Statement of Purpose

Topaz House

Stepping Stones Care

Version 1.6

11.05.2026

URN: 2857219



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1. Quality & Purpose of Care

1.1 MISSION STATEMENT

PROVIDING A SAFE, NURTURING AND ASPIRATIONAL ENVIRONMENT FOR OUR YOUNG PEOPLE TO LEAD HAPPY, INDEPENDENT LIVES.

1.2 OUR VISION

Help our young people find their path in life

"We aim to give our Young People the tools to thrive and excel in their future endeavours by giving them the confidence to put aside their past hurdles for brighter futures. The key aim is to provide a stepping stone for them to achieve their future goals through signposting, support and meeting key social and educational needs."

Commit to deliver Outstanding provisions

"We aim to deliver Ofsted Outstanding provisions throughout our company. Striving for excellence through innovation, constant development and a passion for bettering ourselves. We are always looking for new ways to exceed the standards laid out in the Children's Home Regulations while providing the safest environment for our Young People to learn and grow."

Develop our Staff into Residential Leaders of Tomorrow

"We aim to develop the next generation of residential leaders through the fostering of an ever-learning environment where personalised training plans, mentorship programmes and learning led Supervisions are at the forefront of our practice. We will use all the tools at our disposal to develop all of our staff into thoughtful, reflective and child-focused practitioners, carers and leaders."

Create warm, modern & welcoming homes

"We aim to provide our young people with warm, modern and welcoming homes. We will do this through the purchasing and refurbishment of suitable properties, using high quality furnishings and fittings and most importantly, having our managers, staff and young people have their say in the decoration of the home. With a personal touch in decorations and furnishings comes a pride of place. We want all our managers and staff to build their home to a standard that they would be happy to live and work in every day, and we want our young people to be proud to call our properties, home."

Raise the standard of Children's Homes

"We aim to raise the standard of Children's Homes through a three- pronged approach that encompasses pro- active and reflective learning, innovation and the constant pursuit for the best possible outcomes. By utilising all of the tools at our disposal, we can help raise the standards within our own homes and become a model for Children's Homes of the future."

Deliver continued care after children leave our home.

"We aim to offer meaningful and ongoing outreach to any young person who wishes to maintain relationships with identified individuals from their time in our care. We recognise the importance of continuity and connection, and we aim to ensure that no young person is forgotten once they leave our

direct care. We want to remain part of their story, celebrating successes, offering guidance where needed, and being a trusted presence, however small or symbolic, during their early steps into adulthood"

1.3 ETHOS

''Our vision and ethos at Topaz House is to provide the highest quality of care in a warm, safe and nurturing environment.
With a focus on family, community and kindness, our aim is to promote positive growth, development and a sense of belonging.
Our core values put the child at the centre of all that we do, supporting the children and young people in our care to achieve outstanding progress and to develop clear and positive pathways to their future''.

Our ethos and vision for the home is to be an outstanding provision, which is child focused, inclusive and friendly in everything that we do, whilst providing the highest quality of care in achieving outstanding outcomes - for children, staff, families and the community.

At the core of our Children's Residential Services, we promote a therapeutic practice, which provides the children, and young people in our care with opportunities to access education, hobbies & interests, enjoyment, positive relationships, heal from their experiences and to achieve and recognise their strengths. Our home aims to provide a standard of care, which is aspirational.

All our practices are child-focused and aim to keep children and young people safe and to help them enjoy and achieve in a positive way, supporting each child to develop to their full potential.

We want to make a positive difference in every child's life. We will help each child learn to understand, manage and heal from the impact of their experiences of trauma and abuse. We will support children to develop resilience and skills to prepare the child to return home, to live in a new environment or to live independently as an adult.

We aim to support Children and Young People to take control of their lives and make positive choices for their future. We know that Children and Young People who have experienced trauma and abuse are in need of therapeutic parenting through relationship building and thoughtful responses from the people that care for them. Our STEPS, Model of Care has been developed, and the model will be embedded to practice through induction training and ongoing support for teams who will provide a family like atmosphere and attuned care via a PACE approach.

