



## **PROSPECTUS AND STATEMENT OF PURPOSE**

**Woodside Children's Home**

**03 November 2025**

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## STATEMENT OF PURPOSE

The Home's Statement of Purpose includes all matters indicated in Schedule 1 (Regulation 16) of the Children's Homes Regulations 2015 and indicates how the Home aims to meet the 9 Quality Standards within the Guide to the Children's Homes Regulations including the quality standards 2015.

### **Safeguarding Children and Children – Our Primary Aim**

Risks associated with children living away from home are fully recognised and Arc has developed a comprehensive Safeguarding (Child Protection) Policy of which all staff are aware. The policy is consistent Hampshire Safeguarding Children Board policy and procedures.

#### Safeguarding Training

The Responsible Individual refreshed and completed their Safeguarding for Leaders on line course through Dialogue in April 2023. The Registered Manager refreshed and completed their Safeguarding for Leaders on line course in October 2025.

On line child protection training is provided to all staff during their initial probation period, prior to them commencing work directly with children in the Home. This is further enriched by internally delivered face to face child protection training with the following programme content:

- definitions of abuse
- signs and symptoms of abuse
- how attitudes and beliefs affect our judgements regarding what is abuse
- how to respond to disclosures of possible abuse
- the procedures local authorities follow in investigating allegations of abuse
- our safeguarding procedure

There are helpful flow charts in the Home's Safeguarding file which reinforce what action staff should take should they suspect a child has been or is being harmed. Child protection training is revisited with all staff every two years to ensure due diligence and vigilance is embedded in their work practice and to avoid complacency.

#### Opportunities for Children to Speak Out

Children are made aware of the Home's child protection policy and procedures and complaints procedure in a form accessible to them in the Children's Guide to the Home. The guide further indicates to children their rights to advocacy with relevant contact details and their right to request of the placing authority a review of their care plan if they do not feel safe and protected within the Home.

#### Risk Management

Children in the Home may be susceptible to periods of high anxiety and emotional instability. It is further recognised that some children may act impulsively, or self-harm as a way of coping with emotional distress.

High staffing levels of at least 1:1 staffing through the waking hours further reduce the risk of children from placing themselves at risk in this way. For those who present as high risk at any

given time, the Home's risk management plans identify what additional supervision and supportive measures are to be implemented to maintain the child's safety.

All children in the Home have individual risk management plans agreed and in place within 72 hours of admission. These plans are reviewed regularly and always when an incident has occurred involving the child. All activities in and outside of the Home are risk assessed prior to them commencing. Where additional staffing resources are required to maintain the safety of a child, these are provided.

### Safer Recruitment

Safeguarding children is the focus from advert to employment. The Responsible Individual and Registered Manager have both completed the NSPCC Safer Recruitment in Education on line course and are involved in all recruitment for the home.

The Home adheres to strict vetting procedures when recruiting staff. These procedures are in line with Keeping Children Safe in Education guidance.

Recruitment and selection processes are stringent and staff are subject to the following checks before taking up appointment:

- Enhanced level DBS (Disclosure and Barring Service) checks are undertaken on all staff prior to the commencement of employment in the Home. Additionally, employers are required to make referrals to the DBS about individuals they believe pose a risk of harm to vulnerable groups and it is an offence not to do so.
- Two satisfactory references covering the last five years of employment and additional references taken where appropriate to establish competence in previous childcare work settings
- Identity checks and the right to work in the UK checked
- Photo identification verified and retained on file
- Occupational Health Questionnaires completed and checked
- Any employment gaps are discussed at interview stage
- Evidence of all checks are held in staff personnel files located in the Home

### Protective and Watchful Staff Culture

A culture of collegial support and observation exists to ensure that all staff work in a professional manner which does not leave them vulnerable to allegations of abuse. This approach is promoted through the internal child protection training that staff receive. There is a Whistleblowing Policy which further outlines the responsibility of staff to raise concerns both internally and externally of the organisation relating to poor work practice.

### Countering Bullying

All children are encouraged to talk about any bullying concerns they have with their Keyworker or other support staff. Further platforms for airing concerns include using the Home's complaint procedure and raising concerns in the regular keyworking sessions. All issues are addressed promptly using a restorative approach and ensuring outcomes are as positive as possible for all parties.

The increasing opportunities for cyber-bullying and the risk of child exploitation are recognized and the Home ensures children are made aware of these risks through both regular conversation and educative videos to minimize these risks.

Phone contact numbers for the Independent Visitor and other appropriate external support services are made clear to children and they have ready access to the Home's telephones for contacting these external routes if required. The CEOP button is also made available to children who wish to report a concern via the Arc website and the child's guide makes clear how this can be accessed.

#### Supporting Children Who Go Missing

The Home has a rigorous risk assessment and risk management process in place which governs decision making. This is regularly reviewed.

Going missing is strongly discouraged as many of the children are considered to be vulnerable when away from a familiar and safe environment. There is a strict procedure of notification to which the Home rigidly adheres. Prompt notification and regular updates to parents, carers, the Police, other emergency services and other involved agencies takes place if a child remains missing. Staff in the Home actively search for children who go missing and continue to do until the child has returned to a place of safety.

Returning from being missing is an opportunity to welcome the child back and make efforts to establish strategies in order to reduce the insecurities that may have caused the initial issue. The child's risk assessment is revised with them to ensure that future opportunities or compulsions to go missing are minimised.

Going Missing risk management plans are in place for all children and these are shared with the Police where there is deemed to be a high likelihood of going missing periods or where going missing occurs regularly for a particular child.

The Home has a Missing Person Policy which is consistent with Hampshire Safeguarding Children Partnership's protocol for responding to and reporting children missing from the Home (Children and Families Go Missing) and Hampshire Constabulary's Missing Person's Procedure.

## **1. A statement of the range of needs of the children for whom it is intended that the children's home is to provide care and accommodation.**

Woodside provides care and accommodation for up to three children, male or female, between the ages of 9 and 18 years with attachment difficulties, social, emotional and behavioural issues and or mental health difficulties.

In some circumstances where the criteria identified in the Children's Homes Regulations is met, children may reside in the Home beyond their 18<sup>th</sup> birthday.

## **2. Details of the home's ethos, the outcomes that the home seeks to achieve and its approach to achieving them.**

### **Ethos and Philosophy**

Staff are made aware of key aspects of the Home's ethos and philosophy at the interview stage and are selected to work at the Home where there are strong indicators that they share the same beliefs or are willing and able to adapt their practice to reflect the ethos and philosophy below.

The Ethos and Philosophy identified below is regularly discussed in team meetings and in supervision sessions to ensure that staff are aware of their responsibilities in caring and supporting children in the Home.

All children are seen as sharing the basic requirement to be treated with love, respect and dignity at all times. We encourage staff to provide appropriate nurturing opportunities for bonding, while recognising the need to provide boundaries suited to the individual needs of the child.

### **The Creation of an Anxiety Reducing Environment**

Excessive anxiety can have a detrimental effect on children's mental health which in turn can lead to the development or worsening of mental health. The focus of the Home is to create an environment for children, which reduces their levels of anxiety.

The Home is situated in a semi-rural location with plenty of grounds for children to relax in. Within the Home there are three separate reception rooms which enable children to have quiet time and space away from each other if they choose.

Contact with animals is seen as important in helping children to relax. The grounds accommodate a poultry run. Children are able to keep small pets in their rooms and staff are permitted to bring in their pets providing children resident do not have allergies to these are an anxiety about them.

