

TURNSTONE HOUSE

Supporting Induction and Professional Practice in Care Roles

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“Quality is not the exclusive province of engineering, manufacturing, or for that matter, service, marketing or administration. Quality is truly everyone’s job.”

(The Essence of Total Quality Management, J Bank, 1992)

SPECIALIST EDUCATION SERVICES

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Throughout this document the term care worker (small case) is used in a generic sense to apply to all roles. Where sections or entries apply to specific roles they will be named and capital letters used, e.g. Care Worker, Link Tutor, Personal Tutor.

The aim of this handbook is to help all care workers to be more effective in their role and to provide more detailed information, advice and instruction in setting up and running casework with the child and family. It is meant to supplement and expand upon material available elsewhere in documentation, and to aid the Staff Support and Development process.

The care worker role is fundamental to the running of Turnstone House

Care workers will help, guide and encourage a child through their time at Turnstone House, from just before admission to the end of his stay with us.

A care worker is part of a team

As well as being a role that works with individual children and their families, a care worker is a contributory part of a full team, operating for the good of all children within Turnstone House. The necessity for high quality teamwork can never be overstated.

Clear and precise communication will need to take place on a variety of levels as a number of care workers will become key partners in developing work around individual children and will therefore hold a range of information relevant to the child's progress at Turnstone House. Whatever one person holds in terms of skills, interests and enthusiasms is multiplied many times by teamwork.

It is amazing how much you can accomplish when it doesn't matter who gets the credit.

(Anonymous)

2.1 PERSONAL TUTOR

Personal Tutors are the key workers responsible for designated children within the house. They play a pivotal role in advocating on behalf of a young person and meet monthly with them to discuss all aspects of their care ensuring that their views and opinions are taken into account.

The Personal Tutor is most likely to be closely involved at the second stage of the admission process when a prospective child visits Turnstone House. They will show the parents/carers around and participate in the Admission process. The Personal Tutor is then responsible for the actual admission of the pupil into the house, undertaking the ongoing casework and preparing Individual Programmes

and Review Reports. They are specifically supported in these tasks by Link Tutors.

Personal Tutors may also undertake a supportive role with the child's parents/carers, family members, etc. The extent of that role is decided in liaison with the Registered Manager and Case Co-ordinator and constantly kept under review. This aspect of the role is a crucial one as Turnstone House places much emphasis upon maintaining and developing good relationships with family members wherever possible and appropriate.

Liaison with the Learning Mentor is a vital part of the Personal Tutor role. This partnership is the one that ensures a dynamic response to the learning and care components of the work with individual children.

2.2 LINK TUTOR

The Link Tutor role is 'linked' to casework via a Personal Tutor. They therefore have named children to whom they are "linked". The Link Tutor's role is to work in partnership with the Personal Tutor to develop and deliver individual programmes and generally enrich the work around individual children. Link Tutors need to be flexible, resourceful and energetic in their involvement with children and in their contribution to meeting social, emotional and behavioural needs of individuals.

2.3 CARE WORKER

The formally designated Care Worker role is intended as a generic role that does not hold specific responsibilities for particular children. However Care Workers support Link Tutors and Personal Tutors in providing a wide range of activities and experiences for all children as well as attending to their wider care needs in relation to personalised planning. If specifically involved with a PAN target, they may attend PAN meetings. Care Workers may, at times, be assigned to a specific child in relation to their basic care needs.

2.4 LEARNING MENTOR

Learning Mentor refers to the role that a member of the Learning Centre staff holds for designated children. The Learning Mentor is responsible for having an overview of the Personalised Learning Programme of their designated child and in particular for liaising with that child's Personal Tutor and Link Tutors.

2.5 CASE CO-ORDINATOR

All DCMs will hold responsibility for case co-ordinating. This role is designed to help the Personal Tutor and Link Tutor in all aspects of their work, giving particular support in the liaison with outside professionals, other agencies and parents/carers. The Case Co-ordinator should provide an objective monitoring and evaluative role to casework and a consultancy and practice support to the care team.

2.6 TEAM LEADER

Team Leader status is achieved after successfully completing a period of time (not less than 4 months) as an acting team leader. Team Leader status is purely about competency in running a shift, but without many of the wider responsibilities of a

DCM. Any member of the team can put themselves forward for consideration for the acting role.

Read and understand the Leadership and Management in the Deputy Care Manager Role document, including the Delegation of Authority Policy and Practice appendix.

2.7 DEPUTY CARE MANAGER (DCM)

The Deputy Care Manager is the person(s) to whom the Registered Manager has delegated decision making in respect of the homes good management, for a specified period of time, but within the clear framework provided by its policies, practices, and structured environment. They also formally “deputise” for the Registered Manager.

2.8 HEAD OF CARE

The **Head of Care** has the full responsibilities of a Deputy Care Manager and fulfils that role in exactly the same way as other DCMs when required. However the Head of Care has additional responsibilities over and above a DCM as can be seen from the job description in the appendices of the document referred to above. They co-ordinate all aspects of care at Turnstone House. They liaise with and support the Registered Manager in quality assurance.

2.9 REGISTERED MANAGER, and HEAD OF EDUCATION

These roles guide and support the two respective halves of what Turnstone House offers, namely care and education. They also ensure that the two halves make up the whole. As well as supporting the DCMs they are also there to offer advice and support the quality of what you do.

2.10 ADMINISTRATOR

Our Administrator, who runs the Company Office and services Turnstone House administration needs, supports all staff in ensuring that the key administrative tasks are completed and best advice given at a number of levels within the organisation.

2.11 PRINCIPAL

The Principal is essentially the person who ‘steers’ the ship and ensures that everything comes together in the right way. They directly support the work of other senior managers but equally, the Principal is available for advice, discussion and consultancy to anyone be that adult or child.

2.12 EXECUTIVE PRINCIPAL

The Executive Principal provides leadership and management support to the Principals at both Avocet House and Turnstone House which secures their success and improvement, ensuring a high quality of education and care for the children placed there and consistency of operation across both sites.

2.13 WORKING PARTNERSHIPS

Partnership working underpins much of what brings successful outcomes with children. Clear and regular communication between you and other team members, whether that be person to person, via email or through diaries and logs, etc., is crucial to successful and effective work with the child and family. Where you are linked to specific children in whatever capacity, whether Care Worker, Link Tutor, Personal Tutor, Learning Mentor or Case Co-ordinator you should be engaged in continuous discussions around how best to respond to the child's needs.

2.14 COMMUNICATION

Good communication is essential and is the hallmark of quality professional practice.

It is important that whenever you are in the house you have a full appreciation of what has been happening on previous shifts or with individual children. This is partly the responsibility of others to let you know but it is equally your responsibility to find out using the systems and structures at your disposal. It is therefore also important that you communicate to everyone else anything that has happened or been said during your shift that might be of use to others, particularly your DCM.

There are several methods of communication:

- E-mail.
- Daily log
- Children's individual diaries
- Handover
- Debrief
- Pigeon Holes
- Daily Care File
- File notes/case work files
- Team meetings
- Minutes of meetings
- Voice Mail
- Termly Planner
- Talking to individual colleagues

If in doubt – over communicate. Better safe than sorry!

