addressed as appropriate. This can include sexual health, sexual exploitation, smoking, drugs and alcohol abuse, healthy nutrition and exercise. Children are supported to understand the impact of neglecting health. Communication of health messages are done using 'easy learn' formats in a variety of presentation methods. These may include information on food types, infection prevention and hand washing, dental hygiene and sexually transmitted infections.

All children are registered with a local GP during the first week of placement. Should medication be prescribed, the home has a structure in place that ensures that the medication is given correctly and that further doses if needed are ordered from the pharmacy. Where treatment with a drug is over a period of months, the home will initiate a review of such treatment from time to time by the prescriber to determine the need for continuing or alter the medication. Medication at the home can only be administered by staff members who have completed medicines administration

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training. Records are kept of all medicines administered and the home carries out a monthly audit of medicines administered.

Children have an annual health assessment which focuses on physical and emotional health. Each child has an optician appointment at least once per year and dental checks every six months. Staff members provide support for children requiring any form of dental treatment. Where children have specialist medical supervision for additional health issues e.g. diabetes or Percutaneous Endoscopic Gastrostomy (PEG) feeds, staff are specially trained to support the children with care at home and to attend clinic appointments at the hospital and work alongside health professionals that may visit the home.

All children are encouraged to pay attention to their personal hygiene with support if required. Personal needs monies are available as part of each child's monthly allowance for the purchase of toiletries and specialist hair and skin treatments. We recognise that children come from different ethnic backgrounds and cultures and may have specific needs, which relate to their heritage. We will liaise with specialist agencies and communities to ensure that health and cultural needs are met.

We believe that maintaining a healthy lifestyle contributes to positive outcomes for children and we expect referring local authorities/parents/former carers to provide all the necessary documentation required to meet their physical and health related needs.

Should a child need emergency medical attention there are systems in place for doing so by giving first aid if appropriate and calling the emergency health services for hospital treatment. All staff members are trained to administer first aid. The home will notify all relevant agencies and parents/guardian if a child had had to have emergency treatment.

The effectiveness of health maintenance is measured through monthly progress reports; Looked after children (LAC) reviews and medical health professional reviews and reports. All health appointments are recorded together with the outcomes of the appointment.

## **15. Positive relationships**

Positive contact with family members is supported by the home. Contact arrangements are agreed with the family and social worker and are incorporated into the care plan. Such arrangements have determined frequency, times and places where contact would take place and the level of supervision necessary. The home

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would facilitate transporting children to contact points if contact is outside the home. Where contact takes place within the home, private space is provided when required.

Positive contact with friends is encouraged. Friends cannot stay over at the home but young people can stay at their friends and family if agreement is given. Such arrangements are agreed with the social worker, and the home will need to speak with an adult and have the address and telephone number of the destination before agreement is given. Decisions and agreements for friends to see children will always be decided and agreed based on the individual needs of the young person at the time.

## **16. Protection of children**

The young people are monitored by staff 24 hours per day at the home. Each child has a level of supervision agreed at the time of admission or following specific events that requires the child having their supervision level increased or decreased. Staffing ratios are agreed in advance and the schedule of staff for the home reflects such supervision levels when at home or outside the home on an activity or appointment.

The home uses normal residential security which includes doors and windows being locked at nights with the exception of controlled door entry and exit to the front door of the premises and door pagers on each bedroom door which will alarm when children leave their rooms. The door pagers are used where there is concern about a child's conduct and for night supervision.

Some children may require additional monitoring such as seizure alarms if there is a risk of seizures. This is done with agreement by the social worker and incorporated into the individual risk assessment. Other health monitoring methods may be used as required for specific conditions e.g. blood glucose monitoring for children with diabetes. In all instances where specific monitoring is indicated, the staff team undertake appropriate training and periodic updates on the monitoring technique, use of equipment and management of the condition. Permission is obtained from those with parental responsibility for additional forms of monitoring.

The home's front door has a controlled entry and exit system where the door is opened without the use of a key. Staff members have an electronic fob that releases the door. This prevents unauthorised exit or entry to the home. This door is automatically released for opening in the event of an emergency. Young people will be assessed from time to time to determine whether or not they are able to have unsupervised free out of house access or not. This is also clearly stated in each child's individual risk assessment.

Access to the internet is granted to all children. Connection of their personal and communal devices is done through a router where the contents are filtered and staff can control the times the internet is made available to each device to ensure children do not spend disproportionate amounts of time on the internet. Our monitoring system captures places visited on the internet, dates and times and will prevent access to sites containing violence, sexually explicit and gambling content.