Children are individually supported throughout the waking day. This ensures that staff identify children's growing anxiety and support them to express and manage this more appropriately, before it becomes overwhelming for them.

Anti-social responses from children are viewed as being generated by anxiety and distress which result from unhelpful, well established internal thought processes that take time to change. Interpreting the child's responses in this context ensures staff respond in a calm and supportive way which helps children's anxiety reduce. Discussions with children around their thinking at the

time of their distress, is undertaken once their anxiety level has reduced. More constructive ways of expressing their anxieties in the future are then explored.

### Working with Attachment Theory

Staff have good knowledge of attachment theory and the pioneering work of John Bowlby and Mary Ainsworth in this field. Staff understand children's behaviour in terms of the insecure attachments they may have formed with past carers. The Home looks to develop meaningful attachments with children despite significant obstacles. Staff aim to provide children with what Ainsworth described as a 'secure base' from which they can try out new experiences and degrees of independence.

Staff remain attentive, supportive and non-rejecting of children when they are engaged in boundary testing and challenging behaviour. Staff understand that when children form positive, trusting, emotional attachments with them, the foundation is laid for children to develop successful attachments with others as they move towards adulthood and independence.

The Home aims to provide children with predictable responses which enable them to feel safe and secure that their needs in the moment will be consistently met. Staff rosters provide predictability for children in terms of who is supporting them throughout the day and night.

The Home has capacity for accommodating three children. Consequently, children become quickly familiar with the relatively small number of staff who individually support them. This further helps strengthen attachments.

### Developing a Therapeutic Relationship with Children

Staff in the Home adopt Carl Rogers' three core conditions for developing a 'person centred' therapeutic relationship as a base for their practice. The core conditions show 'acceptance' of the child, valuing them as a human being of worth.

These core conditions are:

- Empathy
- Congruence
- Unconditional Positive Regard

**Empathy** – It is recognised that everyone has a different perception of the world. Staff take time to understand the child's journey. They seek to understand the thoughts and feelings of children as they experience them and convey this understanding to them. When children feel that those supporting them have a good understanding of their perceptions, thoughts and feelings, they connect and identify more readily with them.

**Congruence** – Or 'genuineness'. Staff express their thoughts and feelings sensitively but honestly with children. This allows children over time, to develop trusting relationships with staff. This in turn builds their self-esteem and trust in their own judgement.

**Unconditional Positive Regard** – Staff show children that they are valued no matter how they have presented in the past or are presenting in the present. Children are also treated as individuals. This approach enables children to feel able to talk about their problems without fear of being criticised or judged.



In promoting these values, it is believed children learn to feel valued, have raised self-esteem and develop the confidence to begin to solve the problems they experience in daily living for themselves.

### Reflective Discussions with Children

Staff in the Home encourage children to reflect on the difficulties they experience in daily living. Staff aim to help children understand how their thoughts in response to an event affect how they feel and subsequently how they react. Staff offer children alternative ways of thinking and interpreting events which give them the opportunity to feel differently about issues in their lives and respond in a more productive way.

### **Outcomes and Our Approach to Achieving Them**

Our goal is to provide a therapeutic environment which is safe, nurturing, encouraging, creative and supportive. This enables children to develop confidence in their own capabilities, learn new skills and taking on new challenges which prepare them for the next stage in their lives.

Arc aims:

- a. To provide a safe environment.
  - b. To show children care, love and warmth.
  - c. To provide the opportunity for children to learn and grow
  - d. To prepare children for moving on when the time is right
- a. To provide a safe environment by:
- Ensuring high levels of supervision
  - Providing regular safeguarding training for all adults working in the Home
  - Using thorough risk assessment and risk management processes
  - Creating a calm home environment
  - Consulting with and listening to children at every opportunity
  - Reducing anxiety levels
- b. To show children care, love and warmth
- Recruiting caring and compassionate adults motivated to support our children
  - Developing positive attachments with children
  - Ensuring children feel loved, respected and listened to
  - Establishing with children the degree of physical contact they are comfortable receiving from adults in the Home
- c. To provide the opportunity for children to learn and grow by:
- Promoting children's rights and wishes
  - Providing learning opportunities and encourage the development of new skills
  - Promote their right to appropriate education or employment
  - Encourage increasing responsibility for their own healthcare needs
  - Promoting access to therapy / counseling where appropriate

d. To prepare children for moving on when the time is right by:

- Discussing with children what their future ambitions are and working towards these throughout their time with us
- Developing practical life skills to prepare children for moving on
- Working closely with the child, placing authority and family members to ensure transition from the home provides the correct level of support and is at the right pace
- Challenging the placing authority where transition plans are not in the child's best interests
- Ensuring outreach support is provided where appropriate to children.
- Staying in touch with children after they have left regularly if they find this supportive

Successful outcomes are measured in a variety of ways including:

- Increased positive engagement in formal education and educational activities.
- Increased positive engagement in community related activities.
- The development of trusting and safe relationships with adults and peers.
- Increased confidence and self-esteem.
- The development of new skills including independence skills
- Increased ability to successfully engage with others independently of staff.
- The strengthening of family relationships.
- Reduced frequency and /or severity of self-harming behaviours.
- Reduced frequency of anti-social behaviour, including going missing.

These outcomes are evidenced:

- In questionnaires completed by children, their parents / carers and Social Workers regularly throughout the placement.
- In children's keywork sessions and recorded incidental discussions.
- In statutory review documentation and in feedback forms.
- Through information and data collated and presented in children's achievement files.
- Monthly Regulation 44 visits
- Regulation 45 reports
- Support plans

- 3. A description of the accommodation offered by the home, including—**  
**(a) how accommodation has been adapted to the needs of children;**  
**(b) the age range, number and sex of children for whom it is intended that accommodation is to be provided**  
**(c) the type of accommodation, including sleeping accommodation**

Woodside can accommodate up to three children of any gender aged 9 to 18. Particular care is undertaken to ensure that those living in the Home are suitably matched.

The Home offers three lounges and three bedrooms, two of which are en-suite, and an additional shower bathroom for children. A central kitchen is used to prepare all the meals and a communal lounge and dining room are adjacent to this.

The bedrooms and bathrooms have been designed as safer spaces in which risks of significant self-harm are reduced. The dressing of these private spaces, for those not at risk of significant self-

harm or for whom these risks are reducing, includes the provision of additional purchased furniture to make these spaces as homely as possible.

There is a separate office, medical room, sleep-in room with en-suite facilities and a separate bathroom for staff to use.

The property is not suitable for those dependent on a wheelchair for mobility.

#### **4. A description of the location of the home**

Woodside is located in the semi-rural setting of Grateley in the north west of Hampshire. The village is divided into two distinct settlements, 1.2km apart: the old village and a newer settlement built around the railway station on the West of England Main Line.

The village has a public house, a thirteenth century church, a primary school and several local walking routes. There is also an Iron Age Hill Fort just under 4km from the home which boasts various walking routes and panoramic views.

There is also a school for children with Aspergers Syndrome (Grateley House School) situated 2.6 km from the Home. The nearest town is Andover 12km away. Andover has good shopping facilities, a leisure centre, several lakes with parks and footpaths, a theatre and two, family farm parks in close proximity.

The property itself is a detached bungalow set in ample grounds and surrounded by fields and farmland. There are neighbouring bungalows either side, spaciouly set back from the main road.

