

SPECIALIST EDUCATION SERVICES

Personal Tutor Role

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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)

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The aim of this handbook is to help all Personal Tutors 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 Personal Tutor role is fundamental to successful outcomes for Children

Personal Tutors are responsible for helping, guide and encourage a child through their time with us, from admission to the end of their stay.

A Personal Tutor is part of a team

As well as being a role that works with individual children and their families, a Personal Tutor is the driving force for specific children. The role is to ensure that all of the children's needs are met. The necessity for high quality management of key staff members and strong teamwork can never be overstated.

Clear and precise communication will need to take place on a variety of levels as the Personal Tutor has the responsibility of ensuring that all aspects of a child's care and casework are addressed, they hold responsibility for managing a small team assigned to specific children who will therefore hold a range of information relevant to the child's progress. 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 ORGANISING YOUR WORK

2.1 PERSONAL ORGANISATION

The absolute key to effective and efficient Personal Tutor work is in being well organised and systematic in what you do.

Although the diagram in this section visually reflects the areas of responsibility the Personal Tutor holds it does not of itself necessarily guide you in how to systematically and efficiently carry out the work. For that you need to have a structured approach.

GOLDEN RULES

Have a formula for working through your responsibilities

**Have a formula for monitoring,
(especially those areas you delegate to others)**

2.2 WHAT DO WE MEAN BY A FORMULA?

First of all, it is not about Personal Tutors all working to the same formula. Different people will have different preferences and ways of working, and different pockets of time available at different parts of the week. Essentially you create your own formula:

A very simple example would be to consider your responsibility for writing a review. A formula for review writing may look like this:

Start collating information for and writing reviews 8 weeks in advance of the review (4 weeks in advance of date due to case – co-ordinator)

Transfer this start date and the date it has to be with Case Co-ordinator to your diary as soon as you have notification of the review date.

Simple as this sounds it's amazing how people don't do it. Most people will put the key date in the diary but not a date to start the subsequent actions they need to do to ensure a quality job done within timescale. They then find that the pace picks up and before they know it a deadline is looming and they start too late, creating greater stress and doing themselves and others a disservice in terms of the quality of outcome.

A summary of what a range of the work might look like in formula form may be as follows:

- 6 monthly summary: Diary reminder 4 weeks before deadline, deadline in diary
- Reviews: 6 monthly, diary reminder 8 weeks in advance of review.

- Development and Learning Plan / Focus: Diary reminder 4 weeks before due, review date in diary
- Risk Assessment, daily care, activity risk assessment, Diary reminder last Thursday in the month
- Young Person's Monthly meetings: Done with child in monthly special 'domestic' tea and cakes meeting. Some children may require weekly updates.
- Clothing Audit: Done with Child in one of monthly special meetings 4x yr, dates in diary.
- Home visits: Diary reminders for min 3x visits.
- Toiletries, basic care: Fortnightly check in some form.
- Incident Monitoring: Weekly overview, run reports on Clearcare, Wednesday mornings - deeper analysis on receipt of stats from Team Teach Sub Committee

But remember it is **not** just about diarying – it's about doing, recording and communicating. The question to ask yourself for any task is:

“What are the individual steps I need to do to complete this job?”

2.3 THE MONITORING PROCESS

For example, some aspects of basic care may result from your actions or may be delegated to a colleague.

As a Personal Tutor you need a baseline-diarised formula of action that causes you to monitor. Therefore diarying a day once every fortnight to do specific monitoring will tell you a great deal about the quality of what is happening and in the process feed your own reflections and creative thinking.

In such a case it would simply take the form of going to the child's bedroom at a time when you have not been directly responsible for what you might find. This might for example occur at 9.30am on a Learning Centre day.

- Did you make a note of the appropriateness of clothing and cleanliness of clothing if not could this be done at break time?
- Was their toothbrush wet or dry?
- How well organised are their clothes in the room, are they ones that still fit, etc
- How well personalised is the room?
- Does it smell clean and fresh or does it smell institutional?

It also affords you the opportunity to check on a whole range of other things if you so wish. This would be more appropriate as a 'roving' formula, i.e. not the same day of the week every fortnight. Hence you need to decide when and how and then put it in the diary each fortnight for the next 6 months or so.

Again this sounds simple but all too often people work on the basis that they have been in the bedroom numerous times whilst 'on duty'. This may be true but having a specific focus is much more methodical, effective and productive.

We can easily become "blind" to what we see and may not scrutinise from a particular perspective. True monitoring is about giving yourself bespoke time and space.

This process should continue until all aspects of your work are formularised and diarised at a frequency that is reasonable and manageable. By making this a single sit down task at the start of the year or term you will find ways of efficiently using your time. One monitoring activity might inform a whole range of areas. Time in a child's bedroom would be just one example.