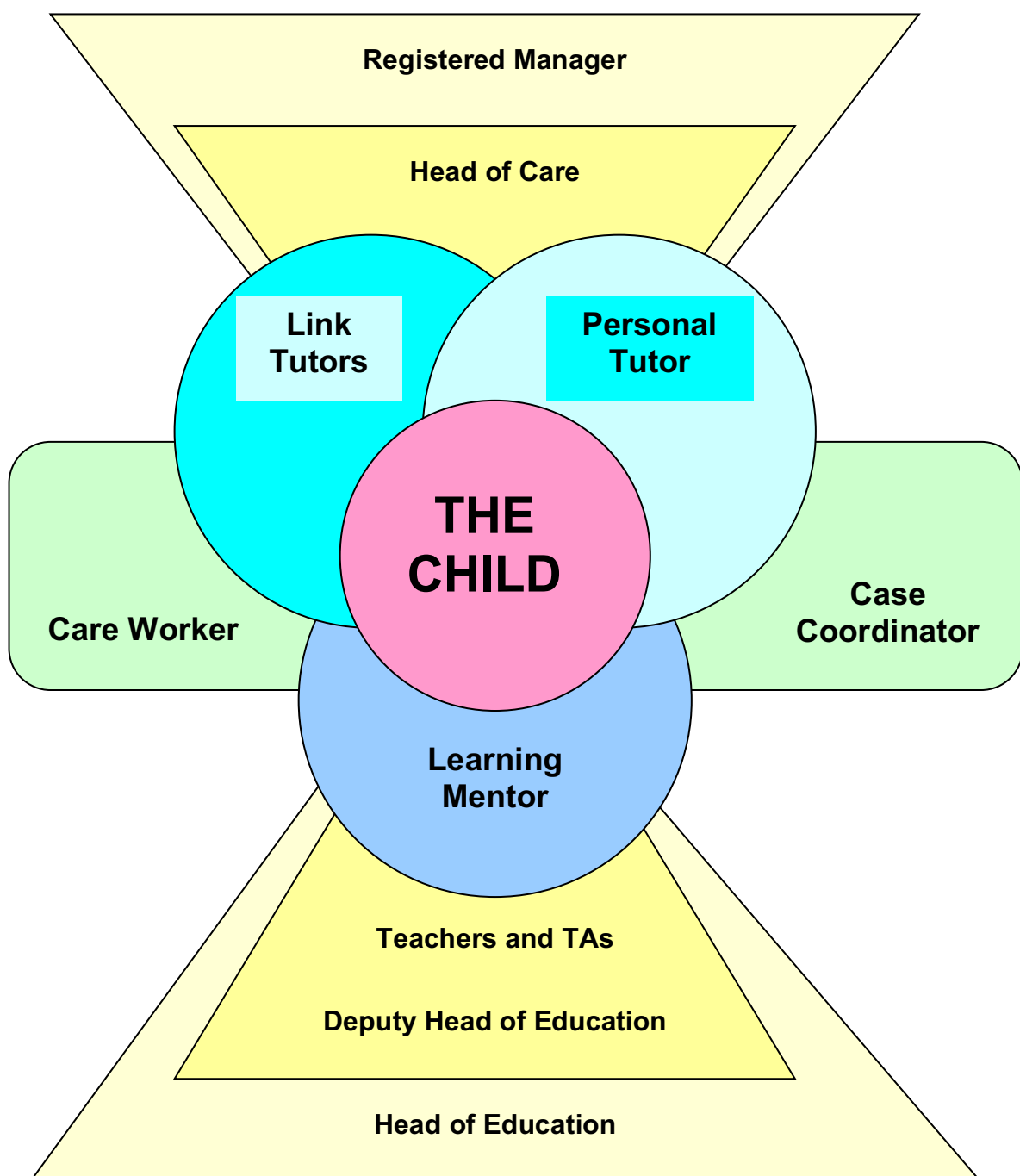
If you have been away for more than two days, it is your responsibility to ensure that you come in early for your shift, enough to catch up on what has happened. This means that you scan the children's diaries and the daily log for every shift that you have been away. You also need to check the Record of Restorative Approaches, Reparation and Sanctions and the RPI log. If you so wish, you can also read the handover sheet for each shift. A handover will be given before each shift but will only cover the two shifts before the one you are in for.

E-mail is the easiest way to communicate with people when you do not need a conversation. E-mail should be used to communicate with colleagues as it saves writing notes on pieces of paper, which could (and often do) get lost. It also means you have a copy of what you wrote should you need to refer to it. You must copy e-mails to all relevant staff, which can often mean the whole team as in this way it is

easy to let other colleagues know what is happening. All colleagues are required to check their e-mail as soon as they can when they come into the house and before they leave.

Good communication will always help to keep the house running smoothly and make the children feel safer and more secure with adults who have as much knowledge as possible of what has been happening.

TEAMWORK ENABLES THE CHILD TO TAKE THE CREDIT



3 PROFESSIONAL DEVELOPMENT AND SUPPORT

Read and understand the Staff Support and Development Programme Policy and Practice document

3.1 INDUCTION

3.1.1 Induction Pack

When you start work at Turnstone House you are given an induction pack which you will work through to develop your baseline knowledge of how Turnstone House functions.

To help you through this process you must work alongside other members of the Care team who will support you in working through your Induction booklet. As each item is completed and you are happy with your competency and/or knowledge any colleagues can sign it off for you. On completing each section of your Induction booklet, your Professional Development Meeting (PDM) partner will talk through the items with you and sign the section as complete.

Once you have completed the whole booklet it will be signed off by the Registered Manager and kept in your personal development file. This booklet may well take your full probationary period (your first 6 months) to complete, but some colleagues do complete it inside this period.

Children's Workforce Development Council (CWDC) induction standards.

During the induction period adults are expected to complete the CWDC induction standards. This workbook has been designed to support professionals working with children, young people and families. The induction standards set out the knowledge, skills and understanding essential to improving outcomes for the young people we are caring for and form part of the staff development process for a new care worker.

3.1.2 Meetings During Induction

During the first month of your probationary period you should have a weekly meeting with your PD Partner (Line Manager). The first three of these will be induction based conversations and the fourth one a wider agenda Professional Development meeting.

For the remainder of the probation period you will meet on a fortnightly basis. Personal Support Meetings (PSM) take place on a monthly basis during the induction period.

These meetings should be booked into your diary and recorded inside the induction booklet for the six months ahead of you by your line manager and your PSM partner. If they are slow – chase them! If there's a problem organising the meetings let the Registered Manager know and they will seek

to help sort issues out for you. Don't sit back and wait for someone else to check – be proactive yourself.

3.2 PROFESSIONAL DEVELOPMENT PLANS

Professional Development Plans (PDPs) are the person specific planning document that is drawn up once you have completed your probationary period. You will discuss this in Professional Development Meetings. A PDP is designed to focus your staff development needs for the coming 12 months.

All staff will be expected to register for the Level 3 Diploma for the Children's and Young People's Workforce (Children's Social Care pathway) England, in their first full year after their probationary period. This will be the major part of the first PDP.

3.3 PROFESSIONAL CORE STANDARDS

Specialist Education Services have devised a comprehensive set of core standards for supporting the development of staff in professional care and education roles. They are currently available for SEN teachers, teaching assistants, Deputy Care Managers, Personal Tutors, Link Tutors and Care Workers. They provide a structured framework for developing knowledge, practice and skills in order to become more effective delivering the highest quality care and education.

All staff will have at least one core standard as an area of focus in their professional development plan. On successful completion of their probationary period, PDP areas of focus for new staff are expected to be based completely on core standards. Core standards and evidence are discussed in every PD session, with additional focused meetings available if required. Through this process, staff will be supported to recognise personal growth in relation to core standards and identify areas for further development.

To evidence progress against core standards, all staff are expected to complete three impact reports per year, corresponding to the academic terms. The completion of professional core standards should provide a constructive and positive base for identifying achievements and future development areas.