Outside, there is plenty of space mostly laid to lawn for outside games and a summer house. There is also a locked shed for secure storage of tools.

#### **5. The arrangements for supporting the cultural, linguistic and religious needs of children**

Every effort will be made to ensure that religious and cultural needs are established prior to admission so that these can be met from the first day. Links will be forged with local places of worship and advice sought from ethnic minority community groups as well as from children and their families to ensure their cultural and religious needs can be effectively met. Specific dietary requirements and preferences linked to religion and culture will be catered for and children will be actively engaged in menu planning to meet these needs.

Children's linguistic needs are established prior to admission. The Home is able to support children who require help with reading and writing and those that may benefit from visual prompts alongside verbal communication to help them understand what is expected of them.

The Home is not able to meet the needs of children who are unable to speak, those who do not speak English or those that have significant hearing difficulties requiring adults trained in sign language to aid communication.

## **6. Details of who to contact if a person has a complaint about the home and how that person can access the home's complaints policy**

The Home has detailed policies and procedures for responding to concerns and complaints raised by children, staff or those outside of the Home, such as parents or placing authorities. This document is made available to parents upon request and can be found on the website: [www.arc-hd.com](http://www.arc-hd.com).

Should a person wish to register a complaint about the Home, they should contact the Home directly on 01264 889854 or contact either:

[lee.roberts@arc-hd.com](mailto:lee.roberts@arc-hd.com) (Responsible Individual) or Rich Buck [richard.buck@arc-hd.com](mailto:richard.buck@arc-hd.com) (Stand in Manager)

and mark the correspondence 'Complaint'.

The Complaint Policy is presented to children in an accessible format in the Children's Guide to the Home. Staff are trained to respond appropriately and in accordance with the Home's Complaints Policy when dealing with complaints.

There are no restrictions on the scope of issues that may be the subject of a complaint. All will be investigated, properly considered, and the findings made known to relevant individuals and groups with due respect for confidentiality. Many issues may involve lack of information, poor communication or misunderstandings and can be addressed with a degree of informality. In such cases resolution can be sought at source with any member of staff. If the concern or complaint cannot be immediately and informally addressed then more formal representations need to be made.

All complaints, whether verbal or in writing, and whether informal or formal, are recorded in a Complaints Log Book maintained in the Home. These are vetted (reviewed) by the Assistant Manager or Responsible Individual to ensure the matter is not of a child protection nature.

Where matters of complaint are felt to be more serious the issue is forwarded directly to the Responsible Individual or a designated senior staff member in their absence. At this stage the complaint will be in written form.

Where an internal resolve is not seen as satisfactory by the complainant, a Panel Hearing will be convened by Lee. This hearing is minuted and the child or external complainant has the right to be accompanied in this hearing. The outcome of the Hearing is confirmed in writing to the complainant within seven working days. If the outcome of the hearing is not satisfactory to the complainant, representation can be made to external bodies for their involvement.

Children are regularly reminded of the complaints procedure and how they can use this in their Keyworker sessions. Complaint forms are readily available and visible in the Home which further serves as a visual prompt to residents.

Children are also reminded of the availability of the Independent Visitor and the Independent Advocate as additional routes to raise concerns should they wish to initially discuss concerns with someone from outside of the Home.

## **7. Details of how a person, body or organisation involved in the care or protection of a child can access the home's child protection policies or the behaviour management policy.**

The Home's safeguarding policy and behaviour management policy can be found on the website [www.arc-hd.com](http://www.arc-hd.com) under the 'downloads' section. They can also be provided upon request via e-mail: [admin@arc-hd.com](mailto:admin@arc-hd.com) or by phone: 02381 112014

## **8. A description of the home's policy and approach to consulting children about the quality of their care**

Children's views are sought on all aspects of their care from the very first meeting with staff from the Home. Prior to admission consultation centres upon any feelings and any anxieties they may have in coming to live at the Home so that adaptations can be made to reduce this anxiety and give children a sense of control in the process.

The Children's Guide is shared with children and they are encouraged to read this and think of any additional questions they may have about the way we look after children. There is further consultation throughout the transition process about how many visits and overnight stays they would like before moving in.

We consult with children as to what they like to be called, how they like to be spoken to and what level of physical contact they are comfortable with and the signals they will give to indicate physical contact is wanted. Children are encouraged to choose the soft furnishings they would like in their room and then assist adults in buying them.

All consent forms are discussed with children and their permission is sought on a variety of issues including: their willingness for information about them to be shared with other professionals; their consent to medical treatment; their consent for their case file to be viewed by the Independent Visitor; and if therapy sessions are recommended, their consent to attend therapy.

Once admitted children are consulted with as to the content of their risk management plans, achievement targets and placement plan and are encouraged to assist staff in agreeing a final first document. These plans are regularly reviewed with children as they progress and as perceived levels of risk change. Children are also consulted with regarding the content of any written reports and their views taken into account.

Every effort is made to ensure there is good communication between adults in the Home and the child, as well as with professionals and family members. We make every effort to match suitable keyworkers to the children on admission. However, we encourage children to voice concerns and preferences if they are not happy with this arrangement so that alternative keywork support can be provided.

Each child has the opportunity to participate in a regular keywork meeting with staff in which they are encouraged to raise issues of concern or make suggestions about any aspect of the care they receive or the running of the Home and how it might be improved. Children receive prompt feedback from staff as to any decisions or actions required in relation to the points they have raised.

Children, once settled in the Home are encouraged to complete a Satisfaction Questionnaire which is offered for completion periodically throughout the placement and also just prior to moving on. This feedback is used to improve the running of the Home and the service provided.

Children's views are further sought during the statutory monitoring of the provision and are recorded in the monthly Independent Visitor reports.

Children also have access to Kate Gregory the Arc appointed Independent Advocate who visits the Home on a quarterly basis and is available outside of these times should children wish to contact her. Kate is an accredited member of BACP (Reg. No. 66189 – checked 03.11.25) and has a CPCAB level 4 in Therapeutic Counselling.

Children's views are sought regarding the performance of established staff members which forms part of staff evaluation in performance reviews. Their opinion is also sought on potential candidates who visit the Home as part of the recruitment process.

## **9. A description of the home's policy and approach in relation to—**

### **(a) anti-discriminatory practice in respect of children and their families; and**

### **(b) children's rights**

#### Promoting Anti-Discriminatory Practice

Workers in the Childcare and Education field have acknowledged for many years the need to respect and value children and to treat them as individuals. One of the underlying principles of the Children Act 1989 is to provide for a child's racial, religious, cultural and linguistic backgrounds. Workers have a legal obligation to take these into account when working with children and families. Anti-Discriminatory Practice addresses the need to work within an anti-discriminatory framework when caring for and educating children.

The Home's Equality and Diversity Policy makes clear to all staff their responsibility to challenge and report discriminatory practice. Where discriminatory practice is reported, the issue will be addressed with staff concerned through supervision, or in more serious cases through the Disciplinary procedures.

Staff are reminded of their duty to role model anti-discriminatory attitudes in their communication with each other and in the presence of children, parents, carers and external professionals. This ensures that negative or limiting stereotypes related to race, culture, gender, sexual orientation and disability are not evident or inferred in communication either verbal or written. Staff training within the induction period covers this important aspect of role modeling.