### **17. Behaviour support**

We recognise that children living at the home have a variety of needs. Our staff members are trained to understand various methods of behaviour intervention. The home uses a *Positive Behaviour Support model* for supporting children's behaviours. The aims of this model of behaviour support are:

- a) To increase the quality of life of the child;
- b) To decrease the behaviours of concern.

Positive behaviour support places an emphasis on teaching new skills and making changes to a child's environment amongst other things. Positive strategies are those that improve the child's life and include working with the child rather than trying to control/change them.

The approach seeks to understand the meaning of the behaviour from the individual's point of view rather than simply stopping the behaviour. This is a cyclic plan which has a number of steps which are iterated repeatedly over the lifetime of the plan. Consistency amongst staff members in implementing the plan is crucial and all staff members have relevant training and updates.

Each child lives as part of the group of children in the home and share in the day-to-day activities that are common to the lives of children generally. This includes eating together, sharing activity/leisure times, meeting and thinking together and developing interest and hobbies.

The experience of living not only in a group but as a group is used consciously by staff members to support each child to understand and manage their relationships in constructive ways and the development of social skills. Through a combination of formal and informal discussions and through staff supervised interactions between the children, each child is helped to learn how to live not only with themselves but also with others. With these approaches, the children come to understand the importance and value of safe and reliable relationships. They learn to manage them and themselves in constructive ways and therefore move steadily towards integration into the wider community.

Each child has an allocated key worker with whom the child would have an essential relationship for meeting their needs. This encourages the development of individual identity and a sense of self with the key worker having more detailed knowledge and understanding of the child and their needs.

The home provides a well structured environment with clear boundaries and a framework of regular routines which facilitates opportunities for children to develop, change, learn, trust and take ownership of their feelings and attitudes.

A reward system is in place that promotes positive behaviours with each goal or target created in response to the needs of each child. We believe that boundaries and structures are essential components of responsible parenting. We believe this is best achieved by:

- Promoting positive relationships.
- Engendering respect for self and others.
- Providing clear guidelines in regard to appropriate behaviour.
- Providing clear statements in regards to rules of the home.
- Providing clear statements in regards to sanctions.
- Treating children as individuals.

The home involves children and staff in agreeing the rules, expectations and appropriate sanctions of the house. Children house meetings are held monthly and are essential in the methods employed for behaviour management.

When incidents occur, great care is taken to ensure that children are helped to maintain a positive and calm environment. There is emphasis on the children reflecting on the consequences of their actions.

All staff members are made aware of permissible controls and all sanctions are fully recorded. Such records are checked by the manager and monitored by the Independent Visitor. Children are told about proposed consequences and why they are necessary.

Our staff use the following permitted disciplinary measures:

- Verbal reprimand.
- Reparation.
- Curtailment of leisure activities.
- Additional household chores.
- Increased supervision.
- Deduction of pocket money to repair damages (no more than two thirds and with agreement of the social worker).

- The supervision of pocket money spending; for a fixed period of time.

Other consequences can be used if appropriate and should be relative to the behaviour that it is being given for.

All staff are trained and made aware of prohibited measures of discipline (Children's Homes Regulations 2015):

- ✗ Corporal punishment (intentional application of force such as slapping, punching, pushing, throwing missiles and rough handling).
- ✗ Deprivation of sleep, food or drink.
- ✗ Restriction or refusal of visits, communications.
- ✗ The use of the withholding of medication, medical or dental treatment.
- ✗ Imposing a financial penalty, other than a requirement for the payment of a reasonable sum (which may be made in instalments) by way of reparation.
- ✗ Intimate physical examination.
- ✗ Withholding aids or equipment needed by a disabled child.
- ✗ Any measure involving punishing a group of children for the behaviour of an individual.
- ✗ Any measure involving a child imposing any measure against another child.

All sanctions are fully discussed with the child concerned and the staff team and recorded. The manager monitors the application of all sanctions for appropriateness, proportionality and duration.

### **17a. Physical Intervention**

Physical restraint is only used at the home as a last resort when it is necessary to prevent significant injury to any person or serious damage to property, unless a specific type of restraint is provided for use as part of the child's day to day routine, e.g. (securing a child in a wheel chair the duration of a vehicle journey, or when using a hoist as part of the safe operating procedure).

