



Statement of Purpose



White Meadow
Ormskirk

URN: 2636919

Statement of Purpose

This Statement of Purpose is structured to follow Schedule 1 of the Children's Homes Regulations 2015.

Quality and Purpose of Care

1. A Statement of the range of needs of the children for whom it is intended that the Children's Home is to provide care

White Meadow is rated as an Outstanding home from Ofsted which provides care and support for children aged 8 -17 years old, who have a primary diagnosis of Autism. We aim to provide specialised quality care for children and young people with the following needs: Learning Disabilities, Autistic Spectrum Conditions, Emotional and Behavioural Difficulties, Asperger's Syndrome, nonverbal and Complex Specialist Needs.

Young people aged 18 and over may also live or stay in a children's home, but they must be in a minority. A children's home is required by law to provide care and accommodation '[wholly or mainly](#)' for children. A child is defined as a person aged under 18. This does not prevent a home from accommodating a young adult or adults, if it usually accommodates more children than adults. The registered manager does not need to apply for a variation to the conditions of registration to accommodate an adult. Instead, a set of principles will be applied and alongside a person-centred plan for the young adult. It is recognised that it is not always right for a child who becomes an adult while placed at a children's home to leave the home immediately. It may be in their best interests to remain there for a period beyond their 18th birthday.

The reasons for our young adult remaining at White Meadow are:

- they are in education and wishes to finish their course
- there is an agreement, including with the young adult, that they are not yet ready to leave, and a focused plan is in place to achieve this.

The following principles have been applied:

- identify the needs of every young adult living at the home, and any risk towards and impact on any children at the home
- minimise the risks to, and any negative impacts on, children
- have a regularly updated and reviewed person-centred moving-on plan and care plan for every young adult
- if necessary, have an agreed transition plan if a young adult will need support from adult social care
- minimise any delays to plans for children moving on when they become young adults

This does not involve a variation in registration. This requires the home to demonstrate during inspection that all children and the young adult are kept safe and that everyone is working in each child's and young adults best interests.

Our services are also focused on planning for the future and much of the work we do is ensuring young people are ready for adulthood and are given the skills and ability to self-manage their future.

The home is registered for up to 3 children and offers proactive and individualised support packages; especially for children with additional communication needs, dietary requirements, or behaviours of concern. There may be occasions a young person requires a high level of support which would result in the home being at full capacity.

The home currently has two children and one young adult. Our young adult is aged 18 who has a diagnosis of Autism, ADHD, PDA and a severe learning disability. She is currently supported on a

ratio of 3:1 when out in the community and in the car. At home she is supported 2:1 with access to a 3rd person if and when required. Our second young person is 12 years old and has a diagnosis of severe autism, global development delay and brittle asthma. She is currently supported 1:1 with a request of 2:1 to support activities outside of the home to develop her independence with the least restrictions. Our third young person is also 12 yrs old who has a diagnosis of Rett's syndrome, Autism, Global Developmental Delay and other medical complexities and is peg fed. She is supported on a ratio of 2:1.

2. Details of the Children's Home Ethos and the outcomes that the Children's Home seeks to achieve and its approach to achieving them

The principal aim of My3 Limited is to provide high quality care, and therapeutic services to equip children with the tools for them to attain their potential. Across all 3 areas of our provision, we aim to support development of the following, via our own therapeutic model:

- Empowerment - Empower the children within our care to attain their full potential.
- Communication - To promote the achievement of effective social communication and interaction skills in the children we support.
- Self-awareness - To foster self-awareness and allow the children to develop skills in self-regulation.
- Wellbeing - To encourage a balanced lifestyle which will create positive wellbeing with the children we support.
- Participation - To inspire the children we support to participate as fully as possible in society and achieve independence where possible.

At White Meadow, we offer a service that focuses on child development, communication, inclusion, community presence, attachment and promoting independence, equality and diversity.