Children's discriminatory attitudes are sensitively but assertively challenged by staff as they surface. Opportunities to change or challenge these attitudes are explored by staff within the Home through the promotion of appropriate education and social experiences. Keyworker

sessions provide further opportunities to discuss with children the importance of affording one another respect and understanding. The Home's expectations make clear that children should respect one another's points of view, feelings and personal space at all times. The promotion of anti-discriminatory values with children raises their awareness as to their rights in turn ensuring they become more confident in speaking out about inequalities they see or experience themselves.

#### Promoting Children's Rights

Children are encouraged to speak out if unhappy with any aspect of the care or treatment they receive either inside or outside of the Home. Regular sessions with their Keyworker provide the child with individual, uninterrupted time in which they can share their concerns. Children are regularly reminded of the complaint procedure, advocacy opportunities and other routes they have available to them to speak out within the keywork sessions.

There are opportunities for children to contact individuals external to the organization such as Social Workers and Independent Reviewing Officers to discuss concerns they may have as well as the formal opportunities provided through statutory visits and CLA Reviews. An Independent Visitor visits the Home on a monthly basis to provide the opportunity for children to raise issues of importance with them and the Responsible Individual for the Home also visits the Home regularly and is available should children wish to discuss matters.

Illustrated information within the Child's Guide to the Home also make clear to children their right to contact other external support services if they feel unable or unwilling to discuss their concerns with staff.

The Home promotes children's rights as identified in The Convention on the Rights of the Child. Children are made aware of their rights under the Convention in a child friendly illustrated information leaflet within the welcome booklet to the Home. Children are further reminded of their right to have their care plan reviewed if they wish.

### **10.Details of provision to support children with special educational needs**

The Home supports children with special educational needs in the following ways.

A good working relationship is established with schools, colleges and Virtual Schools to ensure that children's special educational needs are identified, understood and appropriately provided for.

The Home ensures any Education, Health and Care Plan (EHCP) in place for a child is adhered to and raises issues appropriately but assertively if aspects of the EHCP are not being followed or require amendment. Where the Home believes an EHC assessment is required for a particular child a request is promptly made to the local authority.

The Home ensures Personal Education Plans (PEP) are in place for all Looked After Children and that PEP review meetings are arranged by the Social Worker on a termly basis. The Home ensures

that PEP meetings are attended and that appropriate short and long term goals for education and plans for the future are discussed and recorded. The Home challenges the Local Authority if PEP meetings are delayed or if the PEP is not made available.

All children with special educational needs are provided with the resources they need within the Home so they can study and complete homework.

**11.If the home is registered as a school, details of the curriculum provided by the home and the management and structure of the arrangements for education**

The Home is not registered as a school.

**12.If the home is not registered as a school, the arrangements for children to attend local schools and the provision made by the home to promote children's educational achievement.**

From the moment children are being considered for coming to live in the Home discussion with the placing authority is undertaken to establish the child's education history, attainment levels and future education needs.

Some children remain on roll at an existing school or college and if this within reasonable travelling distance from the Home, staff will continue to transport them to and from the setting and even stay within the locale to support if this is required to ensure the education placement is maintained.

The Home liaises with the placing authority and Virtual Head to identify how best to meet children's education needs where children are no longer on roll or able to attend a previous education facility.

Where children are of college age and are currently not on roll or attending a college anywhere, contact is made with local colleges appropriate to the child's needs and children are encouraged with adult support to visit, explore courses that interest them and enroll on courses.

A number of children may have had adverse experiences within education settings in the past and may be resistant to attending schools identified. Others may have come from a hospital environment in which the prime need is initially for them to effectively and safely manage their mental health living in the Home. For both of these groups, the focus upon admission is for children to settle in and begin to feel safe and secure – attending formal education is pursued once this stability has been achieved. The priority is always to ensure that the child is in an emotional state that will be conducive to attempting academic/learning challenges. The care plan and placement plan will reflect the agreed pathway to re-engaging with education post admission.

Each child has their own lounge in the Home making private undistracted study easy to achieve. Staff take an active interest in how children got on during the school day and encourage and support children to complete homework and assignments set.



The Home aims to:

- Recognise achievement and link this to accreditation outcomes
- Celebrate success
- Support children who are attending formal education and advocate on their behalf should challenges arise in these settings
- Encourage and support children to complete homework and assignments
- Liaise closely and regularly with education professionals involved in the child's learning
- Provide children with learning opportunities outside of the formal education setting
- Provide enjoyable and stimulating experiences for children through the pursuit of hobbies / interests and encourage the development of new ones
- Create opportunities for growth in self-esteem, personal confidence and self-belief
- Fight for children's right to formal education and challenge the placing authority and Virtual Schools where a provision is not promptly identified

The priority is to equip children with the necessary learning and skills to be able to engage positively with education, employment or training.

### **13. The arrangements for enabling children to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical and social interests and skills.**

Woodside encourages a healthy and active lifestyle for all children role modeled for them by staff working in the Home. The recreational provision is very broad and is based on providing positive experiences and managed challenges. This may include activities based on personal interest, activities that are complementary to any therapy, care support or activities that may challenge the individual's skills, knowledge and understanding of themselves.

A full Risk Assessment is carried out prior to participation in any potentially hazardous activities both outside and inside the Home in accordance with national and local guidance and risk assessment procedures. Risk assessments take into account the child's individual known risk factors and their current presentation.

Staff provide a stimulating and rich environment that fosters enquiry and discovery. Where possible this is linked to experiences and activities that develop their understanding of the multi-cultural world that they live in and their role as a citizen in their local society. The recreational activities engage the children in creative, technological, cultural, academic, physical and aesthetic aspects of life. Where cultural needs are identified these are built into these. This may include regular attendance at culturally significant events and engagement with established or new social groups.

Every situation, positive or negative, is a potential learning opportunity. We encourage children to make the most of all of these opportunities. The aim is to develop self-awareness, values, empathy, tolerance and an understanding of diversity.

The wide range of activities on offer include bike riding, swimming, fishing, music, outdoor challenges, board games, gardening, cinema, bowling, arts and crafts, bird watching and nature awareness, theatre and performances of the arts, voluntary work and therapeutic horse riding, dog walking, beach activities. Where children are keen to pursue particular interests outside of those identified, resources are made available for them to do so enabling them to enhance their interests and develop their skills in this area.

**14. Details of any healthcare or therapy provided, including—**

**(a) details of the qualifications and professional supervision of the staff involved in providing any healthcare or therapy; and**

**(b) information about how the effectiveness of any healthcare or therapy provided is measured, the evidence demonstrating its effectiveness and details of how the information or the evidence can be accessed.**

**Promoting Children's Health**

All children are registered with the local health centre for access to a GP unless they are already registered with their own doctor nearby. Support Plans are created in consultation with children and the placing authority which set out individual health targets.

Food and Diet

The Home aims to provide all children with adequate quantities of well-prepared food that is wholesome, nutritious and sufficient to enable normal physical development. Reasonable choice is available as far as is practicable. The Home is able to meet all special dietary requirements relating to health, religious or cultural needs. The aim is to ensure mealtimes are enjoyable occasions where children can learn to appreciate 'home cooking' rather than convenience foods. When appropriate, children are encouraged to become fully involved in the selection and preparation of their food. Research has shown there to be a correlation between healthy diets and good mental health.

Healthcare

Children's health and well-being are a key part of the care and support we provide to children. On admission, Arc requires the completion of the pre-admission medical form for the child, which should include details of any current prescribed medication and full immunisation history.