Reasoning and discussion will always be the first and preferred means of resolving any difficulties presented by a child. Physical means of control will only be used if discussion and distraction techniques prove ineffective and there is a real danger that a child will cause serious and significant injury to themselves, other children, staff and any other person present in the home or damage property.

Where previous behaviour indicates that there may be a future need for physical restraint, the manner of restraint to be employed is discussed and agreed with the child, their social worker and if appropriate parents. This will also take into consideration an assessment of the child's needs. The objective will be to establish

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agreement on the means of restraining as far as possible and the circumstances where this is likely to be needed. The agreement will be subject to regular review. The home uses the Protecting Rights In a Caring Environment (PRICE) techniques of restraint. All staff members are trained in the use of the PRICE techniques as well as in methods of de-escalation and diversion strategies. All occurrences of restraint are recorded in the restraint log and are reviewed by the manager, monthly audited and seen by the independent visitor. A copy of the recorded incident form is sent to the local authority. Other adults are to be informed as agreed in the care plan. The monthly progress report will contain information about physical restraints.

Physical restraint is not be used as a sanction or confused with agreed sanctions for unacceptable behaviours. It is not a means of punishment or an indication of disapproval. It is intended as an emergency method and temporary response to harmful behaviour and is discontinued immediately when the risk has diminished.

Physical restraint involves the use of minimum force required for the circumstances and child. It is used cautiously, thoughtfully and in a manner that will minimise the risk of injury to the child. Two staff members would be involved in most physical restraint unless circumstances prevent this. Where necessary, means of close supervision will also be agreed in the individual child's plan.

Following an incident of restrain, an early opportunity is taken to discuss the incident with the child in order to give reassurance and to promote understanding to explore alternative behaviours for the future. This is done with a member of staff who was not involved in the restraint for objectivity. A reflective analysis of the circumstances that lead to the restraint and the responses is carried out by staff present at the time of the restraint and recorded. This serves to improve the management of behaviours and reduce the need for physical restraint.

### **17b. Staff training – Physical Intervention**

All staff members employed by the home have certified training in physical intervention using the PRICE techniques. Footsteps Care has an advanced PRICE trainer Christopher Wright, and staff can discuss appropriate techniques for a situation with him in addition to the training given. An assessment forms part of the training programme to assess competence. Any staff failing the assessment must re-train. All staff are retrained and updated annually.

Children have full access to the home's complaints procedures should they consider any incident of restraint to be unjust or cause injury.

## **18. Leadership and Management**

The Registered provider is:

Footsteps Care Limited

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The Registered Manager is:

Joeline Wright

170 Balgores Lane

Gidea Park

Romford

RM2 6BS

Tel. 01702 458121

Email: [jo.wright@footstepscare.net](mailto:jo.wright@footstepscare.net)

