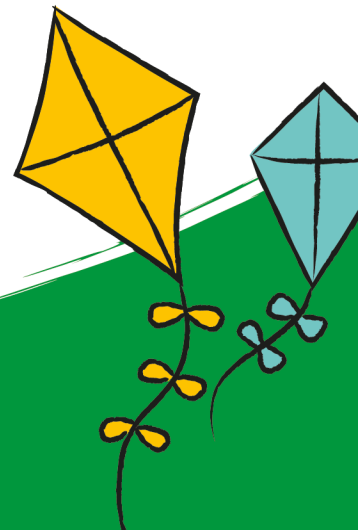


The Children's Trust Statement of Purpose



This Statement of Purpose sets out what we do and how we do it, but to best understand our service please do not hesitate to contact us for more information or to arrange a visit. The Statement of Purpose is written in accordance with schedule 1 (regulation 16) of the Children's Home Regulation 2015 and is reviewed annually. A copy of the Statement of Purpose is clearly displayed in the children's homes and is also accessible via The Children's Trust website.

Updated August 2019



Contents	Page No.
1. Introduction	
Welcome to our residential houses	4
2. Quality and Purpose of Care	
The Children's Trust	4
Our ambition and what we do	4
Range of children and young people's needs	5
Aims and objectives	5
Facilities	6
Location of The Children's Trust	8
Culture and religious needs	9
Complaint process	10
Safeguarding Policy	10
Behaviour management policy	11
3. Views, Wishes and Feelings	
Consulting with children and young people	11
Anti-discrimination and the children's rights	13
4. Education	
Supporting children with special educational needs	13
Promoting children's educational achievements	14
5. Enjoyment and Achievement	
Social outcomes	15

6. Health

Health outcomes	16
Consultants	17
Therapy, play and leisure	17
Pharmacy	17
Dentist	17
Dietician	17

7. Positive Relationships

Promoting contact between children, their families, and friends	18
---	----

8. Protection of Children

Approach to monitoring and surveillance	18
Positive behavioural support	19

9. Leadership and Management

Full address	19
Names of relevant personnel	19
Recruitment procedures applicable to staff working in the children's home	20
Staff experience and qualifications	21
Residential staff	21
Team meetings	22
Organisational structure	22
Staff supervision	23
Qualifications	23

10. Care Planning

Admission to the home	24
Assessment visit	25
Care plans and reviews	26
Initial review	27

Annual review	27
Looked after children	27
Transition – moving on from The Children’s Trust	28
Monitoring of the residential house service	28

1. Introduction

Welcome to our houses

The Children’s Trust is a charity for children with brain injury and neurodisability. The houses are located in beautiful grounds in Tadworth, Surrey, close to the M25. We provide rehabilitation, care, support, therapy and education to children and young people, up to 19 years of age, with brain injury, neurodisability and complex health needs and aim to enable them to reach their full potential.

We offer a supportive, caring, welcoming and safe environment for children and young people who have neurodisability which may have been caused by a brain injury but not exclusively. We also offer residential care for children with complex health needs with access to 24 hour nursing support and children who have long term ventilation needs. The majority of children who access our services have profound and multiple learning difficulties.

The houses are registered with both Ofsted and the Care Quality Commission and we currently offer up to 66 residential placements

Medical care is provided by our Consultant Paediatricians with a GP service offering out of hours care.

2. Quality and Purpose of Care

The Children’s Trust

The Children’s Trust is a charity for children with brain injury and neurodisability. We work with children and young people from across the UK, both from our specialist centre in Tadworth, Surrey and in communities around the country.

The houses are set in 24 acres of grounds, along with The Children’s Trust School. This is a rural location with travel links via the M25 and a local train and bus service. Public transport is augmented by the use of a fleet of vehicles and accommodation is available on site for families to stay.

Our ambition and what we do

Our ambition is for all children with brain injury and neurodisability to have the opportunity to live the best life possible.

We deliver rehabilitation, education and community services through skilled teams who work with the children, young people and their families.

Range of the children and young people's needs

Chestnut, Jasmine and Willow Houses support children and young people with profound and multiple learning disabilities, neurodisability and complex health needs. We are registered to support children and young people from the ages of 5-19. We do also support some young people whilst they are transitioning to a suitable adult environment.

People with profound and multiple learning difficulties have a profound intellectual disability which means that they have severely limited understanding.

In addition, they will also have multiple disabilities which may include impairment of vision, hearing and movement as well as other problems such as epilepsy and autism. Most people in this group are unable to walk unaided and many have complex health needs requiring extensive help.

Despite such severe impairments, people with profound and multiple learning difficulties can form relationships, make choices and enjoy activities. (Mansell, 2010)

Mulberry and Camelia Houses support children and young people who are visiting The Children's Trust for a short break, are transitioning from hospital to home (step down services) or are accessing rehabilitation. They also specialise in supporting children who have long term ventilation needs.

Oak and Maple Houses support children and young people who are accessing an intensive rehabilitation programme, following an acquired brain injury.

Aims and objectives

The Children's Trust brings together a multi-professional team who work in partnership to deliver a holistic approach to meeting the child's education, health, therapy, care, leisure and social needs. Each child will have the opportunity to live and learn in a safe, caring and nurturing environment where their differences are acknowledged, their abilities are recognised and the importance of optimising health is valued.