In addition, the parent/carer/placing authority is required to complete a Medical Consent Form authorising staff to action medical needs and also to give consent for any therapeutic intervention once this is identified through the review process. Children according to their age and level of understanding are encouraged to be involved in completing these documents. Children are registered with the local GP within 7 days of admission.

The Home's medication storage, handling and administering system complies with all relevant legislation and good practice and provides a clear audit trail to prove that the Home is operating to government standards.

Whenever necessary, arrangements are made for consultation and treatment by specialists such as dentists and opticians. Regular check-ups and annual medicals are part of the Home's routine practice.

Although children may have experience of smoking, it is not encouraged at the Home. The Home promotes a healthy lifestyle and children are encouraged to refrain from smoking. There will be no smoking in the building. However, if it is agreed as part of the Care Plan, children can access smoking in the grounds.

Smokers are provided with anti-smoking literature, education and support to stop or reduce smoking.

All staff undertake a First Aid at Work qualification which is renewed every three years.

The Home's effectiveness in meeting the health needs of children is measured in the following ways:

- Smoking reduction or cessation for those with a pre-existing smoking habit.
- Reduction in self-harming behaviour (frequency and/or severity).
- Reduction in visits to A&E departments and/or GP surgeries.
- Eating more healthily.
- Moving towards a healthy weight for their height and build.
- Regularly taking part in physical / cardiovascular exercise.
- The development of good personal hygiene and grooming routines.
- Attending regular scheduled health checkups and engaging increasingly in these independently.
- Taking prescribed medication as directed.
- Developing the ability to self-medicate when safe to do so.

Information on achievements as indicated above are recorded in the child's case files.

### **Mental Health Assessment and Support**

Arc has employed Chloe Scott, a part time RMN to carry out assessments and individual work with children when required. Chloe is a band 6 RMN who currently also works part time as a crisis community mental health nurse with adults in the community as part of the East Hampshire Crisis Home Resolution Home Treatment Team.

Prior to joining Arc in April 2024, Chloe gained two years' experience working in Adult Mental Health in acute hospitals.

Chloe has a BSc Mental Health Nursing Degree NMC Pin No. 23H1134E (registration expires on 30 September 2026).

### **Available Therapy at Arc**

Arc engages with Carlos Hoyos, Child and Adolescent Psychiatrist. Carlos attends team meetings on a bi-monthly basis and provides the staff team with advice, reflection and insight which informs specific ways of working with our children. Carlos also provides regular clinical supervision to the Registered Manager.

Arc has access to appropriately qualified and supervised therapists on a sessional basis to meet the needs of children should this be required. This service is charged additionally to our core service. In the vast majority of cases, therapy for children is provided via already engaged CAMHS teams.

The therapy that Arc can provide includes psychotherapists that specialise in different therapies. These include art, drama, music and movement and dance. The therapists receive external clinical supervision from experienced professionals within their own specific disciplines and Arc verifies the arrangements for this supervision.

Any therapy that is undertaken is done so with the written consent of the child, the placing authority and those with parental responsibility.

The effectiveness of any therapy provided is measured in the following ways:

- Regular reviews undertaken with the therapist to ascertain progress being made
- Written reports from the therapist indicating progress and next steps
- Discussion with the child in keywork sessions as to how they feel the therapy is helping them
- Notable recorded changes in behaviour of the child

All of the above written evidence is recorded in the child's case file.

Details of the healthcare professionals available to Arc are as follows:

Laura Brunton is an experienced and qualified Trauma Informed Play Therapist PTUK No. 201300097. Laura is supervised by Play Therapist Sabrina Persiano PTUK No. 2005963. Both Laura's and Sabrina's registrations were checked on 6 May 2025.

Carlos Hoyos, an appropriately experienced and qualified Child and Adolescent Psychiatrist GMC 3579116 (registration checked on 06 October 2025). Carlos receives external supervision from Miranda Passey, Child Psychotherapist (a member of the Association of Child Psychotherapists No. 3664 – membership checked on 06 October 2025).

## **15.The arrangements for promoting contact between children and their families and friends.**

Encouraging, maintaining, promoting and supporting home contact for children living away from home is an important consideration. For some children, this may provide them with additional emotional support while for others it may provide additional conflict and anxiety which hinders the healing process.

The Home consults with parents, carers, healthcare and therapy professionals and most importantly the child themselves to identify a level of contact most conducive for creating a successful environment in which family relationships can be maintained and strengthened.

The child will have regular opportunities in Keyworker sessions to discuss their family contact arrangements as well as in regular reviews. Recommendations for changing the frequency and method of contacting family and friends are regularly discussed and risk assessed.

The Home can accommodate family visits, enabling a degree of privacy outside of the child's room to meet with their family members. The grounds further provide a degree of space for children to talk freely and without an audience to family members.

The development of peer relationships is an essential part of a child's social development and developing sense of identity and friends are able to visit children at the Home. Friends are able to visit once contact is made with the parents of visiting children as would be the case in a regular family home. The views of others resident in the Home are sought prior to friends of another resident visiting and such visitors are made aware of the expectations for behaviour and rules of the Home to ensure the visits are positive experiences.

Staff also ensure children can regularly meet up with their friends away from the Home where appropriate and approved by the placing authority and parents. Such contacts are carefully supported to assess the impact of these friendships on the child. The individual staff support provided to each child throughout the day enables children to discuss and reflect upon the challenges of maintaining relationships with friends.

The Home also provides opportunities for children to communicate privately by phone, e-mail and social media with family and friends unless there are significant safeguarding concerns raised by them doing so.

The Home is able to facilitate supervised or supported contacts if required and sources local overnight accommodation for family members where distance would otherwise prevent contacts occurring at the Home. The Home will undertake the transportation of children to and from the family home for contact where families are unable to manage this arrangement themselves.

## **16.A description of the home's approach to the monitoring and surveillance of children.**

Woodside is a homely environment with high levels of staff supervision provided for the children in the Home both day and night. There is no surveillance equipment used in the Home to supervise or monitor children.

## **17.Details of the home's approach to behavioural support, including information about— (a)the home's approach to restraint in relation to children; and (b)how persons working in the home are trained in restraint and how their competence is assessed.**

### Introduction

Arc's Behaviour Management policy sets out how staff can help children develop positive relationships with adults and each other as they learn new ways to manage their emotions and challenging situations. The Home's focus on developing meaningful relationships with children

through attachments makes it essential that supporting children with change is undertaken with compassion, kindness, respect and patience.

The policy identifies the importance of celebrating the successes children have as well as ensuring any required measures to encourage behavioural change are appropriate, sensitively handled by confident staff and ensure the child continues to feel valued as an individual.

Staff encourage children to behave positively through developing relationships with children, role modeling positive behaviour and attitudes, giving rewards, consulting with children, providing a calm home environment, having easy to follow expectations and by providing staff with de-escalation training and opportunity to reflect.

We ask all children to:

- Treat others with respect and kindness
- Look after the environment and property in the Home
- Respect the personal space of others
- Respect the wishes of others
- Help others who need your support

Where children are unable or unwilling to meet these expectations, a reflective discussion is undertaken with them to determine how best the issue can be resolved.

