

# Report



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| meeting  | SPECIALIST RESIDENTIAL SUPPORT STUDY GROUP |                    |
| date     | 23 <sup>rd</sup> March 2004                | agenda item number |
| <b>3</b> |  |                    |

## **REPORT OF THE DIRECTOR OF SOCIAL SERVICES**

### **DEVELOPMENT OF SPECIALIST RESIDENTIAL PROVISION AT WOODLAND VIEW – PROGRESS REPORT**

#### **1. Purpose of the Report**

- 1.1 To seek approval for the development of a Specialist Residential Provision at Woodland View in Pleasley.

#### **2. Information and Advice**

- 2.1 A component of the Residential Child Care Strategy agreed by Cabinet on 15<sup>th</sup> January and 23<sup>rd</sup> July 2003 was to develop provision for children with complex needs who may otherwise be placed in the independent sector. The development of this provision has not been possible until now as there was no identified budget. In the 2004/5 budget £400,000 has been allocated to support this development. A working group of key staff from Social Services, Child and Adolescent Mental Health Services (CAMHS) and Education has been formed and a service specification has been established.

#### **2.2 Context**

- 2.2.1 The Department currently dedicates a budget of £700,000 for Specialist Placements. This supports 25 children in a range of independent placements. Twelve of these children have profound disabilities, the remaining 11 have extremely challenging behaviour which has proved impossible to manage in departmental resources. It is this latter group of children who will be targeted in this development.

#### **3. Details of Provision**

##### **3.1 Theoretical Model**

- 3.1.1 It is proposed that the provision would be based on psychological principles i.e. attachment theory which views behaviour as a reflection

of early life experiences and would use evidence based psychological theory to generate a programme to help the child overcome their difficulties.

3.1.2 The main advantage of such a model is that it is a way of working which uses all actions and communications as potentially therapeutic. It depends on staff receiving robust training, supervision and support so they can do the same for the children they are caring for.

### 3.2 Values and Principles

3.2.1 Statement of Purpose - See Appendix One attached.

### 3.3 Physical Environment

3.3.1 The recently purchased house in Pleasley – known as 'Woodland View' will be used for the specialist provision. When Woodland View was purchased it was deemed suitable for this purpose – on the ground floor it has large rooms that are useful for play, education, therapeutic work etc. There are four bedrooms that are ensuite for the resident children and large gardens. It is important that children living in public care do have ensuite facilities as the environment is different from a family home and increased privacy affords protection from bullying and sexual abuse.

3.3.2 Woodland View has an indoor swimming pool which is currently boarded over and is used as a multi purpose room. It is not the department's intention to use the pool for the following reasons:

- **Health and Safety** – pool maintenance and supervision of children whilst in pool. Also risk of children accessing the pool without staff being aware increasing the risk of harm.
- **Child Protection** – there is potential for young people to engage in inappropriate contact whilst in the pool.

3.3.3 The Psychologist from the CAMHS Looked After Team linked to the residential service has advised on the use of rooms and the layout of furniture. An example of this is that there will be few offices ensuring that staff have maximum contact with the children.

## 4. Staffing Structure

4.1 A principle factor in the success of the specialist provision is ensuring the most appropriate staff structure, supervision and training programme.

4.2 The following Structure is proposed:

- Group Homes Manager

- Registered Care Manager
- Two Assistant Care Managers (One Health, One SSD)
- 10 Residential Social Workers
- 5 Residential Care Workers
- 5 Awake Night Staff

4.3 Recruitment of staff will be based on the mainstream job descriptions for each post. The Person Specification will highlight the differing abilities which will be required e.g. ability to work to psychological principles, understanding of attachment principles, basic counselling skills (attached as Appendix Two).

## 5. **Management Structure**

5.1 The management structure is critical to the effective development of the provision in that it is the managers who will ensure all staff have a clear understanding of the care environment which is being offered. It is intended that the successful applicants to the Assistant Care Manager posts will bring a range of experience from mental health and social care backgrounds.

## 6. **Supervision and Training of Staff**

6.1 Supervision of the staff will be offered in line with the departmental Supervision Policy. However, there will be additional training and consultation offered by relevant psychological, psychotherapeutic and education personnel. This consultation will be formalised, via a protocol with each service and will offer regular consultations with staff about the most effective methods of working with each young person. It will not be essential for each young person to receive an individual therapeutic service as the majority of their needs will be met by staff receiving appropriate consultation. This is likely to be one of the most relevant factors in the effective delivery of the specialist provision.