3.4 THE NETWORK AND USE OF LAPTOPS

Every full time staff member is given a laptop whilst with SES to help with various aspects of their work. This gives you personal email access, Internet access and access to the Turnstone House Network, which has on it all the documentation that you require to do your job.

ITQ training is available to all staff to support their use of ICT. It is an expectation that all staff demonstrate competence in IT to a standard equivalent to Level 1. This will be assessed on an individual basis through the recruitment process and probationary period, with additional support organised accordingly.

3.4.1 Email

You will have a personal email account. It is expected that you download emails every time you come onto site, as this is one of the main ways we keep you up to date and communicate.

3.4.2 Internet

See also “Acceptable Use of Technology Policy and Practice” documentation.

Although all laptops and desktop machines have Internet access it is filtered so as to guard against inappropriate access by children.

3.4.3 Network

There is an internal Turnstone House Network containing a full range of documentation that covers all aspects of your work. There is also a personal folder in a dedicated area that is not accessible by anyone else where you can keep work. All work should be backed up on the network and not kept on your laptop unless you are working on it at that time.

The server running the network is backed up on a daily basis.

4 RUNNING THE SHIFT

4.1 ROUTINES AND GENERAL DUTIES

Staff should arrive on site with enough time to prepare themselves for being on shift. It is not acceptable to arrive on site as the shift is due to start. Your shift start time is the time that you need to be available to the DCM for deployment. In order to fulfill your responsibilities to the children and colleagues you may need some time to prepare yourself for shift. Illustrations of this are given elsewhere in this handbook, (e.g. Section 2.14 Communication).

At any point in the day you may be involved in supporting children’s learning directly through a learning activity planned by a colleague, plans you yourself have generated or direct support and involvement in the Learning Centre.

Weekdays

0700 Handover – if it is a new team coming on then handover will be until 7.30. If not, it will be a time to address outstanding domestic tasks. The Handover is followed directly by a short planning meeting to confirm with the duty DCM how you are best deployed. This will include an emphasis on planning break time. A new team handover sheet will be started and discussed to ensure necessary tasks are completed during the day.

0800 On week days the children start to get up – most of the children will get up on their own, sometimes they have to be woken up, as per their individual care plans. All children need to be dressed appropriately and have had breakfast

by 0855. Adults need to check that the children have brushed their teeth and look clean and presentable, with an expectation of the children adhering to the Learning Centre (LC) dress code before they go to the LC.

0900 LC starts, all children need to be there at 0900 (*not earlier as the LC have some meetings first thing in the morning, not later as lessons start at 9.00*). When the children are all in the LC, general cleaning duties need to be completed.

- All bathrooms should be cleaned
- All bedrooms to be checked, beds made or stripped, windows opened if the room needs to be aired, dirty washing brought down, clean laundry put away, and the room left clean and tidy
- The main house to be tidied
- The washing should be put on
- Clean laundry to be returned to the children's bedrooms.
- When the heating system is being used any windows previously opened must be closed before break

These tasks should be completed by break time. Snacks and drinks should be put on the table, ready for break time.

1030 Break time. Adults need to be available to chat with children or play games.

1045 Children go back to the LC. Washing should be checked, clean washing hung out or put in the tumble drier and dry washing should be put in children's bedrooms. This time can also be used to do any paper work, reading or planning of activities etc. If there is none to be done, this time can be used to do general cleaning duties such as sweeping, mopping, vacuuming, dusting, cleaning windows, etc. The daily log should be used as reference to cross check that these tasks are completed to a high standard. All domestic tasks completed or outstanding should be communicated to the duty DCM in order for them to pass this information on in Handovers.

11.30 Handover. The new shift team comes in and the one that is leaving stays in the house until handover is finished. During this time domestic tasks started can be completed, support can be given in the kitchen to have lunch ready and the house left tidy for the incoming staff. The team handover sheet will be reviewed and discussed to ensure necessary tasks have been completed during the morning.

12.00 Team to be-ready to greet the children for lunch.

1215 Lunch time. Adults need to sit with the children for lunch, providing a homely atmosphere. After lunch, adults spend time with the children chatting or playing games and other low-key pre-planned activities.

1315 Children go back to the LC. This is done with your support to be sure they return on time and in a positive frame of mind.

13.30 Planning Meeting. The team meets with the Duty DCM to plan the afternoon

and evening. The DCM will refer to the Activity Planner, the House Diary, the House Log, the Record of Restorative Approaches, Reparation and Sanctions and the Handover Sheet to confirm what needs to be done and how you are best deployed. The team will also set 3 specific objectives to focus on throughout the evening. Although the final co-ordination of this planning stage is led by the DCM, the emphasis is on refining that which has already been planned well in advance by the team.

The timing of the planning meeting is flexible and could be held earlier in the day if deemed appropriate by the DCM.

- 1400 This time should be used to continue the domestic tasks. This will include finishing the laundry and cleaning duties such as sweeping, mopping, vacuuming, dusting, cleaning windows, etc. This time can also be used to catch up on communications, do any paper work, reading or planning of activities, etc. Menus should be checked in the house to plan who is going to cook and at what time they need to start. Snacks should be considered in readiness for the children return from the LC.
- 1445 -15.15 Children return from the LC to go to their rooms and change before coming down for a snack. Any outstanding tasks to ensure their bedrooms are tidy should be completed with the child or by allowing him to complete them independently, (where appropriate to their abilities - not their age), before activities begin. The rest of the afternoon and evening commences according to the arrangements made in the previous planning meeting.
- 1730 -1800 Dinner. All adults need to sit with the children during dinner, providing a homely atmosphere. After dinner the kitchen should be cleaned and children encouraged to help.
- 1830-1900 Evening activities begin. These could be in or out of the house but all members of the care staff should offer at least one activity and each child should have three alternatives available.
- 2000-2100 Children can have supper if they wish.
- 2015-2115 Evening routines. The children all have specified routines (*see daily care sheet*). Adults should make sure a clean towel is in the bathroom. Children have colour-coded towels.
- 2045-2200 Bed times. The children all have specified bed times, which must be followed. Some also have a bedtime routine (*see care daily care sheet*).
- 2130-2215 The kitchen in the house should be cleaned and signed off in the kitchen check folders in the kitchen, and the lounges tidied, jobs completed as appropriate and signed off, doors should be closed, outside doors locked and lights switched off.
- 2200-2230 Diaries need to be written.

2130-2230 If all duties have been carried out, this time can be used for paper work, discussing the shift, etc.

2230 Security check. All external doors and windows should be checked, including the LC. Hands free phones should be checked to confirm they have been returned to their stands. De-brief session takes place to consider and discuss how the shift went, what could have been done differently and which activities were completed. The objectives set within the Planning Meeting are reviewed and evaluated. The team handover sheet will be reviewed and discussed to ensure necessary tasks have been completed. The activity monitoring record is updated to show which activities the children were engaged in during the shift.

2300 Those going home, leave, those sleeping in go to bed.

At weekends and holiday time, this is not so structured but all duties need to be carried out on each shift as and when it is possible.

Cleaning equipment

Cleaning materials and appropriate equipment are kept in the left hand cupboard in the small corridor that is accessed with the use of a master key. The cupboard is kept locked because the it contains potentially harmful chemicals. All chemicals used are in strict accordance with COSHH regulations.

This is where you will find the washing powder, fabric conditioner, floor cleaner and the large bottles of multipurpose cleaner (*which must be diluted as per instructions when decanting into our spray bottles*) and washing up liquid.