1.4 THERAPEUTIC SUPPORT

The STEPS Model of Care draws on contemporary theories and ideas within trauma, attachment and therapeutic parenting. The explicit intention of the model is to ensure better outcomes for Looked After Children by having theory led practice and practice led theory focussed in relationships.

Step 1 - Seek to *understand*

This step is the initial step and begins pre-placement but runs throughout the child's time in our homes. There is a matching form that takes into account the thoughts and feelings of the other children. This form needs to be completed before any referral is received by the home and is the beginning of any child's journey with us. The therapeutic principle here is that we are 'matching' to the needs of the children balanced with the skill set of the staff team, we will be a child's last residential placement and as such we are thinking pre-referral about the children we can best look after.

Gathering of information stage

Our Placements Manager will then screen the referrals and look for children that they feel will be well suited to the Stepping Stones Model. This will mean the referral documentation will be scrutinised and Commissioners and Social Workers spoken to. If all of this satisfies the Placements manager then the referral will be sent to the Home Manager. The home manager will then decide if they would like to make a conditional offer and will continue to scrutinise the information supplied. This will also include talking to Social Worker and if possible, the previous placement.

Once the conditional offer is made and if well received by the local authority a pre-assessment meeting will be called involving the Manager, Responsible Individual and Placements Manager. This will take place as soon as is practicable but within 48 hours. If all 3 members of the Multidisciplinary team agree with the offer to place then the placement can proceed if accepted. If not then the Placements Manager will withdraw the offer.

Transition stage

As soon as the offer is accepted an Understanding the Child (UTC) meeting will be called and chaired by our psychologist or one of her team. This meeting will be designed to help the team paint a picture of the child's Internal Working Model (Attachment theory, John Bowlby) and start to plan how best they will approach the child's care. The referral documentation will be shared with the team and if the assessments are back in time for the initial meeting, then they will also be discussed and planned for.

The Manager will take the identified Key Worker to meet the child and visit them at their current home if possible. They will pay close attention to the child's wishes and feelings and this understanding will help to influence the welcome basket and also the communication that be given to the current children at the home.

The home's manager in conjunction with the clinical team will then design a bespoke transition plan that will involve visits to and from the over home and if appropriate have overnight stays.

Initial planning stage

Once the child is placed in the home an assessment period will begin for a period of between 10-12 weeks, paperwork will be designed to capture outcomes and the assessment tool (CBCL) will be completed by the Key worker, Manager and assistant Psychologist collectively.
Consultation will be facilitated by the assistant Psychologists fortnightly with an emphasis on understanding the child and collecting information that will help the team plan for the next step (Thoughtful care)
At Week 10-12 another Understanding the child meeting will be called and chaired by our psychologist where the assessment will be gone through and the Initial Therapeutic Support Plan will be created.

Continued planning and care

Understanding the child's experiences, needs and understanding of themselves and the world is a vital piece of the model and a step that will need to be revisited daily as the child develops and grows. Training will focus heavily on Attachment and Trauma and the Practitioners will be taught to look for the 'Hidden need' and understand that the child's presentation is a communication that needs to be Understood and managed in a curious 'open and engaged way' (therapeutic parenting, as described by Kim Golding). The ethos of the Stepping Stones Model is that in order to be a truly therapeutic organisation, we will seek to understand not only the needs of the children but that of all employees. We will be an organisation that values a genuine sense of understanding in everything that we do.

Step 2 - Thoughtful care

This is step 2 of the Stepping Stones model of care and is where everything we have learnt in Step 1 comes together.

The clinical team will analyse the assessments that have taken place and create bespoke Therapeutic Support Plans which will inform the homes daily plans and activities. It is through training and consultation (NICE guidelines) that the teams within the homes will then develop dynamic plans which cater to the individual needs of the child.

Outcome measures will be implemented periodically to capture the progress of the child and help the team refine the nature of support which is offered to them. This will be undertaken on a three-monthly basis.