Our aims for children are:

- to reduce barriers to enable children to access and enjoy as many play and leisure activities as possible;
- to optimise the children's health through the provision of high quality medical support, care and therapy;
- to access a full and meaningful integrated education by working closely with The Children's Trust School or the Surrey teaching service, to integrate education throughout their daily lives;
- to deliver care which is individualised and stimulating that encourages every child/young person to achieve their full potential and achieve positive outcomes;
- to provide a holistic approach within an organised, happy and safe environment in which each child/young person's specific social and educational needs can be met;
- to work in partnership with parents, carers and other stakeholders enhancing the quality of life of their children;

- to live and learn in an emotionally supportive environment which promotes their development as a young person;
- to be empowered and facilitated to indicate preferences about their lives.

Each child/young person is treated as an individual with their own specific needs. Care plans are developed to support and meet the assessed requirements of the child/young person and to enable the child/young person to achieve agreed outcomes.

Children/young people's physical, psychological, health, education and social needs are met by the coordinated onsite service consisting of doctors, registered nurses, therapists, teachers, social workers and care staff.

Within the houses we offer personalised programmes of:

- care;
- therapy;
- education;
- nutrition;
- behavioural support;
- pain management;
- postural management
- play and leisure activities.

All children/young people are encouraged and supported to participate in recreational, sporting and cultural activities.

Activities away from The Children's Trust are also promoted such as, ice skating, bowling, cinema visits, restaurants and places of interest. Children who are placed here for 52 weeks of the year will go on a suitable holiday annually.

These are all subject to risk assessment, age appropriateness and training for staff.

Facilities

We provide a homely environment for the children and young people within seven purpose built houses.

Three houses, Chestnut, Jasmine and Willow are all able to accommodate children/young people within either single or double rooms. Jasmine and Willow are on the ground floor with Chestnut on the first floor with access via a lift.

Mulberry and Camelia are both single storey buildings which accommodate children/young people, within either single or double bedrooms.

Maple is on the ground floor of Archie Norman House whilst Oak is on the first floor, which is accessible

via a lift. Both houses have single rooms only.



The bedrooms are all individually decorated with children/young people and their parents encouraged to contribute their views and preferences including choosing paint colour and decoration. Children and young people are able to bring their own TV, DVD and tablets. WiFi is also available in all of the houses. Consideration for safeguarding is always used in relation to accessing technology. The Children's Trust provides bedding, however parents and children can bring their own choice of bedding if they wish.



Only children of a similar age will be asked to share rooms and this will be decided in conjunction with the family/carer and a compatibility assessment undertaken to determine likes/dislikes and suitability. This will be reviewed annually, or sooner if the child's needs change.

The houses are fully wheelchair accessible and have overhead tracking hoists and adapted bathrooms to meet a variety of needs.

Houses have a substantially sized lounge and multisensory area/relaxation area. Houses have a fully equipped kitchen and large dining room. Meals are prepared in the central Children's Trust kitchen and then transferred to the houses for serving. Children/young people access the dining room together to develop their socialisation skills. They are given opportunities to participate in preparing food where possible.



All houses have security entry systems in place and visitors sign the visitor's book and inform the shift leader of their presence in house.

Location of The Children's Trust

The houses are set within 24 acres of woodland, gardens and lawns which form The Children's Trust. These have been landscaped and have a nature trail, Woodland Walk, wheel chair accessible tree house and multi-sensory gardens.





The Children's Trust is situated within Tadworth which is a large suburban village in Surrey in the South East of the Epsom Downs. It forms part of the Borough of Reigate and Banstead. It has a population of approximately 13,000 residents and locality risk assessment is reviewed annually. (www.surrey.gov.uk 2011)

Cultural and religious needs

The Children's Trust strives to ensure a positive equality of opportunity at all times.

If a child or young person has a particular cultural or religious belief and they and their family wish to pursue these beliefs they are supported and enabled to do this.

The Children's Trust aims to create an accepting environment which helps to:

- enhance self-esteem;
- create a climate where cultural and religious differences are acknowledged and valued;
- ensure visiting parents, relatives and friends feel comfortable and supported when visiting the homes regardless of ability, race, religion or class;
- prepare and provide meals that meet specific dietary requests;
- provide access to interpreting and translation services; and
- celebrate key events and participate in community activities.

We consistently ensure all children and young people are respected and valued as an individual and this is implicit in our care planning. Plans are in place to meet specific needs in accordance with individual cultural and religious needs.

Complaint process

Children, young people and their families are made aware of their rights to complain if concerned about any aspects of the Children's Trust.

A robust and clear complaints process is in place and leaflets are clearly displayed and accessible to guide through the process.

The aims of our complaints process are to:

- get it right;
- be customer focused;
- be transparent, open and accountable;
- act fairly and proportionately;
- put things right; and
- seek continuous improvement.

Whenever possible complaints are discussed at a local level with the appropriate manager and can generally be resolved at the time they occur.