In the COSHH cupboard you will also find the brooms, dustpan and brush, mops and buckets, of which there are three.

4.2 BASIC CARE

As a care worker you are responsible for maintaining a high quality of care and nurture that is also consistent with individual Care Plans.

Basic Care is essentially about good quality parenting but its components are too often underrated as lesser tasks that are without status. This is a falsehood. The considered delivery of good basic care is powerfully therapeutic, it builds relationships, delivers nurturing, educates and sets standards. It is the shared responsibility of all staff and is the hallmark of good practice.

Basic Care should be the touchstone of a high standard of professional practice that might be illustrated by:

- the manner of waking children in the morning or greeting children
- support in getting ready for the day/event suitably dressed and properly equipped
- preparation of breakfast
- knowing where the children are and what they are doing

- care and individualisation of bedrooms, care and presentation of personal belongings with adequate storage and shelving
- cleaning and tidying bedrooms, bathrooms and all other communal areas of the home, including storage, labelling, and care of laundered clothing.
- changing, or supporting a child to change, bed-linen
- laundry, care of clothes and ensuring children know where to find their clothes
- letting children know what will be done on their behalf while they are in the Learning Centre or asleep, such as arranging an outing or doing laundry
- care of the home in terms of cleanliness and presentation
- insistence on high standards of personal hygiene and dental care, and role modelling these standards
- nurturing by washing a child's hair or trimming finger and toe nails.
- preparation and presentation of meals
- ensuring children have a balanced diet and adequate drinks throughout the day
- instigating relaxation time and bedtime routines, with supper and bedtime conversations or story reading
- giving time and reassurance
- helping to build a child's confidence
- supporting children's interactions with peers and adults
- helping children learn from whatever they are doing
- engaging children in meaningful and interesting activities
- being a role model in how you conduct yourself
- listening to children

All these and many more are but illustrations of what basic care means. However high quality care is not institutional or oppressive. It is subtle; it conveys indirect messages of attention to detail, value and a natural affection for the youngsters.

4.3 TAKING THE CHILDREN OUT

It is important to encourage the children to go out in a group where appropriate as this supports the growth of social skills and friendships. However, we do take the children out on a 1:1 in order to personalise their learning and maintain a domestic scale to going out.

Before going, it is important to set ground rules and give expectations of behaviour, making sure that the young person involved knows that if any unwanted behaviour is displayed the trip will be stopped immediately. Make sure that you have read the individual risk assessment for the young person that you are taking.

If taking a Turnstone car you must sign for the keys and complete the visual check of the vehicle, as you are responsible for the condition you return it in, both inside and out.

Ensure you have a mobile phone and that the DCM has the number so that they can contact you if necessary. Before leaving the premises you must sign the In/Out log. This is a record of who is on (or off) the premises and your signature confirms that you are aware of the risk assessments related to the trip out and the child/children you are taking.

Most trips go smoothly and it is rare that the young person will display unwanted behaviour in public. However, should this occur calm, clear and concise instruction of what is the required behaviour should be given. In exceptional circumstances the trip may have to be curtailed and you will return home.

If this does not defuse the situation, and the usual de-escalation techniques have not helped, it may be necessary to phone the DCM for further advice or support. Should the child's behaviour attract the unwanted attention of passers by and your role be questioned you should use your SES identity card to explain the context.

Use of any physical intervention is to be avoided if possible as this will potentially put you and the child at higher risk. The DCM will help you decide what approach is suitable should the young person's behaviour reach these proportions.

This is not a usual situation. The normal response of our youngsters when out of Turnstone House is one of excellent behaviour. On a 1:1 trip there is a great deal of relationship building that is possible, and social learning can be given a high if subtle priority.

4.4 DIARY WRITING

All children's diaries must be filled in at the end of each shift before you leave the premises. Sometimes information is written up in the diary during the shift. Your DCM will guide you in this instance. All name references to other children should be done by using initials. Your entry needs to cover the following from your time on shift:

- What they have been doing.
- Significant aspects of their behaviour.
- How they have been interacting with other children and adults.
- Basic/Daily Care routines that have/have not been completed, such as bathing.

Diaries should be objective, not subjective, and they should state facts not opinions. You should check out with other colleagues in order to be as accurate as possible. Diary entries are designed to record a factual account of the significant happenings during that shift, not for your conjecture. Any unresolved issues should be the focus of your discussion with your shift DCM not just left for someone else to read in the diary and wonder what has been done or said.

If you have to give information without accurate knowledge this must be clear. For example, if you are not sure if something happened or if a boy seemed anxious but there is no obvious reason the entry might say:

It appeared that BF

Diaries should contain as much information as possible in a brief description. It is not enough to say, "We went to Norwich shopping." There needs to be a qualifying statement or statements, which help others with significant information about behaviour, response, conduct, etc.

For example:

Went to Norwich shopping. BF was excellent company, offered to help an old lady across the street, was very polite to shop assistants and bought his sister a small silver bracelet for her birthday.

Or:

Went to Norwich shopping. BF kept trying to sneak off out of sight when in larger shops. After the first 30 mins in the city he said little apart from repeating how bored he was. At one point he got quite agitated by the number of people in Jarrolds and started mumbling about people being in his way all the time.

However diaries should not just be a litany of negatives.

Positive things are of as great (or greater) an importance as the negatives. It is important to 'catch them being good' if they have done something for other people, made a cup of tea, helped cook dinner, tidied up, anything that they have done because they wanted to, not because they were asked to or wanted something in return.

Diaries are equally there to look through, to remember an event that has happened, or to catch up if you have been away from the house for a few days. It is everyone's responsibility to read them, as this is where you should be able to easily access information about what has happened. Therefore when writing a diary, it is important to keep in mind that someone else will be reading it, to help them find out what has happened while they have been away. Young people are also able to request to read their personal diaries through consultation with the Registered Manager.

4.5 WEEKDAY, WEEKEND, AND HOLIDAY ACTIVITY PLANNERS

Read and understand the Educational, Social and Leisure Visits and Activities Policy and Practice document.

In order for the duty DCM to plan and organise the work of each shift team, all staff are required to offer activities in advance of coming on shift. These are entered on to planning formats kept in individual team folders and cover both weekends and weekday evenings during term times when the Learning Centre is in operation. The planning document forms should be completed two weeks in advance of the shift in question or as soon as is possible if covering a shift short notice on another team. When the Learning Centre is closed there is a holiday time planning format that requires additional planning for weekdays.

This means that the duty DCMs can plan ahead and ensure the smooth running of the house and deployment of staff. Suggested activities remain 'suggested' activities until confirmed by the DCM.

A range of activities should be offered taking into consideration the children's budgets and previous outings and experiences. Some of the most successful activities involve little or no expenditure, just enough forward planning for it to succeed. It is best if you can draw on your own talents, enthusiasms and imagination and keep in mind the 'no limits' philosophy, which means that all suggestions no matter how different will be given equal consideration. Activities

should be offered both in the house and grounds and externally. Not all activities will be used, as the DCM will decide which are appropriate at that particular time, this will depend the category of activity, budgets, appointments, behaviours, and appropriate staffing.

While there is the potential to learn in all activities those that we classify as Learning Activities are planned, documented and evaluated activities that have direct links with PAN Targets and/or the curriculum. Each child has at least two regular Learning Activities at any given time. They are prioritised by the DCM who will ensure they go ahead.

These activities the children will be aware of and be able to look forward to. Beware not to raise hopes about ad hoc activities you propose prior to confirmation, as this may cause an adverse reaction from the child if the activity cannot go ahead for some reason.