2.4 WHAT FOLLOWS MONITORING?

The impact of monitoring is absolutely zero unless there is follow up action. It is the action that follows your findings that moves things forward:

Issue From Monitoring: Autumn approaching no evidence of a warm top

Action: Check LT has date in diary to take child for new jumper/sweatshirt/fleece

Issue From Monitoring: Room spotless, tidy and clean

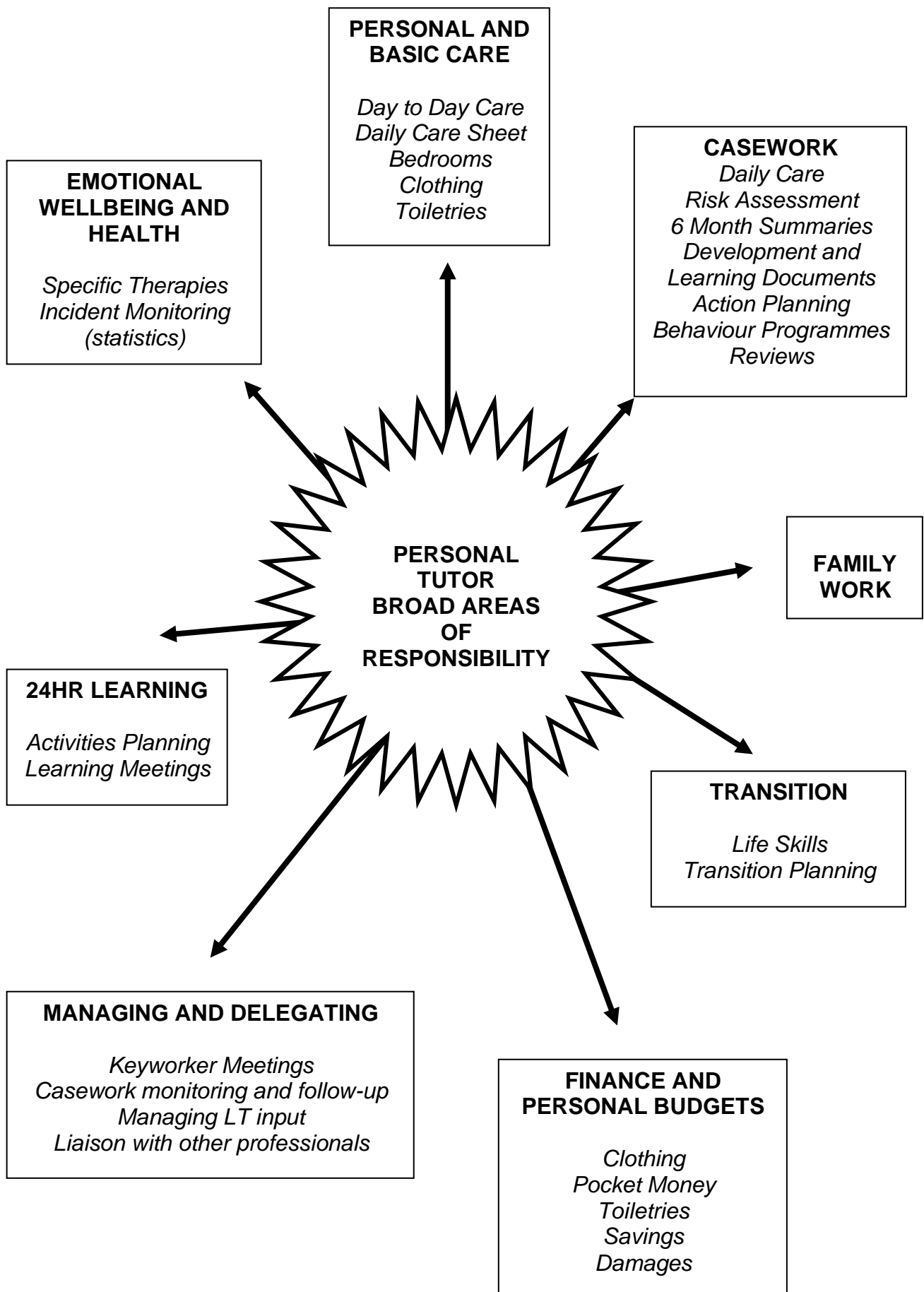
Action: Seek child out (and staff member who helped them) and give positive feedback

Monitoring is useless without action to follow it.

Many times it will be straight forward as in the above examples. Sometimes it may need more time in follow up as when monitoring incident statistics and issues arising.

2.5 AREAS OF RESPONSIBILITY

See Diagram Overleaf.



3 PERSONAL AND BASIC CARE

The basic care of a child is something that is supported and delivered throughout the entire Care Team. More specifically to the PT it involves:

3.1 DAY TO DAY CARE

Producing a Daily Care sheet which is kept relevant and up to date through reviewing and amending whenever necessary and also by the 5th of each month. This will offer guidance to the whole Care Team about specific areas of the child's day-to-day care. The information contained within the Daily Care sheet will vary from child to child but should contain details on:

- The Child's morning routine (what time they should be woken)
- The Child's evening routine (bed-time, settling period)
- Bathing routine
- Any specific information in relation to the child's day-to-day care (i.e. stating that a child will often refuse to brush their teeth or he will often choose to drink large amounts of milk and then how to manage these behaviours)
- Other sections contained within the Daily Care sheet are Family Liaison, Activities and Information Technology.

