

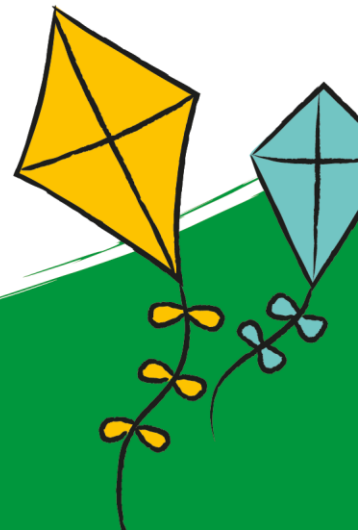
# The Children's Trust

## 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 January 2023



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## 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. Our aim is 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 up to the age of 19 (or until a successful transition is achieved).

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).

Maple, 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 and 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.

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 and young people within single rooms. Jasmine and Willow are on the ground floor; Chestnut is on the first floor with access via a lift.

Mulberry and Camelia are both single storey buildings which accommodate children and young people within single bedrooms.

Maple is on the ground floor of Archie Norman House whilst Oak is on the first floor and 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. 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.





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

All houses have a substantially sized lounge, multisensory area/relaxation area, 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 and 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, play equipment 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 and has a population of approximately 13,000 residents ([www.surrey.gov.uk](http://www.surrey.gov.uk) 2011 census). The locality risk assessment is reviewed annually.

### **Cultural and religious needs**

The Children's Trust strives to always ensure a positive equality of opportunity.

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
- celebrate key events and participation 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
- seek continuous improvement.

Whenever possible, complaints are discussed at a local level with the appropriate manager to try to achieve a swift resolution.

Any written complaints, or when resolution has not been achieved to the satisfaction of the complainant, 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 for reference is available on request by emailing [enquiries@thechildrenstrust.org.uk](mailto: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

- 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 (DBS) certificate on commencing employment and are then required to register with the update service. The Safeguarding Children & Young People policy is accessible to all staff via the intranet and clear flowcharts are available in the main offices to guide staff.

It is an expectation that all staff always adhere to The Children's Trust Safeguarding Children & Young People Policy. 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 by emailing [enquiries@thechildrenstrust.org.uk](mailto:enquiries@thechildrenstrust.org.uk) or can be requested from the House Manager onsite.

All clinical staff attend Level 3 Safeguarding training in line with the intercollegiate guidance.

A Named Nurse for Safeguarding supports the management of incidents, coordinates the provision of facilitated safeguarding supervision and can advise staff on 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 an incident relates to an allegation against staff.

In order to provide a supportive, safe environment for all children and young people, The Children's Trust expects all its employees, without exception, to act professionally throughout their employment and maintain appropriate boundaries. This means that all staff are responsible for ensuring they refrain from certain activities, including:

- 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](mailto:enquiries@thechildrenstrust.org.uk) or can be requested from the House Manager onsite.

### **Behaviour management policy**

Positive behaviour support guidelines and 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](mailto:enquiries@thechildrenstrust.org.uk) or speak to the House Manager onsite. For young people who are 16 years or older it should be read alongside the Mental Capacity Policy, which is also available on request.

## **3. Views, Wishes and Feelings**

### **Consulting with children and young people**

Effective communication is promoted within The Children's Trust. Many of the children and young people 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 and young people and their parents/carers to be 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

Parents and carers are offered the opportunity to give feedback via a friends and family survey. Three key questions are asked and results inputted to an Ipad to enable monitoring and development actions as required.

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.

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. Wherever possible the children and young people's wishes will be considered when making decisions.



### **Anti-discrimination and the children's rights**

The concept of best interest of the child and young person is paramount, and staff are supported to ensure they are fully committed to this and place the child at the centre of all decision making. Best interest decision making is promoted for all our young people over the age of 16 years old when they lack capacity to make decisions themselves.

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 an 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 and young people 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
- 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

Most children residing within Chestnut, Jasmine and Willow houses attend the onsite special needs school during term time. A number of children on Mulberry house are also enrolled in the school.

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 and 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 is meaningful to the 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.