We embrace the neurodiversity model of support for autistic people and reject the deficit model of diagnosis and care. We understand that autistic people may see, experience, and understand the world around them in a different way to people without autism. We place each autistic person at the heart of their support and try to gain an understanding of them as individuals and their unique perspectives; enabling us to know how we must change in order to communicate successfully and to think about how we must tailor our approach to best support each child.

We seek to provide a nurturing environment which embraces individuality and provides support for any issues or difficulties currently being faced, with the ultimate goal of improving each child's quality of life and helping them to access the best opportunities for their futures. Staff utilise highly personalised PBS informed approaches unique to each individual in order to work alongside them, teach new skills and increase autonomy. We recognise all forms of communication and staff are trained in a number of different AAC (Augmentative Alternative Communication) systems so that they can support successful communication according to each child's preferences.

The Registered Manager is a certified Reiki Master which supports the embedding of holistic practices into the day-to-day ethos of the home.

The home is regulated by Ofsted who inspect and monitor the service to ensure all Quality Standards are being met and adhered to. In addition, the home is seeking Autism Accreditation by the National Autistic Society who regularly visit homes as part of their programme of support, development, and quality assurance for those providing services for autistic people.

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

c. the type of accommodation, including sleeping accommodation

- a. The home has been adapted to ensure that it is a safe, suitable and homely space for children with a range of needs. There are a number of different spaces within the home which children may utilise for a variety of purposes; including two separate lounges, and a sensory/chill-out room, this room is also used for mindfulness, meditation and breathwork sessions. The garden provides ample space for outside games and relaxation and has been modified. A total communication environment is provided, and staff communicate with each child via their preferred method. Symbols and photographs are used throughout the home to aid communication and understanding, and the decoration of the home takes into account children's sensory differences. The home is fitted with an integral home security system, smoke detectors, and other safety measures. Further adaptations will be made where required and the management team will ensure that the home environment always meets the needs, preferences and tolerances of the children accommodated.
- b. White Meadow offers bespoke support packages for up to 3 children autistic of any gender, aged 8-17 years old, based on the individual needs of each child. The home operates 365 days per year and can accommodate a range of support packages. All offers of placement are subject to a robust compatibility assessment and transitions are carefully planned. However at present there is now 2 children and one young adult.
- c. White Meadow is a large Edwardian era detached house set in its own grounds. There is a substantial garden and ample on-site parking. The home has high ceilings and large rooms, giving it a sense of openness and space. The home has 3 separate bedrooms for children; each decorated and furnished to a high standard, incorporating ideas / preferences from the individual whilst ensuring that their sensory differences are catered for. Children are supported to keep their personal spaces clean and tidy so that they remain positive spaces which can aid with self-regulation. The home has an attractive fully equipped kitchen where food is prepared daily; incorporating fresh produce with an emphasis on a diet that is healthy, nutritious, and varied. Children are encouraged to take part in choosing meals and preparing food as part of their independent living skills development. Specific dietary needs and food tolerances can be catered for, and regular themed nights give children the opportunity to experience foods from other cultures. The spacious dining area allows for children and staff to share mealtimes together, promoting a family experience and a homely atmosphere. Two large communal lounges, a sensory/chill-out room, and extensive gardens provide spaces where children and staff can spend time together, or where children can go to be away from other people, have a private consultation with a member of staff, visit with family, or complete homework. The home has a utility room which children are supported to access so that they can further develop their independent living skills. The home offers safe storage of money, valuables and medication and the security of sensitive data is maintained in line with GDPR. There is an efficient and effective system in place whereby all maintenance issues are dealt with as quickly as possible and to a high standard.

4. A description of the location of the home

The home is situated in a pleasant residential area in Ormskirk, which is a picturesque market town in the borough of West Lancashire. Ormskirk's history is medieval in origin and the town continues to hold its famed outdoor market twice a week. There are several scenic parks and open spaces in Ormskirk, and the home is situated near to Ruff Wood; a Woodlands Trust site, formed on the site of an old 19th century sandstone quarry, which is now a haven for wildlife and an ideal spot for quiet walks and contemplation. The home is well located for access to a range of local services, amenities and attractions, and is less than a mile from Ormskirk and District General Hospital (including

children's A&E). Ormskirk is not far from the city of Liverpool, the seaside town of Southport, and Preston; and it has excellent transport links.