Taking children out on visits is a rewarding experience and provides a powerful vehicle for learning and personal development. It is important that these visits are safe and risks minimised. All Turnstone House activities have risk assessments and any new activity requires one to be written and approved. The Educational, Social and Leisure Visits and Activities Policy and Practice document outlines in detail the policy and practice in relation to different categories of activity and risk assessment. Staff must read and adhere to the procedures outlined in the document.

4.5.1 Categories of Visits

Day to day

These need a risk assessment (RA), which in the first instance has been approved by the visits coordinator and put on the STAFF area of the network in the folder RISK ASSESSMENTS under DAY-TO-DAY ACTIVITIES. Day-to-day activities can take place with DCM authorisation only.

Child Specific Day to Day Activities

These are specific activities that would normally be Category A that are reclassified for a specific child under their individual risk assessment as a **'child specific day to day activity'**.

An example could be a young person who has been regularly and successfully taking part in swimming at a local pool over a significant period of time. Swimming would normally be Category A but is reclassified as Day to Day based on that particular individual's proven, safe track record. The risk assessments for **'Child Specific Day to Day activities'** rest in the child's individual folder on the network and **not** within the general Visits/Risk Assessment area.

In addition young people developing their range of independence skills and opportunities may have child specific risk assessments to support these, for example, independent visits to towns or local facilities.

Category A

These also need a risk assessment, again they can be found on the STAFF area of the network in the folder RISK ASSESSMENTS under CATEGORY A ACTIVITIES.

For a Category A visit, a visit form also needs to be filled in. Funding for any activity needs to be approved by the DCM or where costs are higher by the VC and the Registered Manager.

If you were planning a new activity of a Category A type then it must go through the full approval process to VC before it can happen. Established Category A visits just need a visits form and DCM approval.

Child Specific Activities Risk Assessment

Young people may require a Child Specific Activities Risk Assessment for particular Category A visits or activities due to medical issues or a significant perceived lack of competence or skills deficit. This is different to a 'Child Specific Day to Day', which is created due to growing independent skills.

Decisions on when a Child Specific Activities Risk Assessment may be required rests with the Case Coordinator, Personal Tutor and Learning Mentor. A visits form will be required every time, alongside the standard Category A Risk Assessment.

Category B

Category B visits refers to high risk activities and residential visits. Before they can take place a visit proposal form needs to be completed. Once a proposal has been agreed, RAs can be written and budgets agreed. The risk assessments must be approved by the VC and the budgets must be approved by the Registered Manager or the Head of Education. For Category B visits, permission from social workers (for children on full care orders) or parents (where parents have parental control) must be granted.

If you were undertaking a Category B visit there would be a high level of consultation and planning alongside the VC and possibly other staff.

4.6 MEDICATION AND APPOINTMENTS

All appointments falling during LC time can only be arranged with permission from the Head of Education, as this has to be noted as an absence. It may also clash with other arrangements made across the week connected with the child's personalised learning programme.

4.6.1 Medication

All medication is kept in a locked cabinet or fridge in the house office. Each medication has its own record sheet and the DCM sets this up when a child is prescribed medication. If repeat medication is needed this is ordered by a DCM, following a full medication check.

It is the DCM's responsibility to dispense the correct medication to each child and this is recorded in the medication folder. To support this and to ensure accuracy of administration, all other adults are requested to leave the office. The DCM completes a medication stock check every Monday morning. When medication is taken off site it is booked out and booked in when returned.

4.6.2 Visits to the Doctor

All children are registered with the Chet Valley Surgery in Loddon. If a child needs to see a doctor/nurse an appointment is made for them. The time and date is recorded in the house diary and an appointment form is completed and filed in the Appointments folder. This form contains the details of what is to be discussed with the doctor/nurse. The adult taking the child will check the appointment form for the relevant information.

After the appointment the adult will complete the appointment form and file it in the casework file relevant to that child. An email is sent to the Personal Tutor and Case Co-ordinator to keep them informed. If any medication has been prescribed this is handed over to the DCM to book in.

4.6.3 Visits to the Dentist

All children visit the dentist regularly. Appointments are recorded on a medical appointment form and the Personal Tutor is emailed with the details. As with Doctor/Nurse appointments the member of staff taking the child must then complete the form.

4.6.4 Visits to the Optician

All children visit the optician once a year. If glasses are prescribed the adult will write the date to be collected in the house diary. Appointments are recorded on a medical appointment form and the Personal Tutor is emailed with the details. As with Doctor/Nurse appointments the member of staff taking the child must then complete the form.

4.6.5 Standard Visits to the Hospital

General appointments are recorded as above.

4.6.6 Visits to Accident and Emergency

If a child needs emergency treatment they are taken to the A&E department at the Norfolk & Norwich Hospital. Before leaving the house the adult must check if the child is on any medication and if so they need to take that information with them. The adult will also need to know if the child has any allergies. All this information can be found in the medical folder on the emergency information sheet.

While at the hospital regular phone calls should be made to the DCM to keep them updated on what is happening and the expected waiting time. The RM or person on First Port of Call must be informed of this information.

4.6.7 LAC Nurse Visits

All Looked After Children have access to timely and appropriate holistic health assessments and the development of a health care plan that identifies health needs and specifies how these needs will be met, including access to specialist services. All children coming under the care of the local authority will receive an initial health assessment and development of a health care plan within four weeks of the notification of a child becoming 'Looked After'. A medical practitioner completes the initial assessment. Thereafter, children years will receive an annual health review by a LAC nurse. This is normally facilitated within the home, with a medical appointment record completed.

4.7 SLEEPING OVER

Two adults sleep over every evening.

The duty DCM and another adult sleep over the main house. The DCM will deal with the children waking in the first instance but will phone the sleeping over room if they need a second adult. When sleeping over you must be up and ready to start your shift at 0700 sharp.

Bedding for sleeping over is supplied but many staff prefer to bring their own sleeping bag, etc. However you will need to keep these in your car and take them home after each shift as storage room is limited. If the provided bedding is used, this should be stripped and put in the washing machine after use.

4.8 HANDOVERS

The first half hour of all shifts are allocated for a handover given by the outgoing DCM to the oncoming DCM and their team. The handover updates everyone to key information about the children and house including appointments, emotional wellbeing, sanctions, reparations, and any other issues. It is also an opportunity to read the daily log, house diary, children's diaries and to plan your shift.

4.9 USING BANKED HOURS TO SUPPORT YOUR ROLE

The term 'banked hours' refers to the number of hours not pre-allocated to the shift patterns, but kept flexibly available for a variety of uses by the care team and DCMs. They are hours that have been paid but are not directly rostered. These hours vary between the care team and DCM rotas. All care staff and DCMs are expected to maintain their banked hours balance above minus 15.

These may be used in the following ways:

- a. To pre-book cover for colleagues' holidays
- b. Any sickness cover
- c. To pre-book specific targeted activities with the young people outside your normal shift pattern, but during residential time. This should be arranged in liaison with the DCM who will be leading that shift and validated by the RM and/or HoC.
- d. Support children to attend specific activities during Learning Centre time

- e. Attending statutory training

4.10 BREAKAGES AND DAMAGE

Whenever you come across anything damaged or broken you must remove anything that is of immediate or potential danger (providing you are able to do so without breaching health and safety guidance). All damage should be reported to the duty DCM.

All damage needs to be recorded in the maintenance book which is kept in the Caretakers/Handyperson tray in the house office. This log has a clear format for you to enter your information.