Any written complaints are raised with the Director of Clinical Services / Head Teacher initially and will then follow the complaints process in accordance with the nature of the complaint. Our complaints process can be found on our website at <https://www.thechildrenstrust.org.uk/contact-us>. A copy of our complaints policy is available for your reference on request by emailing enquiries@thechildrenstrust.org.uk

Families can also find contact details of the following organisations in our complaints leaflets, available online or across site:

- Ofsted;
- The Care Quality Commission; and
- NHS Ombudsman.

Safeguarding policy

The Children's Trust is fully committed to safeguarding children and young people.

All staff within the children's home have an enhanced disclosure and barring certificate on commencing employment and this is then checked 3 yearly. The Safeguarding Children & Young People policy is accessible to all staff via the intranet and clear flowcharts available in the main offices to guide staff.

It is an expectation that all staff adhere to The Children's Trust Safeguarding Children & Young People Policy at all times. The Safeguarding Children & Young People policy is reviewed regularly to ensure it is robust and in line with legislation. A copy of this policy is available on request – please email enquiries@thechildrenstrust.org.uk or request from the House Manager on-site.

All clinical staff attend level 1 & 2 Safeguarding training and all managers attend level 3.

A safeguarding lead is identified for staff to approach to discuss any concerns.

The Children's Trust works closely with the Surrey Safeguarding Children's Board to ensure a transparent and open culture.

Our team of experienced social workers ensures reported incidents are reviewed daily and any potential safeguarding incidents identified and necessary actions taken. The child's local authority social worker is also informed of any safeguarding incidents. The Local Authority Designated Officer is contacted if staff are involved.

In order to provide a supportive, safe environment for all children and young people, The Children's Trust expects all of its employees, without exception, to act professionally throughout their employment here. This means that all staff are responsible for ensuring they do not get involved with certain activities. These include:

- social meetings with families outside of working hours or the use of social networking sites for the purpose of contacting families;
- providing services, paid or otherwise, outside of working hours without explicit agreement of the Charity;
- providing finances to families, although any request for financial support can be discussed with a manager or social worker as part of their role.

The full professional boundaries policy must be read by all members of staff and is available on request by emailing enquiries@thechildrenstrust.org.uk or from the House Manager on-site.

Behaviour management policy

Behaviour support guidelines and behaviour risk assessments set out ways in which to encourage appropriate behaviour, prevent behaviour that is challenging and, if required, respond to behaviour that is challenging. Concerns about a child's behaviour will be prioritised through planned intervention and adherence to The Children's Trust Behaviour guidelines.

For this group of children and young people behavioural management is usually in relation to self-harming behaviours.

Where relevant the behaviour management policy should be read alongside the restraint policy, both of which are available on request. To request a copy please email enquiries@thechildrenstrust.org.uk or speak to the House Manager on-site. For young people who are 16 years or older it should be read alongside the Mental Capacity Policy, which is also available on request.

See Protection of Children for further information.

3. Views, Wishes and Feelings

Consulting with children and young people

Effective communication is promoted within The Children's Trust. Many of the children/young people within the houses have non-verbal communication skills so, to ensure their thoughts

and wishes are heard, we:

- have communication passports to provide a means for children to participate in planning and decision making;
- provide opportunities for children/young people and their parents/carers are involved as much as possible in developing and reviewing their care plans;
- ensure staff have been trained to competently use a wide variety of communication aids as suitable for the child's needs; and
- displayed "You said/ we did" boards within all houses to capture child and parent/carer feedback.

A friends and family survey is undertaken throughout the child's placement. Three key questions are asked and resulted inputted to an Ipad to enable monitoring and development actions as required.

Children and parents within the rehabilitation setting complete questionnaires regarding their placement at the point of discharge. The results of these are shared with the clinical governance committee and acted upon as appropriate.

Parent questionnaires are undertaken annually. A Parents' Consultation meeting is in place quarterly to gather feedback and opinion on the service and quality of care.

Children from across site are supported to undertake service reviews 3 monthly. Their feedback is gathered by the independent advocate and service developments identified as appropriate.

The house team work in collaboration with their speech and language therapy colleagues to optimise the child's communication.

All children are actively supported to enable their ability to indicate preferences, i.e. selecting their clothing, food choices and activities to participate in.

An independent visitor visits the homes on a monthly basis to provide additional views and scrutiny.

Staff are expected to demonstrate a high level of understanding of the children/young people's needs and opinions. Where ever possible the children/young people's wishes will be taken into account when making decisions.



Anti-discrimination and the children's rights

The concept of best interest of the child/young person is paramount and staff are supported to ensure they are fully committed to this. Best interest meetings are held for all children over the age of 16 years old and the child's needs are placed at the centre of all decision making.

The Children's Trust is committed to ensure equal opportunities and anti-discrimination practice in relation to the children/young people and also staff/volunteers.

There is a clear Anti-Bullying Policy in place and staff are expected to adhere to this.

Within the principle of equal opportunities The Children's Trust will:

- ensure that children receive care, therapy and education in a supportive, caring and safe environment without fear of being bullied;
- ensure that all staff, volunteers, children, parents and carers understand, prevent and respond to bullying of children;
- ensure that if bullying does occur, it will be dealt with appropriately and effectively;
- develop a non-bullying ethos and 'no blame' culture;
- ensure that if bullying is reported, children and parents/carers will be supported;
- ensure that any child, who has been bullied, will be helped to rebuild their confidence;
- ensure equality and diversity is recognised; and
- ensure that risk assessments are carried out and that those identified as being at risk are monitored.