An annual risk assessment of the location of the home is conducted by the Registered Manager, in consultation with the local police, local authorities, and publicly available data.

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

My3 Limited respects and values diversity and religious beliefs. The specific cultural, linguistic, and religious needs of individual children will be discussed at the time of placement and arrangements for supporting these needs agreed by all parties.

The Children and young adult are encouraged to take part in activities which reflect their diversity of race, culture, religion, language, and abilities. All activities reflect the choices / preferences of children and young adult and if they wish to pursue a particular cultural or religious belief, it is important that they feel able to do so. The staff team will always actively support in pursuit of their beliefs, and will accommodate all requests to support this; whether it is a particular food, clothing, study material, or place of worship.

Birthdays, religious festivals and different cultures are celebrated as appropriate. The home recognises and explores different cultural or religious events throughout the year. Children and the young adult are given opportunities to try foods from different cultures, and to participate in activities designed to increase their understanding and awareness of other cultures; such as arts and crafts, music and games.

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

All complaints, both informal and formal, are taken seriously and aim to be resolved within 28 days, following investigation.

If any person wishes to make a complaint about the home, then they should contact the Registered Manager, Jo-Anne McGuinness or Shelly Daly the Responsible Individual. External complaints will be dealt with by the registered manager, or if necessary, the registered provider. External complaints can also be sent to Ofsted.

A Children's Rights Officer can also be contacted if the young person did not feel that they were being listened to. The nominated officer would then visit and speak to the young person and follow up with any subsequent actions.

Child Line also offer support and advice to young people choosing to use this service. Telephone number - 0800 1111.

Children's commissioner for England Dame Rachel De Souza - 020 77838330

In addition, each young person, parent, or member of the public can make a complaint known to, OFSTED, 0300 123 1231- Piccadilly Gate, Store Street, Manchester, M1 2WD

Wherever possible complaints are, in the first instance, discussed with the Registered Manager who will investigate and try to quickly resolve the matter, with the least amount of disruption to children and the young adult as possible.

Staff aim to consult with children and the young adult continually throughout each day; this builds positive relationships and is integral to successful provision of our highly personalised and bespoke services. As such, children and the young adult are encouraged to make their views known, whether complimentary or critical. Many complaints are, upon discussion, an expression of dissatisfaction which can be easily explored and remedied to the child or young adults satisfaction and recorded within a consultation.

Each child is provided with a personalised Children's Guide to the Home detailing the contact details of Ofsted, ChildLine, and their key contacts, e.g. Social Worker, Independent Reviewing Officer, Advocate, etc. Children are also given the opportunity to meet with the Independent Visitors to give feedback about the home.

My3 Limited has a Complaints & Compliments Policy which provides further details on the organisations' complaints procedure.

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

My3 Limited has developed comprehensive policies on Safeguarding, and Behaviour Management. These are available electronically on the My3 website and the home's computer desktop, and hard copies can be provided on request. Children are supported to access this information, where relevant, and accessible versions of our policies and procedures may be developed according to children's individual communication needs and preferences.

The home is located within West Lancashire, and therefore comes under Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (CSAP). Any referrals or allegations, from whatever source, are dealt with in conjunction with the CSAP and the child's funding authority.

Views, Wishes and Feelings

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

White Meadow believes that all autistic people have the potential to communicate independently, to take responsibility of their own lives and environment at a level that allows them to experience success, and to develop self-esteem and confidence. Therefore, it follows that consultation with, and involvement of, children is key to the delivery of our services.

Utilising our understanding of each unique autistic person, staff communicate with each child via a range of individualised approaches to enable them to express their own views, wishes and feelings, and have these recognised and acted upon.

The home supports the development of communication and intensive interaction skills, providing a total communication environment so that all forms of communication are recognised and understood. Staff aim to understand the thinking of each autistic person and the way that this might impact on communication and social understanding.