3.2 BEDROOMS

You will need to ensure that the cleanliness and tidiness of the child's bedroom is maintained. This should be supported by the LT (possibly through delegation) and the child themselves should be encouraged and supported to take responsibility for this area of their Basic Care. As the child's Personal Tutor however you are responsible for monitoring and ensuring standards of nurture and care are reflected in bedroom cleanliness, appearance and organisation.

3.3 TOILETRIES

Ensuring the child has an adequate supply of toiletries. This responsibility can be delegated to the child's Link Tutor. Depending on the child's age, they should be supported in taking responsibility for this aspect of their Basic Care, which may also link to Finance and Budgeting.

3.4 HEALTH

3.4.1 Sport

A diverse range of sporting activities is offered as part of the 24hr learning for our children. Our in house team sometimes leads these sports sessions, although we also use outside venues as well as external coaches/trainers when appropriate e.g. tennis coaching, squash-coaching etc. The children may also be members of external clubs or teams.

You should periodically, (at a minimum of twice a year prior to say writing LAC reviews), do an audit of the total range of exercise your child is doing across a week.

3.4.2 Diet

The child's dietary needs are regularly monitored and updated within their daily care programme. There will be an initial assessment from their local GP.

3.4.3 Data (weight, height etc)

Details of the child's health data are kept in the casework files. This is to be regularly updated by PT's and to help assess ongoing diet and health needs.

3.4.4 Medical

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 the child becoming 'Looked After'. A medical practitioner completes the initial assessment. Thereafter, children will receive an annual health review by a LAC nurse. This is normally facilitated within the home, with a medical appointment record being completed.

If a child needs to see a doctor/nurse or Dentist 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 or Dentist. 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 must be sent to the Personal Tutor to keep them informed, if this does not happen it's the responsibility of the Personal Tutor to liaise with the staff member that attended the appointment to gather the relevant information and reiterate the recording requirements.

Within the suite of risk assessments, some children may have a Child Specific Medical Risk Assessment. This 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. This is shared with the social worker for discussion and approval.

3.4.5 Therapy

When appropriate the children can be offered bespoke therapy sessions to help them talk about their feelings and emotions. We have a team of therapists and psychologists who lead these sessions.

If your child is involved in sessions it is crucial that you are proactive in ensuring direct liaison and communication between you and the therapist.

3.4.6 Life story

Life story work looks at a timeline of events to help children's understand their background and upbringing. This helps them piece together all the stages of their life so far.

4 FAMILY

4.1 FAMILY WORK

Working with families fits within the holistic and systemic way we work. The family context will invariably continue to have a strong influence on the emotional development of our children and our capacity to move them forward and progress. It is a crucial part of our work.

Personal Tutors undertake a supportive role with the child's parents/carers, family members, etc. The extent of that role is initially decided in liaison with the Registered Manager and Case Co-ordinator (CC). Due to the individual circumstances of the child / family, the level of contact the Personal Tutors have with the parents may vary greatly.

- The PT (or other Key Person) should liaise with parents **weekly** (via telephone / email) to give a general update on their child, following which a Contact Report should be compiled.
- Home visits should be arranged each term (i.e. **a minimum of 3 per year**), usually with the PT and CC attending. These visits help to maintain and develop good relationships with the family and can also be the forum for more specific discussions relating to the child, or simply to offer verbal advice / support.
- One of these Home visits should be supported by the child's Learning Mentor (in place of the CC) and gives the opportunity for Education to be discussed. This can act as a kind of "parents evening".
- A Home Visit Report (using the Contact Report Format Form) should be produced within 48hrs of the visit. A copy should be saved to the network and in the case work file and also emailed to the CC and HoC.
- The PT is responsible for arranging and facilitating family contact. Within an agreed Placement Plan the PT should work to promote positive family contact for each child through visits, including visits of family members to the home, letters, e-mail and telephone calls.
- Contact with other family members should be considered on an individual basis. Any decisions regarding contact with other family member should be made in liaison with the Placing Authority and parents (where applicable).

- It may become clear that there are specific and emerging family needs that we can give some bespoke help with. They may be simple logistical things but equally it may be more specialist help with parenting skills or Social Emotional Aspects of Learning that are required. We only proceed with more specialist help after fully liaising with the RM and consultants through your Case Co-ordinator. This will determine your level and degree of involvement.

A report of any 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.

4.2 SPECIAL OCCASIONS

It is essential to compile a list of important dates for the child (family members Birthdays/special occasions, etc) so they do not get missed or forgotten. This helps to build relationships with family members and allows the child to still have a sense of identity and belonging to the family unit. Make sure these dates go into your own diary as a reminder.

It is also useful for helping the child with their own personal organisation and helping them with a diary or a wall chart to record the dates. Ensure the Link Tutor also has these dates in their diary. (This serves two purposes it insures against absence and trains your Link Tutor in good systematic working habits).