6.2 In addition to the core training for residential staff, a programme of additional essential training courses would include:

- Introduction to Mental Health
- Attachment Theory and Child Development
- Techniques and Strategies for managing extreme behaviour
- Key worker role/Listening skills
- Separation, Loss, Bereavement and Trauma
- Developmental delay
- Reflective practice/progress through care
- Supporting and promoting educational achievement

## 7. **Protocol with Staff**

7.1 As the young people living in Woodland View are likely, because of their history, to exhibit aggressive and violent outbursts, it is intended to negotiate with staff about when it is appropriate to involve the police. The intention is to limit the criminalisation of young people for minor physical assaults e.g. pushing, slapping, scratching, spitting, and kicking. Such events would not be ignored, but would be managed within the individual care plan. Staff subject to minor physical assaults would be offered additional support via supervision and personnel processes.

7.2 More serious incidents e.g. serious physical assault, aggravated racial assault, sexual assault, threatened with knife or implement are likely to necessitate police involvement.

## 8. **Education**

8.1 Programmes of education will be integrated into the care plan for each young person. The Senior Educational Psychologist (Looked After Children) and the Children in Public Care Team will lead on issues related to education.

8.2 Young people will be able to receive educational packages on the premises, but a move into mainstream provision will be constantly considered and planned for.

8.3 There is a proposal that Bream House – a small residential unit in Kirkby in Ashfield – could be used as a base for the Children in Public Care Team and provide educational accommodation. (*still to be formulated*)

## 9. **Routine and Rules**

9.1 It will be essential that the routines of the provision are linked to the statement of purpose and provide a structure for the daily organisation of the service. Each young person will be involved in the construction of a routine that suits them and rules and consequences clearly outlined to them.

- Activities – planned to ensure a fit between staff skills and the needs of the child to maximise their development
- Rule setting and consequences will reflect the therapeutic ethos
- Care Plans will outline the structure of work to be done and the boundaries allowed
- Links with external agencies, the family and the community will be clearly planned
- House Meetings will be held each day and will involve all children.

## 10. **How the young people will be selected**

10.1 Young people will be considered using the following criteria:

- Age range 9-16years
  - Have a long term care plan
  - Evidence of insecure attachment history and/or experience of loss
  - Considered able to benefit from the provision
  - Agreement with parents/carers and social workers to work with the ethos and expectations of the unit.
- 10.2 All placements will be planned. There will have to be consideration of the 'mix' of children when considering placements.
- 10.3 Young people may (although it is not essential) have had placements in mainstream residential provision or with foster carers that have not been successful.
- 10.4 The Joint Solution Forum/Specialist Placement protocols will be followed to ensure Health and Education are involved in all the planning and placement decisions.
11. **Involvement of Parents/Carers and wider Kinship networks**
- 11.1 All the work undertaken will be inclusive of significant family and friends. The ethos of the provision and the plan being worked on will be made explicit to all involved in the child's life and they will be asked to work positively with that plan.
- 11.2 The potential for rehabilitation will be kept under review and if this is considered to be a possibility, a plan to affect this will be constructed.
12. **Mental Health Input**
- 12.1 The service will have strong links with the local CAMHS team in the form of the provision of consultation and training. This will be regular and will be seen as one of the most important factors in ensuring the specialist model. The emphasis will be on a psychodynamic approach being used. A specific training programme based on these principles will be provided prior to any children becoming resident. There will also be an ongoing staff training programme.
- 12.2 It is intended that a CAMHS professional will be involved in staff selection as well as ensuring the consistent daily running of the provision. The level of commitment needed by the staff will mean they will need support in understanding their own history and emotional issues. These needs will be run through case centred consultations as well as other more systemic and individual support and discussion.
13. **Monitoring and Evaluation**
- 13.1 It will be important to evidence improved outcomes for young people who have cared for in this provision. There is a noticeable lack of

relevant research evidence in this field that guides how this could be done but the staff involved in the development will develop a mechanism for evaluation.

13.2 Potential indicators:-

- Educational attainment
- Offending behaviour
- Move to successful permanent placement.

13.3 The evaluation model will be linked to Performance and Assessment Framework Indicators.

13.4 There is consideration of approaching a local University regarding the possibility of external research being undertaken.

14. **Financial Implications**

14.1 The total cost of the provision is £793,613.

14.2 This is being funded by:-

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|---|-----------|
| a) Committed funding for Woodland View -  | £476,052  |
| b) Releasing of funding for Bream House - | £259,025  |
| c) CAMHS Grant                            | -£ 33,112 |

15. **Recommendations**

15.1 It is recommended that Members note and comment on the report.

**STUART BROOK**  
**Director of Social Services**

(Comm/Select/SCSS141)