Consultation takes place daily and children are fully involved in the day to day running of the home; from planning their meals, to making choices around their activities, the clothes they wear, and how they spend their pocket monies.

Where possible, children and the young adult are involved in development of key supporting documentation, such as their About Me, Positive Behaviour Support Plan, and Risk Assessments, and in the planning and evaluation of their own short and long-term goals. Children are also encouraged to be involved and take an active part in, or contribute towards, their review meetings at a level which is meaningful for them and appropriate to their needs and ability.

All children have access to advocacy services and the contact details of named advocates, IROs and social workers is shared with children via their personalised Children's Guide to the Home. Children are also presented with information about how to make a complaint and are invited to provide input into the 6 monthly Regulation 45 self-evaluation report.

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

- a. anti-discriminatory practice in respect of children and their families; and**
- b. children's rights**

a. White Meadow follows the organisation's policies relating to Equality and Diversity, and Anti-bullying. Staff are also issued with a copy of the Employee Handbook and the Code of Conduct at the start of their employment. Staff at the home are committed to implementing and promoting anti-discriminatory practice, and do not discriminate against any child or family member on any grounds whatsoever. We strive to provide an environment in which every individual's worth is valued, and where all children feel safe enough to challenge anything which makes them feel unhappy or unsafe. White Meadow promotes a culture which considers each child individually. We endorse the attitudes and values encapsulated in the European Charter for Persons with Autism; that all autistic people should be treated with dignity, respect, and positive regard. All children are actively encouraged to make choices and decisions about their support, and staff make every effort to support the spiritual and cultural needs of children at the home.

b. Children's Rights are promoted within the home and staff are all made aware of the United Nations Convention on the Rights of the Child, in particular Articles 1-42. Due to the additional needs of the children living at the home, it is of crucial importance that we ensure all children are supported to understand their rights at a level which is relevant to them, and that they know how to access the advocacy services available to them. Contact details for key people are contained within the Children's Guide to the Home, e.g. named advocate, Ofsted, Children's Commissioner, ChildLine, local police liaison, etc.

The recent Hesley report has been discussed frequently in the home during team meetings and supervisions. Phase 2 updated April 2023 sets out the recommendations to improve the safety, support, and outcomes for Children with disabilities. This has helped to underpin and support our practice Promoting the voices and rights of the young people and advocating for them in all areas.

Education

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

We believe that all neurodivergent young people can learn and develop, and we aim to support this process every day. We recognise that everyone has different learning styles, and we take an eclectic approach to children's learning; considering and evaluating all methods which result in progress and success for the children we support.

Within the home, we utilise the child's EHCP, Placement Plan, long-term goals, and what's important to them in order to identify new skills to be learned. We then utilise our own skill-teaching framework to provide consistency and structure to the learning and development of these skills with the aim of promoting independence and reducing restrictions within their support.

White Meadow works in partnership with existing education providers in order to maintain high standards of communication and consistency for the child; particularly in relation to approaches used for positive behaviour support and communication.

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

White Meadow is not registered as a school.

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

White Meadow aims to work alongside existing education providers to ensure consistency of care and learning. The home's staff will act as any reasonable parent would by liaising closely with the school, attending parents' evenings, and participating in meetings. Staff aim to support children around their attendance, engagement and learning in a way that is individual to their specific needs. This may include supporting with homework, trips to libraries and museums, and reading at home.

For some children with special educational needs, there may be other therapies and approaches needed to support their learning, for example, specific SaLT or OT programmes. The home's staff will work alongside trained therapists to deliver these programmes at home, where appropriate. My3 Limited has its own lead therapist with access to OT and SaLT on a needs led basis.

For some children, their neurodiversity can present significant barriers to their learning. At times, the school environment may not be the most suitable place for them to carry out their education. This may then have an impact on a child's attendance and their ability to engage with the curriculum and other learning activities. Significant behaviours of concern may also be present which may impact on the safety of the child themselves, as well as other pupils who attend the school.