5 CASEWORK

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

Individual children have their own casework files that are 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 have complete ownership of their child's Casework. Delegation of specific tasks and aspects of Casework, can be given to Link Tutors, so a Personal Tutor should liaise closely with all key people, to ensure this is completed and deadlines are met.

On a monthly 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, prior to the casework meeting, the Case Coordinator completes a Casework Monitoring sheet to give feedback to the PT and support the casework process. The Case Coordinator also forwards a copy of the monitoring sheet and Casework meeting minutes to the Head of Care.

5.1 RISK ASSESSMENTS

You must update the Children's Individual Risk assessments by the 5th of each month. All Care Staff are to read the updates by the 7th, or if not on duty on their 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.
- The Child Specific Risk Assessment is a format to gauge areas of risk for an individual child in a given activity.
- Activity Risk Assessment gives a detailed account of how to manage those risks.

5.2 6 MONTH CASEWORK SUMMARY

The Personal Tutor summarises the Casework File six-monthly, 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, except Restorative Forms, which are forwarded to the SES Principal for archiving.
- 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.

This is a large document so it is imperative this does not go out of the Personal Tutor's sights.

5.3 GUIDANCE FOR COMPLETING THE SIX MONTH CASEWORK SUMMARY

5.3.1 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 completed
- Development and Learning Plan – Record date(s) and comments
- Development and Learning Focus – Record date(s), previous outcomes and evaluation/outcomes
- Record of PAN/Action Plan Meetings - Record date of meetings and those present (from minutes).
- Action Planning/Behaviour Programmes /. Monitoring Sheets - Use the table to record previous targets, and evaluation/outcome of these targets. Then record new targets, carrying forwarded any uncompleted targets that are still ongoing. This should be done for PAN Action Planning and Behaviour Programme Targets.

5.3.2 24-Hour Learning

Record details from the Learning Plans: activity, category, dates and frequency. The PT must delegate and monitor to ensure each of their children have at least 2 personalised plans running at any one time.

5.3.3 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)

5.3.4 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.

5.3.5 Medical Appointments

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

5.3.6 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.

5.3.7 Life Skills

Record date each level and section is completed

5.3.8 Restorative Approaches, Reparation and Sanctions

List the task ID of record and brief description of the event.

5.3.9 Reviews

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

5.3.10 Young Person’s Monthly Meetings

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

5.3.11 Technology Monitoring

Record monitoring dates and comments

5.3.12 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.

5.3.13 Accident/Injury/Self Harm Reports

List dates (All accident forms are recorded on Clearcare)

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 Avocet 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.

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 CONTACT REPORTS

Contact Reports must be completed following any contact regarding the child, with family or other parties, and placed on the network in the relevant files, printed and placed in the Casework file, and forwarded on to key people, including the Head of Care, via email. This mainly applies to specific weekly updates or visits because Contact Reports should be compiled by all.

5.8 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 SES, the Personal Tutor is responsible for archiving files within the 'Individual Child' folder, as follows:

Their folder is moved immediately, in its entirety, from the 'Current' folder to the 'Archive' folder, within the 'Individual Child' 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.

5.9 ARCHIVING CASEWORK FILES

When a young person leaves SES, 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.

6 FINANCE AND PERSONAL BUDGETS

6.1 CLOTHING

The children are allocated a set clothing budget that is updated and monitored by the PT or delegated adult for each child.

6.2 POCKET MONEY

The children are allocated a weekly allowance that is made up of three sections. They have the basic amount that can then be enhanced by attendance to education as well as completing household tasks.

6.3 ACTIVITY

Each child has an allocated annual activity budget for day-to-day activities. This is predominantly budgeted by having a set weekly allowance.

6.4 TOILETRIES

Each child has an allocated annual budget for the purchase of toiletries. This is updated and monitored by the PT or delegated adult for each child

6.5 CLOTHING AUDIT

A regular clothing audit is undertaken by the PT to ensure that the children have appropriate amount of clothing for all occasions e.g. school clothes, activity clothing and casual clothing etc.

6.6 BANK ACCOUNT

If young people do not arrive on admission with a bank account their Personal Tutor should ensure they have opened one within a month from admission.

This account may have conditions attached, but essentially if it is in their name they will inevitably have some legitimate access to it particularly when they are 16 years of age. If opened after arriving at SES this account is used to receive monies and encourage personal saving and life skills. The best accounts are sought according to amounts deposited and practical requirements. In normal circumstance the young person would also have some ability to withdraw money.

Handled well this is a good opportunity for young people to actively save and with careful planning this will develop positive saving habits. They may choose to deposit some savings from this account into their trust account for better interest.

6.7 TRUST ACCOUNTS, LIFE SKILLS AND SAVINGS

On the date of admission each young person automatically has £100 deposited into his or her SES Trust Account which gathers interest at 6% per annum. This provides an incentive to save and helps to teach them about interest rates in general. We then link the Trust Account to our Life Skills programme.