4. Education

Supporting children with special educational needs

The children residing within Chestnut/Jasmine and Willow attend the on-site special needs school during term time.

The school uses the Individualised Profile Assessment Target Setting (ImPACTS) curriculum individualised to the child's needs. The curriculum integrates the cognitive, early communication, environmental control through technology use, and physical skills of the pupils.

The team in the children's homes positively support the children to develop identified outcomes and targets within the home setting to ensure continuity of learning and consolidating skills.



Promoting children's educational achievements

The staff in the children's homes have a positive and open relationship with The Children's Trust School. There is regular communication between both settings and information shared regarding the daily needs of the children/young people.

The pupils educational targets based on the ImpACTS curriculum are included in each care plan.

Staff from the homes attend annual reviews and are involved in the gathering of information for the Education, Health and Care Plans.

The teams enjoy celebrating achievement and we do this via certificates, medals, wall displays, photos, parties and in any way which will suit an individual.





Children accessing rehabilitation attend the Surrey Teaching Centre (which is a pupil referral unit). Within allocated educational sessions they will work towards individually identified educational goals, which link in with the child's rehabilitation goals.

5. Enjoyment and Achievement

Social outcomes

The Children's Trust offers a wide variety of play, leisure and social activities which are determined on an individual basis.

The play and leisure team support within the homes on a weekly basis to oversee a recreational timetable. The occupational therapy team also play a key role in ensuring children are offered a variety of activities that meet their needs and develop and reflect their creative, cultural, intellectual, physical and social interests and skills.

The child's occupational therapist works to develop each child's interests and hobbies and participate in meaningful activities which provide enjoyment and relaxation as well as expanding their interests. They also work alongside the house staff to consider ways in which the children can make a positive contribution to the home by having chores to do.

There is a fleet of vehicles including minibuses which are used regularly for outings to the local community and further afield. Leisure time is used for on-site and off-site activities including shopping, parks, zoos, arts and crafts, seaside visits, walking, sensory activities, music or simply relaxing with peers.

The children and young people are encouraged and supported to undertake a range of new

social activities.

The houses have areas which can be used for individual and group leisure activities such as group cooking, art, messy play, music, watch films and listen to book readings.

There is ample outdoor space which can be used for walking, picnics, organised games and sports. Staff offer choices whilst encouraging young people to have a varied, individually tailored and meaningful leisure programme which aims to achieve a balance between active and quiet leisure and socialisation.

Children who are residential 52 weeks of the year are also able access holidays with support from staff such as Centre Parcs and Butlins.



6. Health

Health outcomes

The Children's Trust provides services for children/young people with a range of complex health needs. The multi-professional team is managed by the Director of Clinical Services with the medical team led by the Medical Director. The team provide robust assessments of each child, treatment, diagnosis support, emergency care, sensory needs, education and training. All of the clinical team work closely with the residential houses and education staff to ensure each child receives a holistic service. The service is registered and regulated by the Care Quality Commission as well as Ofsted Social Care.

The effectiveness of the health and therapy provision is measured through the outcomes for the children based on the ImPACTs curriculum targets and Goal Attainment Scaling for additional therapy specific goals. Individual records highlight needs, progress, reviews, planned and unplanned intervention and are kept within the child's records. Information within the records are confidential to the child, appropriate professionals and families and are used to review and plan current and future care for the child and the organisation as a whole. Records are used during the medical round to review mediations and future interventions. The nursing and care team use care plans which state

clear aims for each child.

The children are supported by a team of children's support assistants who are supervised by the Registered Nurse team. The Registered Nursing team consists of children's nurses, learning disability nurses and adult nurses.

All children have individualised care plans which are reviewed, at least annually, or in response to their changing needs.

There is an on-site medical team consisting of both consultants and registrars who are available Monday – Friday between the hours of 9am – 5pm.

Out of hours medical cover is provided by the on call GP consortium.

Consultants

There are a number of Consultants who hold clinics at The Children's Trust and these include orthopaedics, audiology, ophthalmology and psychiatry.

Therapy, play and leisure

There are therapists and a play and leisure team on site including physiotherapists, occupational therapists, speech and language therapists, music therapists, health play specialists and play and therapy support workers. Therapeutic activities such as aquatic therapy, orthotics provision and rebound (trampolining) are regularly offered as well as each child having an individualised programme.

Pharmacy

The Children's Trust has an on-site pharmacy service. The pharmacy is open 9am-5pm, Monday-Friday.

Dentist

The Children's Trust has an arrangement with a local community dentist who holds a 6 monthly clinic. Children will also be seen in the local dental surgery as required.

Dietician

The Children's Trust has a contract with Kingston NHS Trust for dietetic services. The dietician visits twice a month and reviews all of the children's dietary plans.

Ensuring the children/young people's health is maximised further supports the development of the child/young person's ability to achieve their potential in their identified targets and outcomes.