#### Staff De-Escalation Training

TEAM TEACH de-escalation training helps staff become more aware of their own responses when confronted with potentially high-risk situations and how their responses can either calm or escalate the situation for the child in distress. As a result of their training, staff are expected to:

- Be aware of issues that complicate the situation - such as communication difficulties - and ensure that communication is appropriate to the age and intellect of the child
- Be aware of their own verbal and non-verbal communication
- Be aware of body stance, ensuring they present as non-threatening in posture
- Talk to the child and ask them to explain their perception of the situation
- Explain to the child why they are concerned
- Keep calm and controlled and act in a way that absorbs and responds to aggression without retaliating
- Be sensitive about the choice of words, tone of voice and pace of speaking
- Convey a genuine willingness to help
- Acknowledge the child's feelings
- Work with and not compete against the child
- Accept what is being said by the child
- Keep at a safe distance and observe for changes in behaviour

#### Sanctions

On occasion it is deemed necessary to put in place a sanction in response to behaviour breaks the rules. When this occurs the behaviour and sanction is recorded in the Home's sanction log. This log is overviewed by the Responsible Individual and Assistant Manager to ensure that all sanctions put in place with children are appropriate and proportionate to the behaviour displayed and their effectiveness in addressing the issue is recorded.

Solutions may include:

- Restorative discussions with staff to identify alternative ways for both parties of managing the situation in future
- Restricted activities where risk assessments deem this necessary
- Community or Home reparation
- Token financial contribution where property damage is significant

The Home recognises that an effective balance of appropriate rewards and sanctions is required to encourage the development of positive behaviour in children and that they need to be able to clearly distinguish between these. The Assistant Manager and Responsible Individual ensure sanctions are:

- PROPORTIONATE to the behaviour displayed.
- RELEVANT to the issue.
- AGREED upon with the child.
- MEANINGFUL to the child.
- TAKE INTO ACCOUNT the thoughts and feelings behind the behaviour.
- REALISTIC.
- PRACTICAL.
- ACHIEVEABLE for the child.
- APPROPRIATE to the child's needs and level of understanding and functioning.

The Home refrains from applying those measures prohibited as outlined in the Children's Homes Regulations 2015 – Regulation 19(2).

Staff in the Home help children understand how everyone's behaviour, both positive and negative, has an impact on the emotional status of others. Children are increasingly encouraged according to age and ability, to develop the skills necessary to manage their own behaviour effectively.

#### The Use of Restraint with Children

The Children's Home Regulations 2015 defines restraints as: *"restraint" means using force or restricting liberty of movement.*

The Home promotes recognition, prevention and de-escalation strategies as the first line in the management of aggression, violence or life endangering behaviour. Restraint must only be used as a last resort and is only permissible to prevent:

- the child or others experiencing significant harm
- serious damage to the property of any person (including the child who is being restrained)

If restraint is required it is used in the best interests of the child, and everything possible must be done to prevent injury to them and maintain their sense of dignity.

The restraint selected must be justifiable, appropriate, reasonable and proportionate to the specific situation and applied for the minimum possible time.

### Staff Restraint Training

Team Teach training provides staff with identified gradual and graded restraint techniques that when correctly applied ensure that:

- No pain is deliberately inflicted
- Direct pressure is not applied to the neck, thorax, abdomen, back or pelvis
- Choke or strangle holds are not used
- Seated or kneeling holds are not used where the child is bent forward at the waist (hyperflexion)
- The airways are not obstructed by covering the nose or mouth

As a general rule, it is considered unsafe for staff members to restrain a child on their own and they are expected to summon assistance. However, in situations where there is a potentially life endangering situation staff are expected to take whatever action is required in the moment to reduce this risk.

Staff are trained over a two-day period in Team Teach de-escalation and restraint techniques and then receive refresher training annually. Staff familiarity with the restraint techniques in between refreshers is periodically checked with individual staff members and small groups of staff by Arc's certified Team Teach Instructor. Further information about Team Teach can be gained by visiting their web site [www.team-teach.co.uk](http://www.team-teach.co.uk).

### Post Restraint Support

Children who have been restrained are given the opportunity to talk about the experience as soon as they are able and willing to do so, ideally within 24 hours. This discussion is not undertaken by those staff members involved in the restraint. It may be that a child wishes to talk with an advocate from outside the home about the experience and this is arranged for them if required.

Children unhappy with the conduct of staff during the incident are given the opportunity to complain. A written account of their complaint is completed and the Home's Complaints Procedures are duly followed.

Staff closely monitor children after all restraint. All children are checked by staff in the Home within 24 hours of the restraint to ensure they have not sustained any injuries. These physical checks are recorded in the child's medical records.

Where an injury has been sustained, the matter is referred immediately to the Home's on duty Designated Safeguarding Children Officer, who will duly follow the Home's safeguarding procedures. If the injury is seen as significant, an appointment will be made with a GP to ensure the child is health checked by someone independent of the Home. When children refuse to be seen by independent medically qualified practitioners, this is recorded in their medical records and the matter is shared with the local authority.

### Positive Handling Plans

Once an incident has occurred where restraint was required, a Positive Handling Plan is written to ensure that in future the child can be kept safe. This plan includes details from the child as to de-



escalation strategies which may help them avoid placing themselves or others at risk of harm as well as the preferred ways they would like to be restrained if this was necessary to prevent harm befalling them or others. The child is involved in the drawing up of this plan.

**18.The name and work address of—**

**(a)the registered provider;**

**(b)the responsible individual (if one is nominated); and**

**(c)the registered manager (if one is appointed).**

Arc HD Services Ltd is a wholly owned subsidiary of Community Integrated Care and an independent provider of care. Arc HD Services Ltd is the Register Provider.

The Responsible Individual is Lee Roberts.

The Registered Manager is currently a vacant position.

They can be contacted as follows:

Arc HD Services  
Eastleigh House  
Upper Market Street  
Eastleigh  
SO50 9YN

Tel: 02381 112014

e-mail: [Lee.roberts@arc-hd.com](mailto:Lee.roberts@arc-hd.com)

Web: [www.arc-hd.com](http://www.arc-hd.com)

**19.Details of the experience and qualifications of staff, including any staff commissioned to provide education or health care.**

**Responsible Individual**

Lee Roberts is the Responsible Individual for the Home in compliance with the Care Standards Act 2000.

Lee has worked in the independent sector with children with severe social, emotional, behavioural difficulties and associated mental health diagnoses since 1998. Prior to joining Arc in 2011 Lee spent three years as a Registered Manager of a six bedded children's home. Lee was the Registered Manager of another Arc Home for seven years before moving to become the Registered Manager of Woodside. He became Head of Care for Arc overseeing two Homes in 2020 and became the Responsible Individual in November 2020.

Lee has a Diploma Level 5 Leadership for Health and Social Care and Children and Children (C&YP Management) qualification. He has also completed the Safeguarding Supervision course run by Dialogue.

### Registered Manager

#### Assistant Manager

Koreena Griffiths joined Arc's Small Acres Home in November 2021. Prior to this she gained 12 years' experience as a Teaching Assistant supporting a variety of children with physical, social, emotional and mental health needs. Koreena joined Woodside as Assistant Manager in September 2024. Koreena has an Open University Certificate in Health and Social Care and a Level 3 QCF Diploma in Specialist Support for Teaching and Learning in Schools. Koreena has the Level 3 Residential Childcare Diploma. Koreena is currently studying for her Level 5 Diploma.

### Day Time Support Workers

Gemma Twycross joined Arc in October 2022. She has five years' previous experience supporting adults with disabilities to live in the community for Enham Trust. She also has over two years' experience providing physical and emotional support for families and individuals with autism, learning difficulties and dementia while working for Nurse Plus. Gemma has a BTEC National Diploma in Childcare and a BA Honours Degree in Childhood, Youth and Community Studies. Gemma is studying towards the Level 3 Diploma in Residential Childcare.