It is SES policy that wilful damage caused by any of the children will normally require payment or reparation on the part of the individual. Any such damage should be reported to the Registered Manager (or Head of Care in their absence) or Head of Education who will cost the repair and agree the appropriate reparation. The Personal Tutor and Case Co-ordinator should be alerted by email to decisions unless they are directly involved, particularly as it is the Personal Tutor who manages issues of this kind with the child.

Following consultation, all decisions where children are required to pay for damage or undertake reparation must be recorded clearly in the Record of Restorative Approaches, Reparation and Sanctions Log, with an accompanying restorative sanctions form completed. Whenever damage to property and/or possessions caused by children results in payment, it is recorded in a central damages file kept in the house office, and entered on the damage record on the network by the PT. Any charge to the child is paid in instalments that amount to not more than two thirds of the child's pocket money.

For damage to staff personal items a Damage to Personal Effects Form should be completed in discussion with the DCM.

Personal Tutors must share financial information regularly with the child. The frequency of this is to be decided in liaison with the child, with the content of meetings evidenced.

4.11 FOOD

Whilst on shift you have your meals with the children. You should eat what they eat, unless there is a medical reason for providing an alternative. This encourages the children to eat the food prepared for them, rather than asking for something different to be prepared. If you are not on shift, you are not entitled to a meal provided by Turnstone House as the food budget is based on adults on shift and children. There are exceptions to this. If you are working across the day, for example, and you have worked an early shift and are using Banked Hours to support the LC in the afternoon, you can book lunch. This is done by completing the Lunch List, which is kept in the house office. It must be completed by 1200 each Friday for the following week.

Snacks are made for the children, not the adults and should be left for the children to have. When taking the children out, you should take a packed lunch and

provisions for any snacks or drinks needed. Where possible, food and drink should not be bought while out as this will come out of their activities budget and therefore will take money away from other activities.

4.12 COVER ISSUES

4.12.1 Holidays

Required holiday cover is indicated on the rota printouts. These are available to staff in the Daily Recording file kept in the house office. They are printed 16 weeks in advance allowing staff to record the shifts they prefer to cover when utilising their Banked Hours; if cover has not been signed up for by 14 days in advance of it being required then the Registered Manager uses the agreed Cover Criteria to allocate the cover. The Registered Manager will attempt to ensure that staff have at least one week's notice of such cover except in emergency situations when this may not be possible.

4.12.2 Short Term Sickness

To cover absence due to staff sickness the duty DCM will:

- 1 Refer to the ACW Availability list and telephone those potentially available on that day to request cover.
- 2 Use the Cover Criteria to prioritise whom to contact to request cover (criteria for Care Team and DCMs is the same, see below)
- 3 If in the rare event that cover has not been secured the DCM will refer to the Cover Criteria to direct a member of the existing team to stay on shift.

The Criteria for short notice cover is:

- Consecutive hours on shift - a 16 hour shift is considered to be the maximum expectation.
- Hours: Relative balance of current banked hours

4.12.3 Longer Term Certificated Sickness

This is covered in the same way as holidays.

4.12.4 Holidays and Weekend Cover

- Both Care staff and DCM's cover weekends on a rotational basis.
- The cover person for each weekend is indicated on the rota printouts.
- If a staff member wants to book leave when they are due to cover, they are responsible for arranging a replacement.
- They must then note the name of the replacement on the rota printout.
- This is then confirmed when the printout is updated.
- Leave cannot be granted until this process is complete.

5 CASEWORK IN ACTION

5.1 CASEWORK

Casework is the administrative and recording system relating to the children in our care and their families.

Each individual child has their own casework file that is kept in a locked filing cabinet in the house office. The main file is kept in SES office. It is the Personal Tutor's responsibility to keep the casework file (and where appropriate the main file) up to date.

5.1.1 Casework monitoring

On a regular basis Personal Tutors meet with Case Co-ordinators to go through casework files in order to discuss any problems and update her/him with the finer details of the case. Alternatively the Case Coordinator completes a Casework Monitoring sheet to give feedback to the PT and support the casework process.

Other care workers involved with a young person should liaise with the PT.

To aid this process a format has been developed called a Monthly Casework Monitoring sheet. You should use this to pass on your observations and input to the PT.

5.2 MAINTENANCE OF CASEWORK, MAIN FILE AND THE CHILDREN'S INDIVIDUAL FILE ON THE NETWORK

The Personal Tutor updates the Casework file that includes Care Planning and Risk Assessment documentation as follows:

1 **Essential Information**

- Contact Telephone Numbers
- Missing Persons Form

2 **Care Planning**

- Daily Care - lists all of the child's daily care needs including health care needs. It is updated as necessary and/or after one month by the 5th of each month, and all staff should ensure these have been read by the 7th of each month.
- Development and Learning Overview
- Development and Learning Plan
- Development and Learning Focus
- PAN and Action Plan Meetings - record the content of the meeting above and beyond that which is detailed in the Action Plan.
- Behaviour Programmes

3 **24-Hour Learning**

- 4 Risk Assessments**
 - General Risk Assessment Overview
 - Risk Assessment Management Plan
 - Activities Risk Assessment Overview
 - Child Specific Activities Risk Assessment
 - Child Specific Medical Risk Assessment

- 5 Contact/File Notes**
 - Family
 - Outside Agencies
 - Health/Medical related
 - File notes

- 6 Life Skills**
 - Life Skills List

- 7 Restorative Approaches**

- 8 Pre Admission Forms and Pre Admission Care Plan and/or Review Report**

- 9 Young Person's Monthly Meetings**

- 10 Six-Month Summary**

- 11 Technology Monitoring**
 - Monitoring Forms

- 12 Casework Monitoring**

Children's Individual Risk assessments are detailed below in section 5.3. Only the most recent plans are kept in the Casework File. An electronic copy is also stored on the network. Old paper copies are shredded as soon as they are replaced with updated versions. Electronic copies are archived and stored on the network.

5.2.1 Correspondence

All post is opened in the SES office. This includes posts marked for the attention of individual members of staff. Confidentiality is maintained at all times. Original documents are stored on the main file. Copies are forwarded to the Personal Tutor and are placed on the Casework File or shredded as necessary.

5.2.2 Placement Plans

The original is stored in the main file with a copy in the casework file, this can be removed following the initial review.

5.2.3 Admission Papers

The original is stored on the main file. On admission, a copy is placed on the Casework File. This is shredded, after the first review.

5.2.4 Contacts Sheets

An electronic copy is stored in children's individual folders on the network. The Personal Tutor is responsible for updating this. Any updates should be notified to the SES office via email or voicemail, to ensure records are current.

5.2.5 Casework Summaries

The casework file is summarised, six-monthly, by the Personal Tutor or their delegate, using the agreed format, located in the Casework Formats folder in the staff area of the network. All entries are done electronically.

- Summaries are done twice yearly for the periods 1st January to 30th June and 1st July to 31st December. The deadlines for completion of the summaries are 31st July and 30th January respectively. For new admissions, an interim summary should be done to bring timescales in line with the others. (See section 5.9)
- Once completed two hard copies of the summary are printed, one is forwarded to the SES office, together with the necessary documents for the main file. The other goes in the casework file. The Personal Tutors should shred documents from the casework file that are no longer needed.
- Electronic copies of the summary sheets are archived in children's individual folders on the network.
- Periodically, the oldest contents of the main file are archived to a secure storage area. Any archive material is clearly labelled, to ensure easy access in the future should this be necessary.

5.2.6 Archiving Network Files

In general, the network is structured to allow for storage of current files (usually the current year) and archive files (previous years). 'Current' and 'Archive' folders are set up for this purpose.