Within the Life Skills programme there are Bronze, Silver and Gold Awards in the following areas:

- Finance
- Home Management
- Self Care, Health and Food
- Social Skills and Relationships
- Travel

Every time a young person achieves an award level the following amounts are put into their Trust Account:

Bronze £30

Silver £50

Gold £80

This gives a potential total of £800. At the point that the last criteria of the last award is met the young person is given a £200 bonus that tops the life skills financial reward up to £1000, therefore incentivising completion of the scheme.

As part of our holistic approach to learning, enterprise is a key aspect that we encourage from our young people. Innovative targets are set within young peoples' PAN meetings and through their Individual Learning Centre Programme. Any 'profits' made from enterprise schemes can be paid into their trust account.

The trust account can only be accessed at the point they leave SES. It is therefore a secure and authentic way of saving for independence and leaving care. This protects savings from being squandered beforehand. Furthermore, young people can make voluntary deposits into their trust account thus benefiting from a generous interest rate.

Any young person who lives with us for a significant period would comfortably be able to complete the Life Skills scheme, which would result in them accruing at least £1,200, (effectively £300 per year).

In addition, SES will commit to saving £5 per week for all young people from their admission.

When a young person is aged 16 a Personal Independence Payment (PIP) can be applied for by the young person in their own right if they have the mental capacity to manage their own money. This assessment is carried out by a medical or social

care professional, preferably who is known to the young person. If deemed that the young person does not have capacity to manage their own money, the carer can apply for an Appointeeship, which will enable the carer to take care of the young person's allowance. This process will change again at the age of 18 years where a Power Of Attorney will need to be sought if the young person continues to remain in the care of a carer, this will be sought by the Local Authority. If the young person is entitled to receipt of a PIP then they should continue to receive pocket money until payments begin and subsequently be supported to put a structure in place to enable the young person to manage a larger income.

6.8 DAMAGES

Details of any faults or damage around the premises should be reported in the Maintenance and Damage Book, which is kept in the house office. Details of Health and Safety near misses should be reported in the back of the Maintenance and Damage Book.

It is SES policy that wilful damage caused by a child will 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 on a Restorative Approaches Form on Clearcare 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, but at a minimum of once a month with the content of meetings evidenced on a young person's monthly meeting record.

Ultimately, it is the Personal Tutor's responsibility to oversee communication, or communicate all changes and updates regarding their individual Children

7.1 ACTIVITIES.

Each establishment provides an extensive range of formal and informal learning and recreational activities for the children. The purpose of these activities is to provide opportunities for young people to succeed, extend the range of experiences through which they can build on existing skills, and learn new ones, enhance self-esteem and maximise their personal learning potential.

Such activities can be planned and delivered, by members of the Care team, using the 24 Hour Learning plans, for both individuals and groups. There are three categories used within these plans, that links specifically with, either the Learning Centre, the PAN process or the House, with incidental links to the curriculum. The plans are identified as follows:

- L24** A learning activity that has clear, planned links to the Learning Centre curriculum with specific objectives and outcomes.
- H24** A learning activity that has clear, planned objectives and outcomes, with possible incidental links to Learning Centre Curriculum or PAN process.
- P24** A learning activity that has clear, planned links to the PAN process, with specific objectives and outcomes.

7.2 LEARNING MEETINGS

The individual's Learning Mentor, Case Coordinator, and Personal Tutor attend learning meetings. Within these meetings, the Learning Mentor updates the key people regarding the child's learning, and identifies areas that the Care team can help drive this forwards for the individual. These meetings should take place at least once per term, twice per term if necessary. The Learning Mentor liaises with the key people to arrange these meetings, but the Personal Tutor should ensure they have an overall view of the child's educational needs, and that these meetings meet the required deadlines.

8 TRANSITION

8.1 LIFE SKILLS

There is a comprehensive Life Skills Programme. The Life Skills Coordinator and the child's Personal Tutor lead this. It is broken up into 5 sections, each with Bronze, Silver and Gold Awards:

- Home Management,
- Finance,
- Self Care, Health and Food,
- Social Skills and Relationships
- Travel.

Each young person can begin work on the awards from admission. There is a financial incentive scheme attached to the SES Life Skills programme.

8.2 TRANSITION PLANNING

At SES we use the term 'Transition' to refer to a process that accounts for each individual's route from admission through to leaving. As in all aspects of our planning, this is a very personalised journey that is supported by all the common planning structures.

Effective transition planning commences with the admissions process, identifying long-term aspirations for young people in partnership with the placing authority, and where appropriate, their family. In reality these early plans are likely to change in response to personalised progress and events that occur throughout the young person's time with SES, however, sharing aspirations is essential to providing a common direction for all key professionals in their everyday roles. To support key adults in creating initial planning, key plans and correspondence should be considered, alongside key information gathered in the admissions process such as the Lead Consultant Report.

Transition planning for all young people is incorporated within their Development and Learning Overview, and current Development and Learning Plan and Focus. These last two are working documents that will reflect current thinking and planning at any point in time. Each of the six dimensions within allow key adults to consider long, medium and short term desired outcomes. These are reviewed three times a year as part of the standard cycle of PAN planning. However, the Personal Tutor may decide to update key sections in response to significant events or change.