In these circumstances, it may be appropriate for the child to be educated from the home. This decision will be reached in consultation with parents, the social worker, the local education authority and, if appropriate, the child themselves. Clear roles and responsibilities are outlined, and regular reviews of progress take place. Great care is taken in ensuring that this arrangement does not encroach on the home environment for other children, and that there is clear designated space for the child being educated from the home.

Enjoyment and Achievement

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

Recreational, cultural, and sporting activities provide one of the biggest opportunities for children to build self-esteem, self-image, and relationships. We support each child to pursue their individual interests, to develop confidence and skills, and to participate in a wide range of leisure activities. Special attention is given to celebrating strengths, achievements, birthdays, and religious festivals important to each individual person.

Children have full ownership of their evening, weekend, and holiday activities. This may include community-based activities, as well as activities which make use of the facilities available within the home. Children are supported to form and develop friendships with others of their own age and ability through opportunities to attend local clubs, and to participate in local celebrations and events.

Staff spend time getting to know each child and what is important to them, as well as being present and participating in activities with them. This helps to build positive relationships and helps children to develop their social interaction skills.

Examples of community-based activities include swimming, trampolining, horse riding, bowling, park and beach visits, country walks, cinema, theatre, dining out, youth clubs, discos, sports clubs, and trips out to local attractions such as farms and the safari park. In-house activities include movie nights, baking activities, arts and crafts, outdoor games and use of the play equipment in the garden, sensory play in the garden or sensory/chill-out room, computer games, board games, books, toys, music, etc. or simply taking time to relax and do nothing in particular. Parental controls are in place on electronic devices.

Health

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

- a. details of the qualifications and professional supervision of the staff involved in providing any healthcare or therapy; and**
 - b. information about how the effectiveness of any healthcare or therapy provided is measured, the evidence demonstrating its effectiveness and details of how the information or the evidence can be accessed.**
- a. The therapeutic needs of each child will be assessed, and any therapeutic support offered will be tailored to their specific needs. Where specific therapeutic services are identified, they are only carried out by a practitioner holding a currently recognised qualification in the therapy concerned and whose qualification has been independently verified by My3 Limited. Children have access to a host of local healthcare and therapeutic support services including GP, dentist, optician, audiology, physiotherapy, and CAMHS. All staff at the home receive training in First Aid, Medication Awareness, Health and Safety, Fire Safety, Food Hygiene, and Safeguarding; and medication is only dispensed and administered by staff who have been trained and had their competency assessed by the home's manager. Staff qualifications can be found in Appendix 1.

Therapeutic Services

The role of therapeutic services is to support the assessment, management and coordination of care for each child, young person and adult living within My3 Limited homes and houses. Therapeutic services offer our care teams the knowledge, resources and tools required to provide excellent therapeutically led care.

Therapeutic services support the identification and facilitation of appropriate training for our care teams. Ensuring care teams have the appropriate knowledge and skills to support individual needs. Additionally, care teams engage with our team of clinicians to consult on individual needs or behaviours. Our clinicians include a CBT Psychotherapist, Occupational Therapist, PBS coaches and practitioners. Clinicians will support functional analysis, assessment, and development of appropriate care team led interventions, which are regularly reviewed. Where required, clinicians will support care teams to engage with local services who provide interventions. As well as, offering regular reflective practise sessions, promoting our value of continuous learning and adaptation. Supporting a resilient, compassionate and empathetic care team who understand the individual needs of each person within our care. In addition, therapeutic services engaged in the assessment of social and physical environmental care needs. Identifying adjustments and adaptations required within each home or house, to meet the individual needs of each child, young person or adult.

Overall, it is the role of therapeutic services to support our skilled, competent and caring teams in the delivery of day-to-day care. To offer care, which is therapeutically underpinned, person centred, improving quality of life, maintaining safety, and increasing independence. Care which is regularly reviewed, to learn and develop new approaches. Supporting the physical, social, emotional and mental wellbeing of each child, young person and adult. As well, as supporting the wellbeing, resilience and positive culture within our care teams.