7. Positive Relationships

Promoting contact between children, their families, and friends

Families are encouraged to be part of The Children's Trust team. Children are encouraged to have regular contact with their family through phone, visits, letters and SKYPE. The pattern and regularity of contact is driven by individual needs and preferences unless there are legal orders to the contrary. Families and carers are welcome to visit and there is the opportunity to stay in the accommodation, or in a flat on site with their child. Young people are also encouraged to keep in touch with their wider family and community networks where possible.

The Children's Trust invites families to input into planning care and to sign the plans upon their completion. Staff communicate with families and carers regularly to keep them up to date on their child's well-being, activities and experiences. The frequency of this contact varies upon the families wishes.

Children are supported to develop their own photo books and enjoy reviewing these with their families and friends when they visit.

Some of the children are able to spend weekends at home and this is arranged in liaison with the family and community team as appropriate.

8. Protection of Children

Approach to monitoring and surveillance

The children within the houses have a high level of care need and are also extremely vulnerable, therefore staffing levels are set to a high standard with a minimum of one member of staff to two children during day time hours and minimum of one member of staff to four children over night.

A small number of children will require closer supervision and will have one member of staff allocated to support and monitor them for the agreed time period, waking day or 24 hours. This is with agreement from their funding authority.

Levels of staffing are assessed by senior nurses on a daily basis and skill set is mapped to the children's needs to ensure the safety and wellbeing of the children is consistently met.

Staff numbers for each shift are displayed in the houses. During nights the children are cared for by waking staff who carry out checks throughout the night. The regularity of monitoring is risk assessed for each individual child but will always be a minimum of 2 hourly. Those children who have close monitoring overnight will have a member of staff outside their room who can observe them in accordance with their care plan. A small number of children will require CCTV monitoring via a baby monitor which will only be used when necessary and in agreement with the family and local authority. The CCTV does not produce recordings nor does it have a play back facility. It is only used to monitor sound and movement.

Positive behavioural support

Some of the children within the residential houses require support for their emotional needs

including support for self-harm. Advice to inform behavioural plans can be obtained by the on-site psychology team which focuses on proactive, planned and individual strategies.

There is also access to a Child and Adolescent Mental Health Service via a visiting consultant psychiatrist for those children with identified mental health needs.

9. Leadership and Management

Full address

The Registered Provider:

The Children's Trust

Tadworth Court

Tadworth

Surrey

KT20 5RU

Tel: 01737 365000

Relevant Personnel

The Responsible Individual of the service is:

Jayne Cooper

Director of Clinical Services

The Children's Trust

Tadworth Court

Tadworth

Surrey

KT20 5RU

Tel: 01737 365 085

Email: jcooper@thechildrenstrust.org.uk

The Registered Manager for the service is:

Claire Shiels

Head of Nursing, Care & Quality/Registered Manager

Tadworth Court

Tadworth

Surrey

KT20 5RU

Tel: 01737 364 343

Email: cshiels@thechildrenstrust.org.uk

Recruitment procedures applicable to staff working in the children's home

Applicants are required to complete an application form providing details of any work experience, education and qualifications, gaps in employment and evidence that they meet the person specification for the job role.

All positions are subject to fair selection and interview process, the structure of which is dependent on the job role. There is always at least one member of staff with safer recruitment training on the interview panel.

Roles who are part of the management structure or who work with children are interviewed using a child and professionals panel.

Children have prepared interview questions for all other roles throughout The Children's Trust.

Prior to appointment all applicants are required to provide the following:

- agreement to enhanced disclosure and barring check;
- information regarding any convictions;
- original evidence of qualifications stated in the application;
- proof of identity including a recent photograph;
- proof of eligibility to work in the UK;
- details of two written references – one of whom must be the current or most recent employer. As a minimum we require references from the current manager;
- if a person has previously worked in a position with children or vulnerable young adults, verification so far as reasonably practicable of the reason why the employment ended will be sourced.

Successful applicants are subject to the following checks:

- occupational health questionnaire;
- references are sought and validated by a phone call;
- enhanced disclosure and barring check.

Staff experience and qualifications

The Children's Trust has its own training team which offers a wide range of study days and courses and qualifications to support the staff. Staff complete the induction training programme which meets Skills for Care standards. Following 6 months of probation and successful completion of their competency package, care staff will have achieved RQF Level 2 in clinical skills.

They will then commence the RQF Level 3 in residential childcare. This will be completed within 2 years of commencing employment within a children's home.

Mandatory training is completed as per a training matrix but includes:

- Safeguarding level 1 and 2
- Health and safety
- Infection control
- Manual handling
- Food hygiene
- Resuscitation
- Fire safety
- Equality and diversity
- Information governance

Additional role needs such as administration of enteral feeds, epilepsy, observations, tracheostomy care, and medication administration are organised via three competency days followed by in-house competency assessments.

Staff qualifications are registered on a database which tracks progress. This is monitored on a monthly basis via the Clinical Governance Committee to ensure compliance. This is available from the People and Organisational Development team if required.