The two hands of parenting will be implemented ensuring that we connect before correct and follow an approach that is embedded with PACE and DDP principles (as described by Dan Hughes and Kim Goulding and following PRICE principals). The team will be trained in this and ongoing personal development will be delivered through consultancy and bespoke PDPs for the staff ensuring they are as up to date with theory as they can be.
The children will be offered opportunities to take safe risks that is tailored to their needs.

Step 3 - Enabling meaningful Relationships

The third step in our model is the actual implementation of steps 1 and 2. This step is where everything we have understood and planned for comes together.

The practitioners will implement a Therapeutic Support Plan that is tailored to the individual needs of the child. They will be curious as to what the 'hidden needs' of the child (attachment theory) is and look to offer a safe and nurturing environment punctuated by the principle of therapeutic parenting. Key workers will play a central role in developing the child's narrative and sharing this with other professionals and significant people in their lives. Key activities such as planned direct work and life story work (as described by Richard Rose) will enable the young person to explore their connection to the people and experiences that are significant in their lives and develop a consistent autobiographical narrative (as described by Dan Hughes).

Visits with family and significant others will be supported and planned for in conjunction with the clinical team and the home to ensure that the child has the best possible experience. Activities with friends and family will be promoted and encouraged outside the home to allow the child to explore their identity and place in the world (as described by Van Manen).

*NB Steps 1 – 3 will form the basis of the care that children experience on a daily basis with the care teams continuously revisiting the questions – How do I understand this? What is the child communicating through their behaviour? How do I respond thoughtfully and with understanding to the expressed and the hidden needs? How has my response enabled and supported meaningful relationships for the child?

Step 4 - Progressing beyond trauma

The child will have a consistent autobiographical narrative (as described by Dan Hughes) and will begin to process their own history and trauma.

Stepping Stones Care's primary task will be to ensure that we are the last residential home for any child. Through direct therapy, life story work and therapeutic parenting the child will be able to tell their story, understand their story and have a positive outlook for their future.
This is also the stage in the model where we are actively planning for the future outside of Stepping Stones Care in regard to the transition out. This will involve strengthening networks outside of the home and working as an MDT in the best interest of the child.

The child will be coming towards the end of their Life Story journey, and be in the process of developing supportive relationships outside of those built at Stepping Stones Care.

The child will have been at Stepping Stones for approximately 2 years at this point with the overall aim of the Stepping Stones model to help transition a child out of Residential Care within 2-3 years of being placed with us.
In order to progress through Trauma, the child has to feel safe enough to re-visit past trauma and this is not something that can be done in 6 months. We will need this understanding and commitment from the Local Authority of this fact and be very clear the model is a long-term plan and not a sticky plaster.

Step 5 - Successful Transitions

The final step of the model and arguably the most important. In order for a successful transition, we need to ensure there is a positive ending and this means ensuring there is a plan that has been worked on throughout the steps.

Seeking to understand in the first step means the final step will have been planned for throughout a child's journey with us. We will have and hold onto a vision for the child.
Pathway planning will begin after the first 12 months with a tool for identifying if a child is ready to be fostered or if Semi independence is the right transition for that child. This will be called a step to the future plan.

We will look to offer care beyond care, encourage ongoing support from a familiar and committed care team in a boundaried and professional way. At Stepping Stones, we promote enduring relationships and our sense of this is that our support transcends just the confines of children's time in our homes. The ultimate aim of the final step is to ensure we are the last residential home for any child.

*NB Steps 4 & 5 will flow from effective implementation of Steps 1 – 3 (as a PS, if you will) and will be explicitly thought about throughout the child's placement via the Understand the Child meetings that take place every 12 weeks.

When	What	How	Who
Pre-Placement / Referral Stage.	**S**eek To Understand	Gather all available info.	Home Manager Placements Manager, RI
		Match to home and young people in the home.	
Placement agreed.	**T**houghtful Care / **E**nable Meaningful Relationships	UTC Meeting.	Home Manager, Clinical Team, Key worker, Care Team.
		Meet the child.	
		Develop transition plan.	
		Begin developing Placement Plan.	
Child moves in.	**STE**	CBCL (Outcomes and assessment tool) completed.	Home Manager, Care Team.