The therapeutic services teams consist of Kirsty Lucas-Smyth, our head of therapeutic services. Kirsty is a qualified CBT Psychotherapist, with a Post-Graduate Diploma in Cognitive Behavioural Psychotherapy, Master of Science degree in Applied psychology and a Bachelor of Science degree in Psychology. Kirsty has over 10 years' experience within healthcare services, and over 5 years' experience of working within tier 4 services, supporting young people and adults with complex care needs and behaviours which challenge. Kirsty oversees the development and implementation of therapeutic services across My3 homes and houses. Including, supervising each clinician, engaging in assessment and multi-disciplinary care planning meetings, identifying and coordinating facilitation of appropriate interventions, and delivering reflective practise sessions. Kirsty is supervised by Consultant Psychiatrist Mahadev Jasti and CBT and EMDR accredited therapist Nonye Ibekwe. Additionally, our therapies team comprises of our consulting HCPC Occupational Therapist and Sensory Integration Practitioner, Caroline Pintar. Offering staff training, care team consultations, supporting assessments, development of support strategies, guidance regarding delivery of interventions and review of individual care needs. Moreover, our therapies assistant Mary Davidson, Mary is studying a Master of Science degree in Psychology and Child Development, has a Bachelor of Science Degree in Psychology and has 3 years of experience as an SEN Level 3 teaching assistant, supports the delivery of therapeutic services across My3. Lastly, we have our PBS team comprising of our PBS coaches, and soon to add PBS practitioners. The PBS team support each care team to understand, and deliver PBS care plans as well as engagement in functional analysis, and assessment of behaviours to support continuous learning and adaptations to care plans.

Our Head of Therapeutic Services will receive regular professional supervision from the home's psychiatrist Dr Mahadev Jasti, in addition to clinical supervision monthly from an experienced CBT Psychotherapist.

All Therapeutic staff commissioned to provide input for young people within the home will be line managed by the Head of Therapeutic Services, who will provide regular supervision to maintain an overview of input being provided. They will also provide evidence of ongoing supervision from a specialist in their clinical area.

Where young people are receiving direct therapeutic support, targets will be set to focus input and provide a measure for achievement. Goal Attainment Scaling will be used to provide a measurable scale for achievement against targets within each session. Summary of sessions will be completed to ensure that any significant changes in presentation is shared with staff working with the young person. Progression made in sessions will be discussed with the Head of Therapeutic Services in supervisions sessions.

Where programmes of work are set up by therapists to be implemented by support/care staff guidance and monitoring sheets will be provided to ensure consistency of support and recording of performance against targets set.

Standardised assessments will be used where appropriate to provide detailed measures of skills to provide a baseline and these will be repeated annually to monitor progress if appropriate.

Reports will be completed by Therapeutic staff outlining the nature of input and assessed progress in skills. These reports will be shared with the multi-disciplinary team working with the young person.

The young people's health is promoted in accordance with their individual placement and care plan.

- b. The home works closely with all therapists or healthcare professionals providing a service to children and records are kept of all appointments; with outcomes being communicated to other relevant agencies and actioned appropriately. The effectiveness of any healthcare or therapy is monitored by ensuring that close and positive working relationships, and excellent levels of communication, are maintained with the practitioner. The effectiveness of therapeutic interventions may be evident through changes in the person's behaviour or levels of engagement, which would be highlighted by the homes reporting, recording, and auditing systems. The effectiveness of any therapies or healthcare is also discussed in meetings and LAC reviews, and evaluations will be carried out in cases where it is identified that a child requires additional support, or where approaches or therapies already in place are not working.

Positive Relationships

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

We recognise the importance and value of children maintaining and building positive relationships with their family and friends. Each child's plan includes a contact plan; this details how contact with family and friends will be promoted, encouraged, and supported. This is prepared in consultation with the family, social worker, and the child themselves, where possible. Family and friends are encouraged to remain in contact and all children have access to a telephone, and video calling facilities (e.g. Skype / FaceTime). Provision is available for children to visit their family home or for them to receive visitors at the home.