When a young person leaves Turnstone House, the personal tutor is responsible for archiving files within the 'Individual Children' folder, as follows:

Their folder is moved immediately, in its entirety, from the 'Current' folder to the 'Archive' folder, within the 'Individual Children' folder. It is stored in this folder for 3 months, and then moved by the administrator to the Senior Admin area of the network for safe, secure and permanent storage. The administrator is the only person with access to this area.

5.2.7 Archiving Casework Files

When a young person leaves Turnstone House, the personal tutor is responsible for completing a final summary of the casework file. This is completed within 3 months of the leaving date. After 3 months, the casework file is passed to the administrator. Both casework and main files are securely archived by the administrator.

5.3 RISK ASSESSMENTS

Children's Individual Risk assessments are updated by the 5th of each month, which is the responsibility of the Personal Tutor. All Care Staff are to read the updates by the 7th, or if you are not on duty on your return.

- The General Risk Assessment Overview is a format to gauge areas of risk for an individual child.
- The Risk Assessment Management Plan describes how to manage those risks.
- The Activity Risk Assessment Overview is a format to gauge areas of risk for an individual child in a given activity.
- The Child Specific Medical Risk Assessment ensures key medical diagnoses are considered for the young person, with guidance for adults on the potential impact on everyday care as well as their social, emotional and mental health needs.
- Activity Risk Assessment gives a detailed account of how to manage those risks.

5.4 PORTFOLIO OF ACHIEVEMENT AND NEEDS (PAN) PROCESS

Portfolio of Achievement and Need (PAN) refers to the process of overall planning that support an individuals learning and development at Turnstone House. Care planning is embedded within this process. Bespoke, school day 'curriculum learning' is catered for in detail within the Learning Centre planning structures. However we also believe that all parts of the waking day and all experiences are potential learning opportunities.

The PAN process and planning structures are what we use to draw together social, health and academic learning development.

Learning targets are not deficit based by concentrating solely on perceived 'needs'. We actively seek to start with a child's strengths, passions and talents and expand from there.

5.5 PAN PLANNING STRUCTURES

5.5.1 Development and Learning Overview (DLO)

The Development and Learning Overview is a once only document created at the outset of a young person's placement with SES, using information gathered through the referral and admission process. As such it provides a detailed baseline that all future progress can be judged against. The DLO outlines the young person's care history, provides a brief pen picture and summarises their achievements and needs in each of six dimensions.

- Education training and employment
- Social emotional and mental health
- Physical health and medical conditions
- Family relationships and identity
- Practical life skills for independent living
- Living arrangements and support beyond SES

The key adults agree on the desired long-term outcomes in each area for the placement through discussion with the lead consultant, executive team (Principal, Registered Manager and Head of Education), and placing authority with the help of the initial paperwork.

5.5.2 Development and Learning Plan (DLP)

The Development and Learning Plan is where the key team around the child (Case Coordinator, Personal Tutor, Link Tutor and Learning Mentor) discuss their planning for the individual young person under the six dimensions above, (supported by a bank of prompt questions).

Within each of the six dimensions adults identify long, medium and short term desired outcomes. For the first DLP these are established using the Lead Consultant's report/referral papers plus a scrutiny of the relevant DLP prompts. Subsequent DLP's will be completed in line with progress identified within the evaluation phase.

Once the DLP is completed, adults are required to prioritise a maximum of four desired short term outcomes, recording this in the 'Rationale for the Development and Learning Plan'.

The DLP is produced three times in an annual cycle, with a full update completed in line with the evaluation of the Development and Learning Focus.

5.5.3 Development and Learning Focus (DLF)

The Development and Learning Focus provides a simple framework for up to four desired short term outcomes, identified as priority areas in the DLP. The DLF sets out the planned strategies, interventions and activities required in order to meet the overall short-term outcomes. Each short term outcome will have specific measures identified so that the key team recognise whether they have been achieved. This could be through a range of robust internal processes and/or formal assessments. Wherever possible, outcomes should be SMART in nature (Specific, Measurable, Achievable, Relevant, Time-bound).

The Development and Learning Focus is evaluated at the end of a set cycle (see below). Within the evaluation, key areas of progress will be evidenced as well as the potential next steps, and the DLP is therefore updated to reflect these changes.

Following adaptations to the DLP, a new Development and Learning Focus is agreed and the cycle begins again. As part of the evaluation the young

person's views on their progress are evidenced, along with other incidental outcomes outside of the targeted foci.

The agreed cycle for the DLF is:

September: team evaluate DLF, update DLP, discuss and create new DLF.
This runs to the end of December.

January: team evaluate DLF, update DLP, discuss and create new DLF.
This runs to the end of April.

May: team evaluate DLF, update DLP, discuss and create new DLF.
This runs to the end of August.

New admissions will be incorporated into the cycle in line with the next available phase of the annual cycle. All young people would be expected to have a full Development and Learning Overview and draft Development and Learning Plan within one month of admission.

5.5.4 The Child Action Plan

The Child Action Plan reflects the current targets for a child. They are specific in nature, with clear timescales for review. The targets may be health, social or learning oriented. There are never more than 3 targets and more often it may be one or two key targets. The Plan will also outline the actions agreed to meet the targets identified.

5.5.5 Daily Care Plan.

The daily care plan is a bullet point summary of each young person's ongoing care that help support familial living and the quality of day-to-day life. This includes the following:

- Morning Routine
- Bedtime Routine
- Health/Medical Needs and Logistics
- Family Liaison
- Activities
- Information Technology

It will be changed and updated according to need and is reviewed on a monthly basis by the 5th of each month as a minimum. (See Turnstone House network for Daily Care Plan structure).

5.6 PAN MEETING STRUCTURES

5.6.1 The PAN Meeting: Attendance and Structure

The PAN meeting is purely for the purpose of evaluating the previous PAN targets and agreeing new targets.

Meetings are chaired by the Principal, or a designate senior leader in their absence. They are complimentary to the core PAN planning processes of the Development and Learning Plan and Focus, and are likely to involve the child as well as the Case Co-ordinator, Personal Tutor, Link Tutors and Learning Mentor. There may also be representation from SES Consultants. PAN meetings run on a frequency according to the timescale agreed within the PAN Targets. Typically this will be six to ten weeks but may differ. PAN meeting outcomes are recorded on a Child Action Plan Format. It is the responsibility of the Personal Tutor to drive this process and update the necessary written records.

The PAN meeting is deliberately structured to place the child in the driving seat and the adults in supporting roles. Personal Tutors need to help in this regard by carefully explaining the process and preparing/supporting children's involvement particularly in the first meetings where there is a risk that children may feel overwhelmed. In some cases, younger or less emotionally mature children may represent their views through consultation and discussion with their Personal Tutor, attending meetings when at a stage of development that allows them to understand the process and take part.

There is a clear focus on looking to the future and agreeing targets to support that personal journey. Much of this is about improving the 'here and now'. Targets within action plans are framed in specific and measurable terms. They may be planned in conjunction with the young person's Development and Learning Plan or Focus, or could be aspirational to promote no-limits thinking.

5.6.2 The Action Planning Meeting: Attendance and Structure

Once targets have been agreed, then any number and variance of action plan meetings may be convened to ensure that tangible actions are agreed and put into place to enable targets to be met. Sometimes the action plan meeting might involve all interested parties. On other occasions it may involve just two people around a specific issue. Anyone can be requested to attend an Action Plan meeting if their input is required.