Louisa Davis joined Arc in March 2023. Prior to joining she gained over four years' previous experience transporting looked after children to and from school for Hampshire County Council. She is studying towards the Level 3 Residential Childcare Diploma.

Cameron Kruger joined Arc in April 2024. Prior to Arc, Cameron gained 18 months experience supporting and planning activities for nursery aged children and over a years' experience as a healthcare assistant in hospital settings. Cameron is studying towards her NVQ Level 3 Early Years in Education qualification alongside her current university studies. Cameron will commence study towards the Level 3 Residential Childcare Diploma within six months of employment.

Kelly Herlihy joined Arc in May 2024. Prior to Arc, Kelly gained nine years' providing care and support to elderly people living in their own homes and in a large residential nursing home. She was also a child minder for over two years. Kelly has commenced study towards the Level 3 Residential Childcare Diploma.

Emily Jenkins joined Arc at the Woodside Home near Andover in October 2020. Emily then spent some time at Arc's Brocklands Home from July 2022, before returning to Woodside in April 2025. Emily has previous experience running a weekly youth group with girl guides aged 5-10. Emily has a BSc in Psychology (Counselling and Mental Health). Emily has completed her study towards the Level 3 Diploma in Residential Childcare and is currently awaiting certification. Emily is currently on maternity leave.

### Night Time Support Workers

The role of the night support worker is to offer direct care and supervision to the children between the hours of 10.00 pm and 8.00 am. There would usually be one Night Support Worker on duty supported by a sleep-in member of staff and with further support from an 'on-call' member of staff.

Tema Rasoki joined Arc in Sept 2017 as a Night Support Worker. Prior to Arc, she gained 15 months experience as a care assistant supporting older people with disabilities and personal care requirements. She has a further 17 months experience as a healthcare assistant. Tema became a bank worker from August 2019 and then a Support Worker from April 2021. Tema switched back to a Night Support Worker in September 2025. Tema has a Health and Social Care Level 2 certificate and a Level 3 Diploma in Residential Childcare.

Zane Mi-Ria joined Arc in September 2019. Prior to Arc, she gained 4 years' experience as a healthcare assistant and support worker working with vulnerable adults in residential settings, nursing homes, community centres and in their own homes for Nurse Plus agency. Zane has a BTEC Level 2 Award in Employment Responsibilities and Rights in Health, Social Care and Children and Children's Settings. She also has the NVQ 2 Level 2 Diploma in Health and Social Care and the Level 3 Residential Childcare Diploma.

### Bank Workers

Ryan Thirlwell joined Brocklands in October 2023. At time of joining Arc, Ryan had over 15 years' experience supporting vulnerable children and adults in residential settings. Within this time, Ryan has taken on roles as support worker, Registered Manager and Head of Care. Ryan has a Level 3 Diploma in Residential Childcare and a QCF Level 5 Leadership Award.

Madison Miller joined Arc in March 2024. Prior to joining Arc, Madison had gained 15 months experience supporting vulnerable adults to continue living in their own homes and a further year as a teaching assistant in a specialist school for vulnerable children.

Amele Kaumaitotoya joined Arc in September 2021. Prior to Arc, Amele gained three years' experience supporting young adults with autism and learning difficulties within the Hesley Group. Amele changed role to become a bank worker in July 2024. Amele is studying towards the Level 3 Residential Childcare Diploma.

Russ Orman joined Arc in October 2024. He has over 30 years' experience in residential settings supporting children with social, emotional and mental health issues, including being a Registered Manager. Russ has a Level 5 City and Guilds Leadership and Management in Residential Childcare.

Sarah Kennie joined Arc in February 2025. Prior to Arc, Sarah gained over two years' experience as a teaching assistant at a specialist secondary school for children with social, emotional and mental health difficulties. Prior to this Sarah worked for many years as a nursery nurse. Sarah has a BTEC in Social Care and an NNEB Diploma. Sarah resigned from her full-time position and became a bank worker from March 2025.

Bena Tymms joined Arc in June 2024. Prior to Arc, Bena gained two years' experience as an LSA supporting children in Hampshire and seven months experience as a waking night care assistant

supporting adults with learning difficulties in a residential setting. While studying at university, Bena also worked part time as a nursery assistant, a pre-school assistant and as a nanny. Bena has a Degree in Education Studies in Early Childhood and will commence study towards the Level 3 Diploma in Residential Childcare within six months of employment.

The staff team is provided with appropriate training and support together with regular supervision. The Responsible Individual follows the established company policies that relate to supervision, training and professional development. The consultant psychiatrist provides clinical supervision for the Responsible Individual.

#### Staff Training and Development

All staff working in the Home are subject to a three to six-month induction period depending on completion of set tasks and training. In this time, they are mentored by the Registered Manager supported currently by the Rich Buck and the Responsible Individual. During this time staff evidence they have become familiar with the Home's policies, procedures and systems.

Within the induction period a wide range of internal and external training programmes are also completed.

#### Online Training

Safeguarding Children  
COSHH  
Lone Working  
Child Sexual Exploitation  
Health and Safety  
Safe Handling of Medication  
Data Protection and Confidentiality  
Food Safety and Hygiene Matters  
Internet Safety  
Anti-Bullying  
Radicalisation and Extremism

#### Face to Face Training from External Professionals

Team Teach  
First Aid  
Mental Health Awareness  
Safeguarding for Leaders

Once the induction period has been completed, staff are required to commit to the Level 3 Diploma in Residential Childcare qualification unless they already have a qualification comparable to this and recognised as such. Staff are encouraged and supported to broaden their knowledge with additional external training where this benefits the organisation as well as the individual.

## **20.Details of the management and staffing structure of the home, including arrangements for the professional supervision of staff, including staff that provide education or health care.**

## **STAFFING POLICY**

### Management of Staff

The overall responsibility for managing the staff on duty during the day and night lay with the Registered Manager and overviewed by the Responsible Individual. A roster for providing 'call in' support and advice is visible to staff in the Home. This outlines at any time of the day or night the person responsible for this.

### Supervision

Staff team members are provided with regular individual supervision by the Registered Manager and Assistant Manager.

The frequency of supervision sessions is fortnightly for the first three months of employment and monthly thereafter. These sessions cover: safeguarding responsibilities, the home's ethos and philosophy, staff roles and responsibilities, feedback on performance, personal learning and development, new requirements of the role prompted by new legislation and guidance, stress factors and personal issues which may provide additional stress factors for the staff member concerned.

All supervision is documented and the record is signed by both the supervisor and the staff member receiving supervision.

The importance of staff supervision is clearly outlined in the Home's Supervision Policy. All staff have a responsibility to attend supervision sessions. Non-attendance of planned supervision sessions could be a sign of staff disaffection or issue avoidance and could place children in the Home at risk. Repeated non-attendance of supervision sessions is treated as a disciplinary issue.

The Home's consultant Child and Adolescent Psychiatrist provides the Registered Manager with regular clinical supervision. The consultant Psychiatrist in turn receives regular external supervision from Miranda Passey.

Future training needs and development opportunities are agreed between the supervisor and the staff member in regular supervision sessions and in the Performance Review meeting which takes place annually. Written feedback on staff member performance is sought from colleagues. Children too are encouraged to also provide written feedback via a performance feedback questionnaire, which ensures a broader analysis of staff member's strengths and areas for improvement.