White Meadow has a commitment to working in partnership with all stakeholders and staff aim to work very closely with the families of children to ensure that excellent standards of communication are maintained and that families remain involved. Positive behaviour support plans are developed in conjunction with families and other stakeholders and agreed support approaches are shared to encourage a consistent approach. The home maintains records of contact with family, friends, social workers, and professionals as appropriate.

Protection of Children

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

White Meadow takes an incredibly sensitive and discreet approach to surveillance and monitoring within the home in order to safeguard children whilst respecting their dignity and right to privacy. It may be necessary in extreme circumstances to use monitoring devices within the home to ensure the safety and welfare of a child who, for example, has been diagnosed with a medical condition that would warrant this level of vigilance. This would only be put in place following agreement at a multi-disciplinary team meeting and if it is the least restrictive option possible. DoLS authorisation, may need to be sought before the introduction of such measures.

Most children in the home have specifically funded 1:1, 2:1 or 3:1 support and are not free to leave. As this constitutes a Deprivation of Liberty, the home will support social workers with the process of applying to the Court of Protection by providing a detailed summary of all restrictions pertaining to the child and the plan, to reduce this over time. Whilst children are in their bedrooms, staff will remain nearby whilst also being mindful of the child's dignity and right to privacy. Support with personal care is approached with sensitivity.

The home has an alarm system fitted to each young person's bedroom to ensure that they and staff are safeguarded whilst the home is in rest period. The alarm will alert staff in sleep in room if the young people leave their bedroom.

The home also uses camera surveillance in 2 of the young people's bedrooms, this meets the needs of the young people, due to medical conditions and to monitor their safety throughout the night, this is used by the waking night and the management and staff team for the protection of children only, No images or recordings are stored at any time.

Parents, children (if possible) and social workers should be involved in regular reviews about whether surveillance remains necessary. There is also written consent from the social worker and parents (if applicable), one young persons use forms part of the DOLs order.

The home follow the below government guidance.

<https://www.gov.uk/guidance/surveillance-and-monitoring-in-residential-childcare-settings>

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

a. My3 Limited recognises autism as a biological and neurological difference in which people perceive and experience the world differently to those who are not autistic. White Meadow adopts a strengths-based approach to autism and rejects the deficit model. We recognise that all behaviour serves a purpose, and it is our understanding that by getting to know a person and what's important to them, we can adapt our approach and support their learning; teaching new skills so that they are able to take control of their own internal and external environments, thus reducing the need for behaviours of concern. We do not punish or utilise sanctions in order to modify behaviour. Where behaviours of concern are present, a personalised positive behaviour support plan is developed in conjunction with the individual, staff team, family, and other stakeholders. This details the evidence-based approaches and multi-component interventions which are to be utilised by those working with the person to improve their quality of life. Restrictive audit-based interventions are not a regular feature of support and are only ever used as a last resort to move a person away from danger or other people who may get hurt. Audit based interventions used are proportionate and necessary to the level of danger present and are used for the shortest amount of time possible. Only staff who have been trained in the use of approved techniques are permitted to physically intervene as part of an agreed plan.

- b. Positive Behaviour Support training forms part of the My3 Limited induction which all new staff are required to complete. Staff are trained by My3 Limited's own qualified CPI instructors. All instructors have been assessed as competent, and have their competency re-assessed annually. Refresher training for staff takes place every 12 months and staff competency and approach to their role is a key part of the supervision meeting.
- c. The home has reviewed, acknowledged and implemented recommendations made by the Government report 'Safeguarding children with disabilities and complex health needs in residential settings Phase 2 report April 2023'

Our key change propositions.

Children with learning disabilities and autism who require intensive specialist support have their specific and individual needs met by a skilled, well supported workforce, in high quality settings where leaders promote a positive safeguarding culture in which relationships between children and staff are valued and flourish.

Systematic arrangements for joint commissioning by social care, education and health partners stimulate the development of tailored, high quality, regional and local provision, building on 'what works' from research evidence and local best practice to meet the particular needs of this group of children.

The quality of provision is underpinned by robust local monitoring and quality assurance systems and a national joint inspection framework that enables the early identification of, and response to risk, and fosters learning and improvement.