A Development and Learning Plan and Focus will be highly personalised to a young person's needs and stage of development, therefore it is unlikely that any two plans will be the same. Involvement of the senior leadership team is essential to providing critical reflection, especially in relation to longer term transition planning, for example, on decisions related to living beyond SES.

The views of a young person should always be sought when reviewing their transition planning, ensuring that they play a full and active role in their development and aspirations.

(See the Learning, Assessment, Recording and reporting document for a full and complete description of the overall process)

9 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 5 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 overleaf:

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.

9.1 REVIEW WRITING, TEMPLATE AND CHECKLIST

The more organised you are in a general sense with casework and liaison the more straightforward is the writing of the report. It is merely a marking point for what is a continuous process and should not be something that is started a few days before the deadline.

There is much information to be gathered and presented in a document that will read fluently and provide a full picture of the work being done. The report is broken down into headings covering all aspects of development of the child and our work with the family. The Review Pro-forma (see Appendix A) has been devised showing a detailed breakdown of the types of questions to be asking yourself under the headings on the report. Make sure you have addressed the recommendations from the last report and commented on how they have been achieved, or to what degree, or why they still remain issues. Be clear about positive and negative changes/responses.

It is the responsibility of the Personal Tutor to make sure that the main file is up to date particularly prior to each review with all relevant paperwork, such as, home visit reports, medical issues, etc.

A high quality is required for all reports not least because they are very often used externally to give a picture of our work and as contributions to the child's Statement of Special Educational Needs, which is a legal document.

Where to look for relevant information:

- Child's Diary: This daily reference point gives details on behaviour displayed across each week and can be very useful for highlighting patterns in behaviour.
- Casework File: This holds information with regard to work completed and planned. It is a major source of information on a range of issues and records.
- Main File: This should automatically be checked prior to a review report being started.
- These are part of the Casework listed above
- Colleagues: Colleagues will offer you valuable information. Indeed you should not write reports without consultation.
- Incident Reports:
- Medical Appointments
- PAN Meeting Records
- Child's Individual Folder on the Staff Area of the Network
- Clearcare – check restorative approaches and incident patterns

To assist the smooth preparation of the Review, a template/checklist has been designed and is given below as an appendix to this document.

APPENDIX A

AVOCET /TURNSTONE HOUSE

PERSONAL TUTOR REVIEW REPORT: (MONTH YEAR)

CHILD'S NAME: (Date of Birth) (Y?)

1. INTRODUCTION
2. CARE NEEDS
3. EMOTIONAL WELLBEING
4. CULTURAL RELIGIOUS NEEDS
5. FAMILY LIAISON
6. LEISURE ACTIVITIES
7. CONCLUSION

NOTES FOR GUIDANCE

- * Each section should be completed in a **fluent style and not in note form**.
- * Personal Tutors are expected to **compile and collate** comments within their reports from their colleagues, particularly from Link Tutors.
- * Always use the previous report as your start point - but don't repeat unnecessary information - **go for significant points and be clear about positive and negative changes/responses**.
- * **Remember to look in each section at the actions from the last review, checking whether there has been progress and how this progress has been achieved. What steps need to be considered next?**
- * Whilst this pro-forma is designed to draw your thoughts together in the compilation of a review report, they are not intended to be exclusive and there may indeed be other facets of the child that you would wish to comment upon.
- * The points are intended to be a catalyst to your thought processes and should be responded to fully only where applicable and appropriate.
- * **The objectives set should not be generalised. They should be clear, precise and specific to the child's individual needs.**
- * To help you achieve the best results when writing your review, you should follow the **Review Checklist** which has been set up to assist the smooth operation of the review process and help you keep a **check on timescales so that you do not end up rushing things at the last moment**.

- * The Review Report should be accurate and factual, giving both positive and negative comments.

GUIDELINES

1 INTRODUCTION

This section should be concise and to the point. It should summarise the general direction of progress over the last 6 months in order to set the scene for the detail that follows in other sections

Beware of the risk of making observations under this heading that should more rightly be located under subsequent sections. This section may be shorter as each review passes. Don't repeat what has been said before without good justification.

- 1.1 When was the child admitted? Why was he or she admitted? Look at the LAC Placement Plan and other paperwork on main file.
- 1.2 On what basis does the child attend Avocet or Turnstone House?
- 1.3 How does the child present themselves? Are they friendly/shy/withdrawn/etc? Has this changed since their last review?