Residential staff

Every house has a dedicated team of staff. The number of staff assigned to each house is dependent on the assessed needs of the children living in the house. There are three tiers:

1. Universal Care – a minimum of one carer to two children during day time hours one carer to four children over night
2. Targeted – children who require care which needs specialist training e.g. jejunostomy feeds, stable non-invasive ventilation, carers are more experienced with a higher level of competency training specific to the child's needs

3. Intensive – children who require a greater level of monitoring and care and are generally allocated one carer

Many of the children require a minimum of two carers whilst carrying out personal care and 1:1 support to access leisure activities which involves manoeuvring their wheel chair. The Children's Trust has its own bank staff who can work on the houses to cover the absence of others. In addition staff are able to move across the service to cover vacancies.

Team meetings

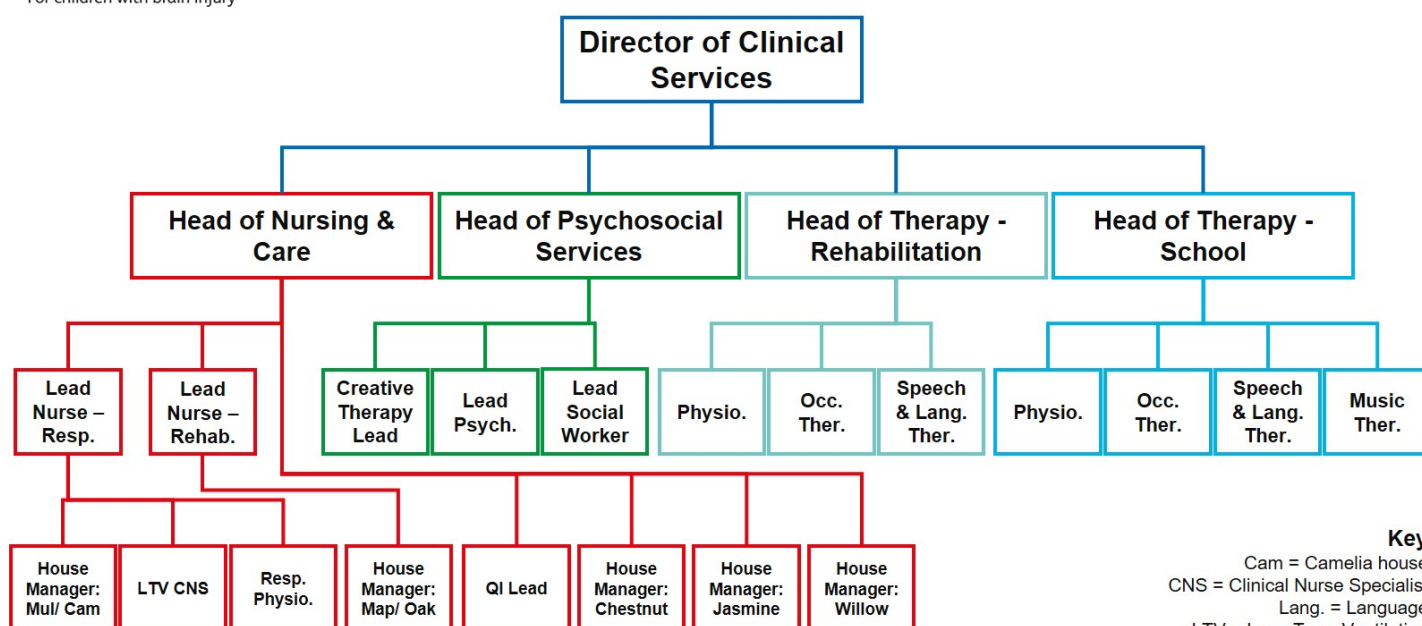
All teams have regular team meetings, at least monthly. In addition to these there are regular progress meetings for each child and multi-disciplinary meetings with individual child focus as and when required.

Organisational structure

A copy of our organisational structure can be found below.



Clinical Services Organogram



Key

Cam = Camelia house
 CNS = Clinical Nurse Specialist
 Lang. = Language
 LTV = Long Term Ventilation
 Map = Maple house
 Mul = Mulberry house
 Oak = Oak house
 Occ. = Occupational
 Physio. = Physiotherapist
 Psych. = Psychologist
 QI = Quality Improvement
 Rehab. = Rehabilitation
 Resp. = Respiratory
 Ther. = Therapist

Staff supervision

As a charity The Children's Trust is led by the Chairman and Board of Trustees. A Trustee is linked to each of the residential school houses and visits them regularly to observe and receive feedback from staff, children and families. You can find out more about our Trustees by visiting <https://www.thechildrenstrust.org.uk/our-trustees>.

The Senior Leadership Team led by the Chief Executive report to the Board of Trustees. You can find out more about our Senior Leadership Team by visiting <https://www.thechildrenstrust.org.uk/our-senior-leadership-team>.

The Director of Clinical Services/Responsible Individual (accountable to the Chief Executive) has overall responsibility for ensuring the appropriate management, supervision and support to the multidisciplinary team caring for the children within the residential houses. The Medical Director (accountable to the Chief Executive) leads the medical team and is responsible for the children's medical needs.

The Registered Manager (Head of Nursing and Care) is supported by the house managers. The house managers have responsibility for the care teams working day and night within the houses. The house managers provide supervision to the deputy managers and monitor all documentation and statutory requirements on house (Manager's Key Performance Indicators).