Leadership and Management

18. The name and work address of—

- a. the registered provider;**
- b. the responsible individual (if one is nominated); and**
- c. the registered manager (if one is appointed).**

Company address

MY3 limited 300 St Mary's Road, Liverpool

Responsible Individual

Shelly Daly, My3 Limited

Shelly.Daly@my3ltd.co.uk

Registered Manager

Jo-Anne McGuinness, White Meadow, Ormskirk, West Lancashire, L40 6HG

Jo-Anne@my3ltd.co.uk

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

See Appendix 1 for experience and qualifications of staff team.

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

White Meadow is managed by the Registered Manager, Jo-Anne McGuinness, who is supported by a deputy manager, three team leaders and several support staff. The ratio is one staff member per child, with additional staff subject to the individual's needs, such as 2:1 or 3:1. At night, the home is staffed by three sleep-in staff. The three young people at White Meadow are supported on a ratio of 3:1, 2:1 and 1:1 with one waking night staff.

My3 Limited seek to recruit, as far as possible, a staff team with relevant experience, holding the level 3/4 diploma or equivalent qualification. Staff without the level 3 diploma, or equivalent, are invited to enrol on and complete the qualification following successful completion of their probationary period. All staff are required to complete a comprehensive induction programme, which includes several mandatory training courses, as well as several online learning units covering a variety of topics including First Aid, Health and Safety, Fire Safety, Food Hygiene, COSHH, etc. All staff have their own Personal Development Plan (PDP) and are encouraged to participate in additional training relevant to their role and the specific needs of the individual children being supported at the home. The home has its own pool of bank staff who commit to regular shifts as part of the rota. We also work alongside Edge Hill University offering student placement opportunities to gain experience within the field of Children and Young People with complex needs.

Staff receive regular professional supervision, and annual appraisals, via the line management structure.

New staff may receive additional supervision during their six-month probationary period. Informal supervision also takes place during shifts, at shift handover, and during team meetings.

Monthly Regulation 44 Visits are carried out by the independent visitor. My3 Limited commission this service from the National Youth Advocacy Service (NYAS).

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

My3 Limited endorses equal opportunities and endeavour to have a fair balance of male / female workers to provide appropriate role models. All candidates are rigorously vetted for suitability.

Care Planning

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

My3 Limited aims to make the admission of all children as stress-free as possible. Every admission to the home will meet the criteria set out in our Statement of Purpose.

Every referral received by the home is subject to a comprehensive assessment which aims to identify the individual needs and welfare of the child, the ability of the home to meet these needs, and the potential impact on the welfare of those already placed in the home.

The process for admission to the home is as follows:

- Local Authority contacts the Registered Manager, or residentialreferrals@my3ltd.co.uk to enquire about vacancies, or tenders are completed.
- Manager conducts an initial assessment based on referral information provided; considering ability of the home to meet the needs of the child, and current dynamics of the home.
- Manager arranges an assessment date; to take place within 2 weeks of receiving referral.
- Assessment completed by manager and one other (deputy manager or member of therapy team). Assessment to detail any relevant health and wellbeing needs, behaviours of concern, or compatibility issues.
- Assessment report, compatibility assessments and placement costings to be finalised and shared with local authority within 3 weeks of receiving referral.

- Transition checklist completed by manager and individualised transition plan prepared in conjunction with child, social worker, and family / current carers. Transition plan may include visits to the home and/or local area.
- Placement planning meeting held to prepare and agree the local authority placement plan.
- Personalised copy of the Children's Guide to the Home shared with child.
- Bedroom prepared and staffing arrangements made prior to date of admission.
- Child's key documentation to be developed during an initial 8-week baseline assessment period.

Placements may be funded by the Local Education Authority, Social Services, Health Authority, or a combination of the above.

White Meadow can accept same day placements if this does not impact the needs of the children already placed.

APPENDIX 1

Staffing

The current staff team comprises of: Details can be shared with the Local Authority in line with admission procedures.