For some of our children we facilitate attendance at off-site schools where the learning and peer group are more appropriate.

## 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, watching films and listening to book readings. There is ample outdoor space 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.



## 6. Health

### Health outcomes

The Children's Trust provides services for children and young people with a range of complex health needs. The multi-professional team is managed by three directors: Director of Nursing and Care, Director of Therapies and 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 is confidential to the child, appropriate professionals and families and used to review and plan current and future care for the child and the organisation. Records are used during the 'house round' to review medications 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.

### External 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.

### **Dietician**

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

Ensuring the children/young people's health is maximised further supports the development of the child and 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/Facetime. 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 daytime hours and minimum of one member of staff to four children over night.

A small number of children will require closer supervision to keep them safe 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:

Claire Champion

Interim Director Of Nursing and Quality

The Children's Trust  
Tadworth Court  
Tadworth

Surrey  
 KT20 5RU  
 Tel: 01737 365 085  
 Email: [cchampion@thechildrenstrust.org.uk](mailto:cchampion@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](mailto: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 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.

### **CSA 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 3
- Health and safety
- Infection control
- Manual handling
- Food hygiene
- Resuscitation
- Fire safety
- Equality and diversity
- Information governance

Training on additional role competencies, such as administration of enteral feeds, epilepsy, observations, tracheostomy care, and medication administration, is provided via our team of Practice Educators and includes in-house competency assessments.

Staff qualifications and training 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.

### **Other Qualifications**

Qualifications are dependent on role and can be reported on through the People Team.

The Head of Nursing, Care & Quality is a Registered Nurse for Learning Disability and holds an MSc in

Learning Disability and Mental Health, and an advanced Level 6 qualification in Leadership and Management.

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.

### **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 or nurse

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. In addition to these there are regular progress meetings for each child, weekly MDT house rounds, and MDT meetings with individual child focus as and when required.

### **Staff supervision**

As a charity The Children's Trust is led by the Chairman and Board of Trustees. Clinical and education trustees visit the houses 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 three clinical Directors (accountable to the Chief Executive and Responsible Individual) have overall responsibility for ensuring the appropriate management, supervision and support to the multidisciplinary

team caring for the children and young people.

The Registered Manager (Head of Nursing, Care and Quality) is supported by the house managers and senior nurses. 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, which may be a combination of one-to-one supervision with their manager, peer clinical supervision or facilitated group safeguarding supervision. In addition, 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.

## 10. Care Planning

### Admission for School Residential Placements

Admission 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 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), subject to consent being in place. 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 for a successful placement at the school and residential houses. The admission panel is made up of the school and residential houses leadership team.

Assessments will include at least one 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
- 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, and 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 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 regard 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. 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. However, do ask our Placements team as we may be able to accommodate a child temporarily in our other services.

### **Admission for Rehabilitation or Step-Down Care**

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

Initial referral 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 regarding 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, funding will be requested from the local Integrated Care Board (ICB).

The Children's Trust can also accept private patients.

Placements can range in length for children on the rehabilitation pathway, 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 to an appropriate onward destination. The Children's Trust will liaise closely with the family and the local community team throughout.

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**

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 and always accompanies the child.

The Children's Trust supports care planning for Looked After Children (LAC) and Children in Need (CIN) through attendance at review meetings, sharing information, compliance with local authority care plans and advocating for the children and young people.

Where care plans place necessary restrictions on young adults without capacity, we comply with the liberty protection safeguards.

### **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 data (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**

Looked after children will have an initial CLA review within the first 4 weeks of placement weeks led by the local authority. 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**

There is an expectation that all residential children living at The Children's Trust are Looked After (in care to their local authority) under either Section 20 or 31 of The 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 residential placements continue until the end of Year 13, the school year in which they turn 19, if the local authority and CCG continue to fund the placement. Sometimes placements may finish prior to this date for different reasons.

The transition process begins at age 14 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 Care**

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 Commission (CQC) 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 always meet the needs of children. 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 and leaflets 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:

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[twitter.com/childrens\\_trust](https://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.