The Responsible Individual is

Anslim Narinesingh

1 Ambleside Close

Gidea Park

London

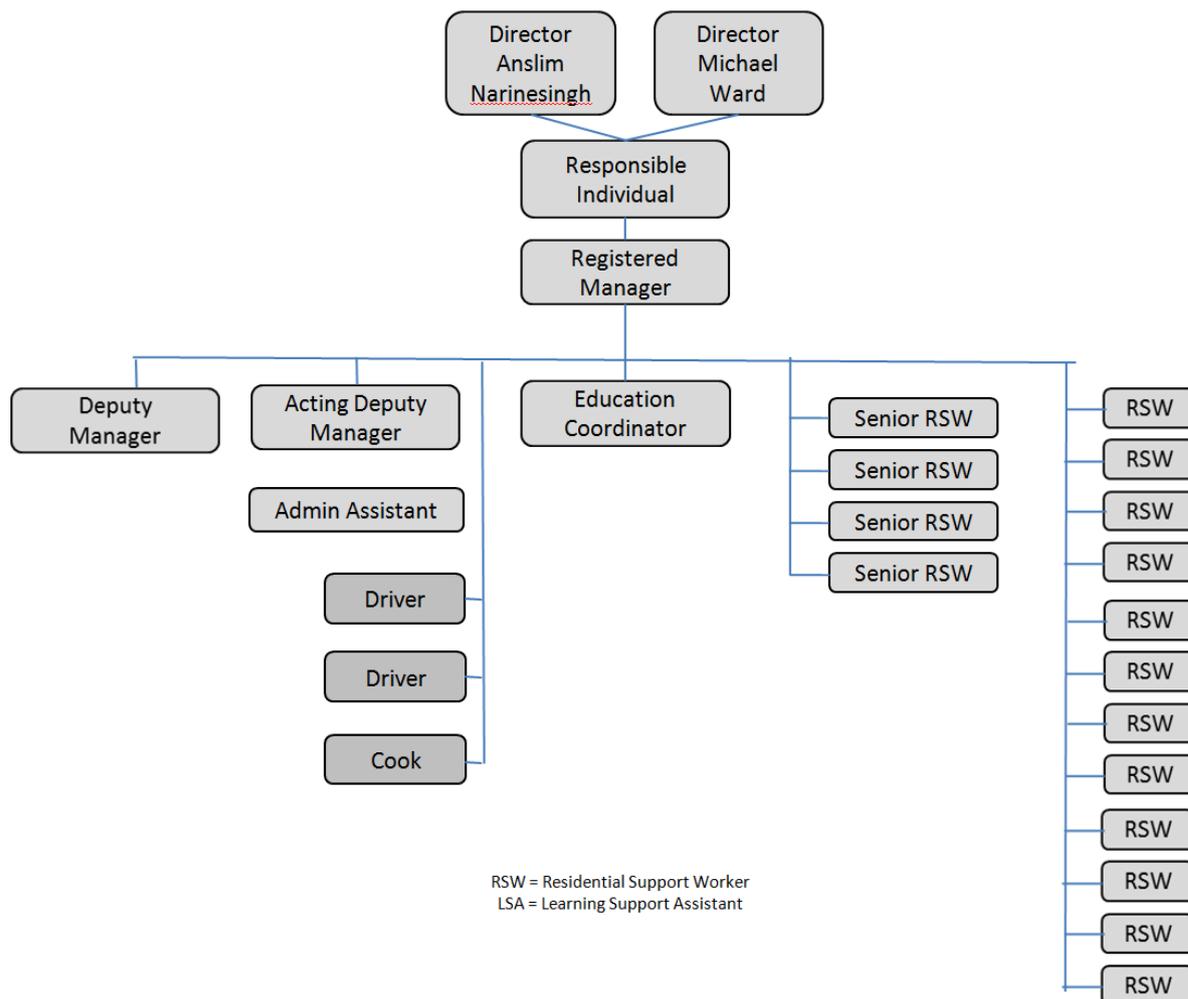
E10 5RU

Email: [anslim@footstepscare.net](mailto:anslim@footstepscare.net)

## **19. Experience and Qualifications of staff**

Details of staff qualification are contained in Appendix A. This appendix is updated periodically.

## 20. Management and staff structure



## 21. Staffing mix

Staff members come from a wide variety of ethnic backgrounds and are of both sexes and a wide age range. This group brings a wide range of experiences and skills that enrich the home's ability to deliver care and support.

The manager is supervised by the Responsible Individual. The manager will then supervise the deputy managers and education co-ordinator. The Deputy Managers will supervise the Senior RSW and RSW staff under them. The Education co-ordinator is supervised by the Responsible Individual.

The level of staffing and mix of staff genders depends on the gender split of the children and their needs. There are 6 beds on the first floor and staffing levels are set so that there is adequate supervision as agreed at the admission of each child or adjusted according to change in needs. When 100% occupied, the minimum staffing level for the

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home is 2 staff excluding the manager and admin staff during the day time and 2 waking night staff.

Occasionally it may be necessary to use Agency staff. The Manager or deputy managers will make arrangements for the supervision of sessions with bank staff.

Staffing levels can fluctuate depending on primarily the children's needs and other factors such as:

- Reduced occupancy
- External appointments and activities

All new staff undergo an initial induction period during the first 5 days of their employment and continue induction through a period of 6 months known as the probation period.

## 22. Admission criteria

The home accepts planned and emergency placements. In all cases the home will seek to carry out an assessment of the needs of the child and risks associated with behaviours of concern before deciding to admit. Where an admission is planned the purpose and outcomes of the placement will be identified before admission. Clear goals are identified focusing on the individual needs of each child. In all cases an **integrated or impact risk assessment** is done to determine how the potential placement would impact on existing children.

The home will accept children who:

- Is aged between 5 and 17.
- Have a diagnosed learning disability and whose care and support is primarily because of their learning disability.
- Display challenging behaviours.
- Has complex health needs.
- May be physically disabled.

Consideration is given to:

- The functioning abilities of the child compared with those already at the home.
- Other complex needs requiring extra staff skills and abilities.
- Access to education and any special facilities.