2. CARE NEEDS

- 2.1 Physical description of the child including general appearance, grooming manner of dress and habits of cleanliness. (Any specific physical peculiarities)
- 2.2 "Atmospheric" elements, such as facial expressions, mood-peculiar mannerisms, gait, manner of speech, etc.
- 2.3 Does the child have acceptable standards of cleanliness and personal hygiene? Are there any areas of concern?
- 2.4 Is the child enuretic? If so, frequency?
- 2.5 Is the child encopretic? If so, frequency?
- 2.6 Note any consequences of the above i.e. child hides bedclothes, clothes, is embarrassed, unconcerned, etc.
- 2.7 Has the child followed any specific programmes to control the above?
- 2.8 Is there any current involvement with medical specialists? Therapeutic interventions? What is the basis of this involvement?
- 2.9 Provide a list of all medical appointments since the last review, including the date of last LAC Health review.
- 2.10 Details of medication taken
- 2.11 Have there been any recent serious illnesses or prolonged periods of hospitalisation?
- 2.12 Are there any areas of concern relating to the child's health? e.g. epilepsy, diabetes, obesity? If so, are they receiving treatment? What is the treatment?
- 2.13 Are there any health problems or disabilities that may adversely affect the child's development in school?
- 2.14 Are there any significant behaviours associated with eating? Table manners?

- 2.15 What seems to be the effect of insight orientated discussions? Do they appear interested in cultivating insight into their problems? Is the child capable of initiating these discussions?
- 2.16 Does the use of peer group pressures appear to be influential in limiting their behaviour?
- 2.17 What is their reaction to limits? Does it make a difference who is setting them? Does it make a difference whether or not they are being applied to the group or to them alone?
- 2.18 In general, how do they handle the structure of the day: the rules, the routines, and the activities? Are there particular rules, routines, or activities that give them special difficulty (e.g. bedtime mealtime etc.)?
- 2.19 What management techniques seem to work best to enable them to comply? Which ones seem to reduce defiance in the residential situation?
- 2.20 Is there a concern around the level of physical management situations the child is generating?

3. EMOTIONAL WELLBEING

- 3.1 Indicate insights into their fantasy life, daydreams, future goals and ambitions. What fantasy roles do they like to play? Where is this on a continuum of play through to survival behaviour?
- 3.2 Does the child describe their problems/fears? If so when and how?
- 3.3 Do they show guilt? At what time and in what way?
- 3.4 What is their ability to tolerate frustration? What types of frustration are more difficult or less difficult for them? How do they react to frustration?
- 3.5 Do they have any particular fears? Unusually strong interest in some particular activity or avoidance pattern/response? Are there any striking habits that appear peculiar or out of the ordinary?
- 3.6 How much control do they seem to have over their behaviour? Do controls break down under certain conditions? What are they?
- 3.7 What kind of self-image do they have? What do they think their strengths and vulnerabilities are? What do they see as their biggest problem?
- 3.8 What range of emotions/feelings does the child display/express? How do they deal with these?
- 3.9 What is the character of his anger? e.g. is it chronic annoyance or emotional flare-ups?
- 3.10 How does the child view themselves? Do they see themselves as good, bad or lucky etc. Are they fatalistic in regard to their behaviour?
- 3.11 Does the child accept responsibility for their own behaviour?
- 3.12 Does the child anticipate consequences of behaviour?
- 3.13 Does the child display habitual or ritualistic/obsessive behaviour?
- 3.14 Is the child easily reduced to tears? In what context?
- 3.15 Is the child willing to try new situations?
- 3.16 Can the child express feelings appropriately?
- 3.17 Does the child physically abuse themselves?
- 3.18 Does the child abuse their own property?
- 3.19 What kind of response do they seek from peers? What do they do to gain them? How successful are they and how do they react when that response is denied? Do they seek power? Affection? Submission?
- 3.20 What types of children do they seem closer to? Which do they avoid? How friendly are they with the other children? How is the friendliness expressed?

- What types of children do they come into conflict with and how is the conflict expressed?
- 3.21 What seems to be their perception of other children? Are they accurate in judging the motives of other children?
 - 3.22 Do they seem to need other children? Are they content to be alone? How often and under what conditions?
 - 3.23 How do other children react to them? View them? Are they popular? Respected? Feared? Ignored? Is there a general consensus among the children in their attitude towards them?
 - 3.24 Do they seem to show any sexualised behaviour? How strongly is it shown and how often? In what circumstances?
 - 3.25 Are they drawn to any particular individual within the group? What are their characteristics?
 - 3.26 What are their skills in approaching other children? In avoiding them? In influencing them? In being influenced by them?
 - 3.27 Do they have difficulties functioning in large groups? What kind of difficulties?
 - 3.28 How co-operative is the child with their peers? e.g. demands to have own way, is supportive of friends, etc.
 - 3.29 How readily does the child conform to group norms; residential group, activities group?
 - 3.30 Is the child physically abusive to peers?
 - 3.31 Is the child verbally abusive to peers?
 - 3.32 Does the child provoke peer conflict physically?
 - 3.33 Does the child provoke peer conflict verbally?
 - 3.34 Does the child abuse peer property?
 - 3.35 Does the child try to dominate peer interaction?
 - 3.36 Does the child handle peer disputes appropriately?
 - 3.37 What is the frequency that the child has peer related incident forms? Is there a pattern contained within these? Check on how many incident forms are kept with main file (child/child related) and mention number and any pattern.
 - 3.38 Does the child borrow from children appropriately?
 - 3.39 Does the child try to manipulate peers?
 - 3.40 Is the child easily manipulated by peers?
 - 3.41 Is the child able to share their own possessions with others?
 - 3.42 What positive peer interactions can be seen?
 - 3.43 Is there any evidence of the ability to play with peers involving appropriate physical contact?
 - 3.44 Child/Child incident form statistics. Any significant issues arising?
 - 3.45 How does the child generally initiate interactions with adults?
 - 3.46 Can the child approach adults appropriately?
 - 3.47 What kind of response does the child seek from adults? What does the child do to gain their response?
 - 3.48 How does the child react when this response is denied?
 - 3.49 Has the child formed a positive relationship with any particular adult?
 - 3.50 Is the child over familiar towards adults?
 - 3.51 How comfortable are they in seeking help, encouragement, affection from adults? What form does it take? Do they have favourites among adults? What seems to be the basis of their choice? (Male, Female, Older, Younger, etc.)
 - 3.52 Are they generally obedient or defiant? How do they show it? Are there differences in whom he will listen to? How do they express aggression and