Regular staff team meetings provide further opportunities for staff to receive support from colleagues and access to an experienced psychiatrist further guides and supports the staff team.

### Staffing Levels

The staffing level is sufficient to meet the Home's aims and objectives for children.

There is at least one member of staff on duty for each child in the Home between the hours of 8.00 am and 10.00 pm. From 10.00 pm to 8.00 am there is always a Night Time Support Worker on duty providing overnight care and support to children in addition to a minimum of one member

of staff sleeping in. This high 'staff to child' ratio is further supported by the 24 hour 'on-call' support provided by the Arc staff team throughout the year.

Staffing levels in the Home are increased to ensure the Home's aims and objectives for children continue to be met when:

- additional children are admitted to the Home
- the needs and support levels of children already resident increase

#### Lone Working

The potential risks of lone working with children are identified and reduced through the individual Lone Working Risk Assessments which considers the environment and the safety of both the child and staff member involved. The risk assessment in place for all children further identifies expected staff responses to both planned and unexpected events during this time.

#### Arrangement for Covering Absence

Short term absence is covered from within the existing staff team where possible through the working of additional hours. Suitably experienced banked staff are used to cover longer term absence. Arrangements are in place to ensure that agency staff are only used as a last resort and only once all safer recruitment checks have been undertaken. The Home ensures that agency staff do not make up more than half the number of staff on duty at any time.

### **21.If the staff are all of one sex, or mainly of one sex, a description of how the home promotes appropriate role models of both sexes.**

Staff in the Home mostly identify as female, but there are staff members who identify as male within the team ensuring children have the opportunity to engage regularly with male identifying adults as well as female.

Roles within the Home are not split into out-dated gender stereotypes of the roles male and female adults traditionally fulfilled. Children themselves choose who they wish to approach to support them with discussions around gender specific issues.

All members of the team are encouraged to develop a nurturing approach with children consistent with the Home's ethos.

Staff themselves have a responsibility to promote gender equality through the conversations they have with children and work colleagues. They are expected to challenge discriminatory views expressed by children sensitively and to report discriminatory views if expressed by colleagues. These responsibilities are made clear in the Home's Professional and Personal Boundaries Policy.

### **22.Any criteria used for the admission of children to the home, including any policies and procedures for emergency admission.**

Admission criteria are as follows:

Attachment disorder or difficulties  
Emotional and behavioural difficulties  
Risk of Exploitation  
ADHD

ASD  
Mood disorders  
Depression  
Anxiety based disorders  
Childhood trauma

Arc consider emergency referrals and admissions on an individual basis however priority consideration will always be given to the needs of children already in residence.

## **Referral and Admission Process**

### Initial Enquiries

Arc welcomes expressions of interest in our provision and general enquiries as to the availability of vacancies either by email: [admin@arc-hd.com](mailto:admin@arc-hd.com) or by phone: 02381 112014.

Referrals are received directly from both health and social care commissioning / placement teams. Arc requests these be forwarded by secure email to: [admin@arc-hd.com](mailto:admin@arc-hd.com).

All incoming referral requests and paperwork are viewed within 24 hours and a reply indicating our position regarding the referral is promptly sent.

Admissions tend to be planned in nature to allow time for existing residents to prepare and adjust to someone new coming to live in the Home and for a thorough impact assessment to be completed. Emergency referrals are only considered in exceptional circumstances and only where an impact risk assessment deems this to be appropriate.

### Potentially Suitable Placements

When we believe a child may be suitable, we follow the process identified below.

- Send initial referral enquiry paperwork to the Home's Responsible Individual and the Registered Manager
- Contact the referring authority and express interest in learning more about a child, identifying to them which Home the vacancy is in and a time frame for a potential admission.
- Forward placement costs and associated information (Location Risk Assessments, SOP, OfSTED Inspection Reports) to the referring authority.
- Send received referral paperwork / information to the Responsible Individual and the Registered Manager for consideration and to identify potential challenges and further questions that should be asked of the referring authority / current placement.
- Arrange a visit in consultation with the Responsible Individual and Registered Manager for the referring authority representatives (usually Social Worker) to the Home ensuring questions gathered from the referral information are raised with them during the visit. In exceptional circumstances this visit can take place virtually.
- A written Impact Risk Assessment is commenced to explore whether the child being considered will be a suitable match with existing residents. This assessment considers both

the impact on existing residents of the potential new admission and also the impact the existing residents may have on the child being considered for admission.

- If 'post visit' all information suggests that a suitable placement can be offered, we request the opportunity to meet with the child and family members before committing to offering a placement and organising a transition plan.
- The Responsible Individual and Registered Manager meet with the child and their family members either at the Arc Home or at their existing placement and take a 'keepsake toy' and a copy of the 'Child's Guide to the Home' for them.
- The Impact Risk Assessment is updated following visit (s) to or from the child. This update may confirm the child as a suitable match or in some cases conclude the child is not suitable for admission to the Home.
- As part of the procedure, other children already in residence are asked for their views on the compatibility of any new admission. This provides an opportunity for everyone to be involved in preparing to welcome the new child to the Home where admission is approved.

If at any stage in the process outlined above it becomes clear that the placement would be unsuitable, the referring authority is contacted and informed that we have withdrawn interest in offering a placement.

#### Offering a Placement

- If the meeting(s) with the child further confirms their suitability and willingness to be placed at Arc, contact is made with the referring authority social worker to offer placement with a start date and a proposed transition plan.
- Once written confirmation has been received from the referring authority that they wish to proceed with the placement, a transition plan is finalised. Note: It is the placing authority's responsibility to inform parents / carers of the placement offer.
- An Individual Placing Agreement (IPA) is required from the placing authority, preferably before the placement commences.

#### Transitions into the Home

It is recognised that changing where you live and getting to know new people can be very stressful for children. For this reason, the transition process is where possible agreed with them to give them a degree of control.

Transition plans can involve a series of visits and overnight stays for the child before they move in. Should children wish to speed up this process or slow it down, every effort is made to consider their requests and respond accordingly.

Children may have a variety of communication and cognitive difficulties alongside degrees of anxiety which affect the way they process information during the transition process. The pace of induction and nature of information sharing takes account of this for individual children and they



are encouraged to ask questions if they are uncertain about any of the information they have been given.

It is recognised that existing residents may become anxious about the arrival of somebody new. They are encouraged to assist staff in welcoming the new arrival in a manner they are comfortable with. This helps reduce the anxieties existing residents may experience and gives them a degree of control in how they get to know the new child.

Regular contact for the new arrival with family and friends is encouraged where appropriate to help provide further reassurance that these important relationships are not lost or weakened as a result of them moving into the Home.

The Local Authority is informed of the admission of every child that has been placed out of county in writing in accordance with regulation 41 of the Children's Homes Regulations.

### Consent Forms

Consent forms / agreement forms are forwarded to the placing authority representatives for completion and return. These include:

- Medical and Dental Information and Treatment Consent
- Activity Disclaimer
- Photo and Video Consent
- Information Sharing Consent
- Independent Visitor Access to Records Consent

In addition to the above consent forms a written agreement in consultation with the placing authority and those with parental responsibility for the child is established prior to admission which identifies their access to and use of mobile phones and other IT equipment.

These must be completed and returned to the Home prior to or on admission day.

**Review and Update:** The Statement of Purpose is reviewed regularly and at least annually. Ofsted are informed of any updates and a revised copy is sent to them.