Essentially the Action Plan meeting is where the detailed support work is explored following the commissioning of the PAN targets. Minutes of the Action Plan Meeting are recorded by the Personal Tutor as is the Child Action Plan.

However, the central factor in ensuring that targets are translated into actions, and actions into results, is the ownership and drive of the key person involved; the PERSONAL TUTOR.

Below is a series of activities that help illustrate the range of potential action planning activities:

- Sometimes there may be an action plan meeting that involves all interested parties.
- On other occasions it may involve just two key people around a specific issue.

- Meetings might vary from as short as 5 mins to as long as an hour.
- Exchange of ideas, clarification and refinement can all happen between key and interested parties by email. (The process should not be held up because people can't physically meet).
- Action planning should not just be responding retrospectively to the Action Plan Targets set in PAN meetings. It should also be a proactive process that enables key proposals for targets and actions to be brought to, or circulated in advance of, the PAN meeting.
- To get to absolute clarity on actions it may be that all of the above have to happen. The driving force should be the Personal Tutor.

It is important that the Personal Tutor has a full picture of who is responsible for what throughout this process. Where there is a significant Action Planning Meeting with various parties involved, the Personal Tutor should ensure that minutes are written up in the required format.

Delegation of specific tasks from the PAN process once Action Planning has begun, can be given out, but again, the Personal Tutor must remain informed to ensure all support is given to the child, for them to achieve their targets.

5.7 CONTACTS WITH OUTSIDE AGENCIES

Should it become necessary to refer any case to an outside agency not already involved at admission, it would only be done following a Review or a Case Co-ordinating meeting and in consultation with the Principal. Once contact has been made the involvement of Personal or Link Tutors will depend on the operating format of the agencies involved. All Contacts with outside agencies need recording in casework and on the main file, using the established format.

Don't seek to engage with any external professional without discussion with the child's case co-ordinator.

5.8 HOME VISITS

As part of our family liaison work we aim to do Home Visits at a minimum frequency of 1 per term or as often as is appropriate to the individual case and in keeping with the child's Placement Plan.

If different the structure and frequency of Home visits is decided for each child as part of the PAN process. Once agreed Home Visits by the Personal Tutor and/or other colleagues should be arranged in liaison with the Case Co-ordinator as part of the casework, and noted in the main office diary.

A report of the visit should be completed within 48 hrs for filing and checked by the Case Co-ordinator who then ensures a copy is placed on the casework file.

5.9 GUIDANCE FOR COMPLETING THE SIX MONTH CASEWORK SUMMARY

5.9.1 Care Planning

- Daily Care - Record the date(s) the Daily Care was reviewed and any comments. Comments may be left blank if there is nothing specific to record.
- Development and Learning Overview – Record date
- Development and Learning Plan – Record date(s) and comments
- Development and Learning Focus – Record date(s), previous targets and evaluation/outcomes
- Record of PAN/Action Plan Meetings - Record date of meetings and those present (from minutes).
- Action Planning/Behaviour Programmes - Use the table to record previous targets, and evaluation/outcome of these targets. Then record new targets, carrying forward any uncompleted targets that are still ongoing. This should be done for PAN Action Planning and Behaviour Programme Targets.

5.9.2 24-Hour Learning

Record details from the Learning Plans: activity, category, dates and frequency.

5.9.3 Risk Assessments

Record dates of:

- General Risk Assessment Overview
- Risk Assessment Management Plan
- Activities Risk Assessment Overview
- Child Specific Activities Risk Assessments e.g. for activities
- Child Specific Medical Risk Assessment (if required)

5.9.4 Contact with Families and Outside Agencies

List dates and contact with whom. In general, contact reports should be shredded. If it is unclear if a contact report should be retained for any reason, this should be checked with either the Case Coordinator or the Registered Manager.

5.9.5 Medical Appointments

List dates and nature of appointment including a summary of visit and outcome. Shred records.

5.9.6 File Notes

List the date of each file note and give a brief outline. In general, file notes are shredded. If it is unclear if a file note should be retained for any reason,

this should be checked with either the Case Coordinator or the Registered Manager.

Where a File Note has been used to record an issue relating to a Child Protection issue an outline should not be given, but the date and “Child Protection” only recorded. These must not be shredded and are filed in the separate Child Protection folder in the SES office.

5.9.7 Life Skills

Life Skills – record date each level and section is completed

5.9.8 Restorative Approaches, Reparation and Sanctions

List the number of record and brief description of the event.

5.9.9 Reviews

List dates and types of review. Reviews are stored in main files.

5.9.10 Young Person’s Monthly Meetings

List dates of meetings and summary of feedback to Young Person and their comments

5.9.11 Technology Monitoring

Record monitoring dates and comments

5.9.8 Incident Reports

For each month, record the number of incidents that have taken place. Use the comments column to note anything that is of particular relevance.

5.9.9 Accident Reports

List dates. (Accident reports are filed in main file)

5.10 REVIEWS

The Review is a milestone on the road of general progress and as such brings together different aspects of casework and practice. It is a major marking post for collective support for the child and family.

If casework has been kept in good condition the preparation for a Review will be a simple process.

The timing of reviews is as follows:

Statutory LAC Reviews:

| | |
|----------------|--------------------------------------|
| Initial Review | Within 28 days of being looked after |
|----------------|--------------------------------------|

| | |
|--------------------|------------------------------------|
| Second Review | Within 3 months of initial review |
| Subsequent Reviews | Within 6 months of previous review |

Review reports will be posted out to external parties 2 weeks in advance of the review meeting, therefore reports must be prepared for the following timescales:

| | |
|--|---|
| To the Principal | 3 Weeks in advance of the review |
| To the Registered Manager or Head of Education | 3 Weeks and 2 working days in advance of the review |
| To the Case Co-ordinator | 4 Weeks in advance of the review |

The exceptions will be the 1 month initial LAC Review and the 3 month LAC Review where timescales are as shown below:

| | |
|--|--|
| To the Principal | 1 Week in advance of the review |
| To the Registered Manager or Head of Education | 1 Week and 2 working days in advance of the review |
| To Case Co-ordinator | 1 Week and 5 working days in advance of the review |

If you are the author of a review report you will be expected to present your report to the meeting and provide answers to any queries that may arise from other participants.

6 ADMISSIONS

Read and understand the Referrals and Admissions Policy and Practice document.

6.1 HANDLING THE ADMISSION OF A NEW CHILD

All of the children who come to Turnstone House will have anxieties to a greater or lesser degree. It is part of our role to ensure that these are minimised through careful preparation before the child makes the move, and once he has made the move.

All staff have a responsibility to ensure that an admission of a new child to Turnstone House is as smooth and comfortable operation as can be managed. The new child requires time and patience, best advice, support and guidance. The Personal Tutor is the focal point of this response. Established children need an equal amount of attention so that we do not inadvertently make them feel rejected or displaced.

7 HOW DOES THE LEVEL 3 DIPLOMA LINK WITH YOUR ROLE?

7.1 LEVEL 3 Diploma for Residential Childcare

Who is involved?

- Candidates
- Managers
- Assessors
- Internal Verifiers
- External Verifier

What are the advantages?

- Its holistic
- Its relevant to the work you do
- Its practically based
- You gain a recognised Qualification
- It allows you to prove your competence in your current role and develop your skills

How will it happen?

- Gathering diverse evidence
- Observation by your assessor
- Case studies
- Assignments
- Reflective accounts

Who will support me?

- Your assessor who will plan, assess and give feedback
- Your line manager will support you and monitor your progress
- Colleagues

All aspects of everyday practice that can be used as evidence for your Diploma.