- how frequently? Are there certain times or conditions during which he becomes more aggressive or defiant? How do they behave afterwards? Sulky? Worried? Hostile? Friendly?
- 3.53 How do they seem to make you and other adults feel toward them?
 - 3.54 How accurate is their perception of adult motives and actions towards them? Under what conditions are the perceptions more or less accurate?
 - 3.55 Has he displayed any sexualised behaviour with adults? Males? Females? What form does it take and how often.
 - 3.56 What is their characteristic manner of showing affection for adults? Hostility, etc?
 - 3.57 What actions by adults result in the child displaying positive responses?
 - 3.58 Is the child trusting or suspicious of adults?
 - 3.59 Does the child intentionally try to provoke adults?
 - 3.60 Is the child physically or verbally abusive to adults?
 - 3.61 What is the frequency of adult related incident forms? Is there a pattern contained within these? Check on how many incident forms are kept with main file (child/adult related) and mention number and any pattern.
 - 3.62 Child/Adult incident form statistics. Any significant issues arising?

4 CULTURAL RELIGIOUS NEEDS

What does their value system appear to be? Are they identified with "middle class" values, delinquent values or others? How deeply embedded are their values? Are there conflicts between them?

5 FAMILY LIAISON

- 5.1 What are the LAC contact arrangements?
- 5.2 Are there any planned changes to these arrangements? Are child and family happy about arrangements?
- 5.3 What are the transport arrangements for the visit home?
- 5.4 What home visits have been made? Give dates and any salient points? Are there particular issues needing to be brought to this report?
- 5.5 How well do contact visits go?
- 5.6 Are there any significant behaviours associated with Personal Tutor home visits?
- 5.7 What behaviour does the child show prior to going home? excited, unpredictable, happy, sad, anxious, etc.
- 5.8 How does the child react on their return to us after a visit home?
- 5.9 In what context does the child speak of home?
- 5.10 How does the child respond to questions about home?
- 5.11 Is there any evidence that the child has "special" affection for anyone member of their family?
- 5.12 Is there any evidence of obvious areas of conflict for the child within the home?
- 5.13 Is there regular contact between home and child? e.g. telephone calls, letters, visits, etc.
- 5.14 Have there been any significant changes in the family structure? If so what are they, how are these perceived by the child and what are their responses to these?
- 5.15 In what way does the child perceive siblings in the family?

- 5.16 Is there a positive view from the child of a potential return to the home environment?

6 LEISURE ACTIVITIES

- 6.1 What is their general response to activities - enthusiastic, bored, excited etc.?
- 6.2 What activities are they attracted to? Those entailing infantile gratification, adult-like activities, activities with high fantasy content, dangerous activities? Which do they avoid? Is there a preference for activities that are more individual or that require considerable interaction with peers?
- 6.3 What development has there been in their general skill levels? Are they especially adept at any particular craft or activity?
- 6.4 Are there activities he characteristically turns to when he is in a particular emotional state?
- 6.5 Do they maintain a balance of involvement across the week and across a variety of activities inside and outside Avocet or Turnstone House?
- 6.6 Are there any significant aspects of weekend activities for this child?
- 6.7 Evidence of the child extending and building upon LC curriculum activities
- 6.8 Are they a member of clubs/activities in the community?

7. CONCLUSION

This paragraph should be clear and to the point. It must summarise the main points from the report and indicate to the reader an overall picture of the review period and the current situation.

The following areas will have been interwoven into the report at the appropriate points. Naturally this will vary with each individual report, but care should be taken not to omit information.

INVOLVEMENT WITH OUTSIDE AGENCIES

What contacts have there been? How have outside agencies been involved? What impact has this had?

RESPONSES TO MANAGEMENT

What restorative approaches have been implemented and how has the child engaged in this process? What progress is the child making?

TRANSITION AND LIFE SKILLS

There should be a brief update of how the child has engaged with the Life skills programme and what transition plans are being explored for their future. Have any major transitions been noted?