House staff receive regular supervision sessions, at least 3 monthly. All staff have an annual performance development review with their line manager. This process involves reviewing performance and objectives from the previous year, agreeing training priorities and target setting for the coming year, including any support required.

Qualifications

The Director of Clinical Services is a Registered Children's Nurse with a Master of Science (MSc) in leadership and service improvement in healthcare.

The Head of Nursing, Care & Quality is a Registered Nurse, Learning Disability with an MSc in learning disability and mental health.

House Managers have at least one of the following qualifications:

- Registered Nurse;
- Diploma in Social Work; and / or
- NVQ/QCF level 5 Health and Social Care.

10. Care Planning

Admission to Chestnut/Jasmine and Willow House

Admission to Chestnut/Jasmine and Willow house is arranged in conjunction with The Children's Trust School. Children can come to The Children's Trust from all over the UK but in the main from the South of England. Placements are funded by their own local area authority.



Funding responsibility is often shared between Education, Social Services and Health departments of the child's parent/carer's home local authority. The school and residential houses will only admit those children with an Education, Health and Care Plan (EHCP), previously Statement of Special Educational Needs which we believe we can meet.

The residential houses specialise in the care of children up to 19 years of age with brain injury or neuro-disability including complex health needs. Many of the children have profound and multiple learning disabilities.

Residential placements are offered between 42 and 52 weeks per year. The length of placement offered depends upon assessment, consultation with family, carers and local authority. The Children's Trust School is open 38 weeks of the year, during school closure periods (the usual holidays and half terms) leisure activities are organised both within the school and residential houses.

Referrals for placements can come via the local authority or clinical commissioning groups in the child's home area and can arise throughout the year and at any age.

Families, children and professionals are welcome to come and visit The Children's Trust at any time in their search for an appropriate placement. At the initial visit there is an opportunity to look around the facilities and talk to members of staff about how the residential houses and school work and what we have to offer. A visit also enables the sharing of some information about the child and an early indication of whether The Children's Trust may be the right placement. The Head of House will be the main point of contact for the residential houses.

Assessment can take place before or after a formal referral from the local authority or clinical commissioning group (CCG). Sometimes it is necessary for the school and residential house to carry out an assessment to support a panel or tribunal consideration of funding prior to a formal referral being received.

Assessments can take many forms. The main aim is to gather as much information as is reasonably possible to make an informed decision regarding a placement offer and the level of support the child would require to have a successful placement at the school and residential houses. The admission panel is made up of school and residential houses leadership team.

Assessments will include one/all of the following:

- a visit to the child in their current placement (if there is one). Where the child is not in a placement as much information will be gathered from a previous placement or school;
- a visit to the child at home;
- gathering information from agencies already supporting the child this can include education, respite services, community services including GP or community paediatrician; and/or
- Gathering information from family or current care givers.

Assessment visit

Once the school and houses are confident they have enough information to proceed and a placement offer remains a possibility, the child and family will be invited for an assessment visit. During the assessment visit representatives from the multidisciplinary team will have an opportunity to make an assessment of the child's needs and the services ability to meet them.

Professionals must include a nurse from the prospective house, a doctor, relevant therapists in accordance with the child's needs, teacher. A multidisciplinary report will be produced and a placement matching form completed.

Once enough information has been collated, the admission panel will make an informed decision on whether or not to offer a placement. Any decision regarding placement offers cannot be taken without consideration for the existing population of the school and residential houses in regards to safety, compatibility of groups, appropriate peer group and existing dynamics.

On offering a placement the Commissioning and Placements team will produce a fee with a breakdown of education, residential services and therapy. Fees are individual to the child's assessed need.

Admissions are planned around the individual as much as possible and what is likely to work best for them. Depending on the child there may be a slow transition to the school and house gradually building up time or they can start full time immediately. We will plan this with the family and local authority or CCG. Prior to admission we will send a Children's Guide to the child and family showing their class, house and key staff who will help them.

The residential houses do not usually accept emergency admissions as they are not set up for this. However do ask our Placements team as we may be able to accommodate a child temporarily in our other services.

Admission to Maple/Oak/Mulberry and Camelia

Children and young people are referred for a placement at The Children's Trust nationally and also internationally.

Initial referral is can be from the supporting hospital or the community team. Parents can self-refer but it is preferable to have a medical professional supporting the referral and to guide The Children's Trust team in their initial discussion re suitability for placement.

Children are reviewed at the weekly admissions panel and a multi-disciplinary decision taken as to whether to formally assess the child to ensure The Children's Trust can offer a suitable placement.

Staff will complete a categorisation tool at the point of assessment to inform the service level required. If the child is identified as having Category A rehabilitation needs, requiring a level 1 specialist service then their placement will be funded by the National Specialist Committee. Further information is available at <https://www.england.nhs.uk/wp-content/uploads/2014/04/d02-rehab-pat-high-needs-0414.pdf>

If the child has Category B needs or below then funding will be requested from the local Clinical Commissioning Group (CCG).

The Children's Trust can also accept private patients.

Placements can range from 6 weeks to 6 months for children on the rehabilitation pathway. Placement length is determined by the individual needs of the child. Children accessing step down services will be supported by The Children's Trust, until the point of safe discharge. The Children's Trust will liaise closely with the family and the local community team whilst working towards a discharge destination.