The Registered Manager would determine if the home has the skills and capacity to meet the individual needs of a child. The referring local authority and social worker will also satisfy themselves of the ability of the home to meet the needs of the child. Where

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possible, a visit to the home by the child before a decision to place is encouraged. It is also expected that the social worker and where appropriate parents/guardian would also visit the home.

Once admission is agreed, the following must be on placed in the records of the child:

- Initial Risk Assessment undertaken.
- Essential information.
- Placement Plan.
- Any update to the Care Plans.
- Appropriate background reports.
- Any updated reports of from referrals to specialist for assessment or follow up.
- Personal Education Plan.
- Consent for emergency medical treatment.
- If under a care order, a copy of the court order.
- A copy of the birth certificate or passport of the child and a source document for identity.

The home subscribes to best practice values and as such works towards having a pre-admission meeting for planned admissions. This is to:

- Share relevant information.
- Identify the process of meeting the care needs referred to in the placement plan
- Discuss risk issues.
- Discuss management issues.
- Identify the desired outcomes for the child whilst cared for at the home.
- Agree admission process. This includes a visit by the child to the home prior to admission.

Within 72 hours of admission a Placement Planning meeting will take place, this will look at any specific health needs, safeguarding issues, leisure needs, religious needs, contact arrangements, living skills, and whether the placement is suitable both for the young person and the home.

Within 20 days of admission, a Looked After Child (LAC) Review is convened by the allocated social worker in order to:

- Agree the placement and Care Plan.
- Detail the specific purpose and outcome of the placement.
- Detail the specific roles of all professionals involved in the child's life.

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Footsteps Care, Gidea Park does not primarily function as an emergency resource, however on occasions such admissions will occur. Emergency placements will be considered on the following basis:

- The current placement of the referred child has broken down
- Parents/carers of the referred child can no longer meet the needs of a child who has been living at home.
- The young person is not an arsonist or fire starter.
- The young person is not on bail for serious assault or any other serious offense.
- There are no identified or obvious safeguarding concerns or risks to other young people or staff.

Where emergency placement is sought, the following procedure will apply:

- Placements officer/referring social worker enquires about the placement of a child.
- An Initial Request for Placement referral Form and Pre-Admission Risk Assessment Form is forwarded to the officer/referring social worker for completion.
- Completed forms are returned to Footsteps Care, Gidea Park.
- Written agreement is provided for a risk management plan and discussions are recorded.
- Upon receipt of the above information, the manager will carry out a review of the Pre-Admission Risk Assessment

An immediate decision as to whether the referral is suitable will be made. In doing so the manager will consider the following:

- Does the home have all the information necessary to make a decision?
- Can Footsteps Care, Gidea Park provide services to meet the needs of the young person?
- Will the young person have a positive effect on the provision of care for existing residents in the home?
- Will the young person have a detrimental effect on the provision of care for existing residents in the home?
- Is the support being offered to the young person by the placing authority sufficient? If not, what additional support will be required?

If the decision is to admit the young person, the placements officer will be contacted to arrange a time for the arrival of the young person and discussions about transport arrangements take place. On arrival a planning meeting will take place with the young person, this should be at the time but definitely within 72 hours.

At the first LAC review after 20 days, a decision is made as to the suitability of the placement for the young person.

This statement of purpose is to be reviewed at least annually.

## Appendix A

**Staff details**

<b>NAME</b>	<b>POSITION</b>	<b>QUALIFICATIONS AND EXPERIENCE</b>
Joeline Wright	Registered Manager	
Christopher Wright	Deputy Manager	
Catherine Babester	Acting Deputy Manager	
Dionne Westpfel	Senior RSW	
Samantha Smith	Acting Senior RSW	
Carley Ashleford	Acting Senior RSW	
Claire Pocock	Senior RSW	
Joseph Isaccs	RSW	
Charles Evoh	RSW	
Obabisi Ogedengbe	RSW	
Naomi Jarrett	RSW	
Lisa Pigeon	RSW	
Lisa Collins	RSW	
John Dublin	RSW	
Amy Mould	RSW	
Juliana Oshode	RSW	
Maria Howard	RSW	
Debbie Donatus	RSW	
Farran Brooks	RSW	
Kim Weaver	RSW	
Melanie Ferreira	RSW/Admin	
Hayley Gregory	RSW	
Fiona Mhosira	RSW	
Erica Jarrett	RSW	
Christine Crammond	Admin	
Sham Singh	Driver	
Sean O'Sullivan	Driver	
Karen Clark	LSA	
Estella Wiles	Cook	