On the day of admission the child and family will be welcomed to the identified house and orientated to The Children's Trust. A multi-disciplinary admission will commence and key team members identified who will support the child and family throughout their placement. An agreed assessment period will be determined to enable the multi-disciplinary team to work with the child and family and set goals to work towards during their placement.

Care plans and reviews

Every child has a care plan which provides information regarding their health needs, therapy, education and leisure goals and evaluations. The care plan provides information on the child's interests and preferences, communication, cultural and spiritual needs, as appropriate. The plan is agreed with the family and signed by them. Care plans are reviewed on a regular basis and when the child's needs change.



Each child is issued with a Children's Trust backpack which travels with them around the site ensuring that the child's care plan is available at all times.

Multi-disciplinary Review

Children on the rehabilitation pathways/step down pathway will have an initial multi-disciplinary review at the end of their first week of placement. This will include identifying the baseline assessment for the child and gathering rehabilitation outcomes date (UKRoc). Progression meetings will then be held monthly throughout the child's placement. Children and their families are invited to attend these meetings to discuss developments and challenges against identified goals.

Initial review

Children residing in Chestnut/Jasmine or Willow House will have an initial review 6 weeks after the placement has started. The multi-professional team write a report detailing the agreed goals. Families and local authorities are invited to the meeting. At this meeting the school will raise any issues with the Placement Plan which were not evident at the time of the placement agreement or start.

Annual review

Every year the school, therapy, medical team and residential houses produce an Annual Review Report. This is for the annual review of the EHCP meeting. Professionals from the multidisciplinary team including the medical team will contribute to the report. Families and local authorities are invited to also contribute to the report. This review considers whether the EHCP and Placement remains appropriate for the child. It also considers whether any changes need to be made to the Placement or Care Plans.

Looked after children

A significant number of children living at The Children's Trust are Looked After (section 20 or 47 of Children Act 1989). Statutory Reviews take place in accordance with the Looked After Children guidance.

The review is chaired by an Independent Reviewing Officer, and involves the child, their parents/

carers, school and relevant professionals. They will review all aspects of the child's life to ensure their needs are being met appropriately. Residential staff attend the reviews with reports from health, house and education services.

Transition – moving on from The Children's Trust

Generally, young people's placements, in Chestnut/Jasmine or Willow house continue until the end of Year 13, the school year in which they turn 19, as long as the local authority and CCG continue to fund the placement. Sometimes placements may finish prior to this date for a number of different reasons.

The transition process begins at age 14 years and we work closely with young people, families and local authorities to find, secure and support transition to appropriate placements at the end of a young person's time at The Children's Trust. This includes staff supporting young people and their family to visit prospective placements in conjunction with the local authority, providing reports and facilitating visits of staff to The Children's Trust from prospective placements.

Monitoring of the houses

The Children's Trust recognises the importance of monitoring and scrutinising the service to ensure compliance and continuous service improvement. The Registered Manager has responsibility to ensure the service complies with The Children's Home Regulations 2015. A review of the quality of care is completed twice yearly and sent to Ofsted (regulation 45). The House Managers are responsible for house Key Performance Indicators and audits. These inform the Registered Managers Regulation 45 review which is reported via Clinical Governance & Safeguarding Committee and the Educational Governance Committee to the Board of Trustees.

Ofsted social care inspect the houses a minimum of twice a year. The inspection report is displayed on our website and we compile an action plan outlining the improvements we will make as a result of their findings.

The Care Quality Committee also inspect the houses and time scales vary dependent on their findings. Their report is published on our website and our rating is displayed in key areas across the service.

The houses are visited every month by an Independent Visitor, a regulation 44 visit. The subsequent report is sent to the Registered Manager, Responsible Individual, Placing Authorities and Ofsted. The report is also scrutinised by the Clinical Governance & Safeguarding Committee, Education Governance Committee and Board of Trustees.

In addition each house has a link Trustee who visits a minimum of each quarter to observe and speak to children, families and staff. The subsequent feedback form is used to inform improvements and feedback for staff and children.

We aim for continuous improvement of the service and want to ensure we meet the needs of children at all times. It is acknowledged that the children who live within the houses may have significant communication difficulties with many being non-verbal.

It is also very difficult for the majority of children to make informed choices. Our Speech and Language Therapists work closely with key workers and children to enable them to offer feedback and

referrals can also be made to our independent advocate. Families receive an annual survey and informal feedback is encouraged.

We have display boards showing children and families how to give feedback and make complaints.

How to get in touch

Thank you for taking the time to read our Statement of Purpose. If you require any further information or would like to get in touch, please contact us using one of the below methods:

The Children's Trust
Tadworth Court, Tadworth, Surrey KT20 5RU

01737 365000

enquiries@thechildrenstrust.org.uk

thechildrenstrust.org.uk

facebook.com/childrenstrust

twitter.com/childrens_trust



References

Surrey (2011) Census key statistics available at [www.surrey.gov.uk/DrillDownProfile, aspx?pid=34&rid=297053](http://www.surrey.gov.uk/DrillDownProfile.aspx?pid=34&rid=297053)

Mansell, J :2010 Raising our sights: Services for adults with profound intellectual and multiple disabilities.