Fortnightly throughout placement.	STE	Team Consultations. Visits from the home's clinicians	Home Manager, Clinical Team, Key Worker, Care Team.
Week 12.	STE	UTC Meeting (CBCL completed for every UTC). Initial therapeutic Support Plan created to inform Placement Plan.	Home Manager, Clinical Team, Key worker, Care Team.
Week 24 and 3 monthly thereafter	STE	UTC Meeting with consideration to steps P and S. CBCL completed for every UTC. Therapeutic Support Plan reviewed and updated, informing Placement Plans.	Home Manager, Clinical Team, Care Team. Social Worker/IRO to be invited
Week 52 +	**STEPS** **P**rogress Through Trauma / **S**uccessful Transitions	Continued 3 monthly UTC Meetings focussing on developments and transitions.	Home Manager, Clinical Team, Care Team.

At Topaz House, our initial and repeating aim is to seek to understand our children and their needs, before providing thoughtful care, which will enable meaningful relationships from which our children have the opportunity to heal, grow and develop before moving on to progress beyond trauma and enjoy successful transitions. The model aims to help our children develop the ability to tell their story, understand their story and have a positive outlook for their future. This will be achieved through direct therapy, life story work and therapeutic parenting with the aim that their home at Topaz House will be their last experience of residential childcare.

The implementation of the model will commence prior to any child arriving at the home. An Understanding the Child Meeting will be informed by all available information gathered through the referral process, led by the clinical team, this meeting will inform a therapeutic care plan for the child that will, in turn, inform the development of all plans and assessments to support the child at the home. Understanding the Child Meetings will take place every 12 weeks, throughout a child's journey with us; following each meeting plans will be reviewed and updated to reflect the child's progress and ongoing needs.

The care team at Topaz House will undertake a two-day training programme during induction to support their understanding and implementation of the model of care. A member of the clinical team will support and develop this understanding through monthly consultations for the care team, where the needs of the children and the difficulties faced by the staff in implementing plans and/or deepening relationships will be explored and addressed. Therapeutic parenting skills will also be practiced and developed through these consultations.

Further training will be provided to the care team, where required to understand and meet the needs of the individual children in their care.

1.5 RANGE OF NEEDS OF ACCOMMODATION

Topaz House is a residential home providing accommodation for children and young people with emotional and behavioural difficulties, often related to complex trauma and attachment difficulties, aged from 8-17 upon admission. We can also provide care for children and young people who have learning difficulties and disabilities, ensuring that we allocate bespoke training to the staff team to meet their individual needs.

The home can provide accommodation for up to three children and young people of any gender. Consideration as to how the home will manage mixed gender placements will take place at the preadmission stage and strategies will be identified in the home's risk assessments and in individual children's risk assessments. We are not adapted for wheelchair users, have hoists or a children's downstairs bedroom.

Children and young people placed with us will be able to continue to develop into adult life. We aim to transition a child into either Foster Care, Semi-Independence or return to family with Topaz House being their last residential placement.

We are committed to creating environments where children and young people can have their care, emotional, educational and health needs met by an experienced and informed staff team.

At Topaz House we promote inclusivity and our aim is to support children in our care to reach their full potential, with aspirational outcomes for them at the heart of what we do.









1.6 LOCATION

157 Coalway Road
Wolverhampton
WV3 7ND

- Ten Pin Bowling Alleys,
- Go Karting and Driving,
- Safari Park
- Museums
- Cinema
- Leisure Centre
- Bowling
- Swimming Pools,
- Gyms,
- Restaurants.
- Parks



1.7 CULTURAL, LINGUISTIC AND RELIGIOUS NEEDS

Topaz House recognises that religion may be a key element of a Child or Young Person's identity.

The team will ensure that each child or young person is encouraged and supported to attend to their chosen religious practices, receive instruction and to observe requirements (including dress, diet or other) of the religious persuasion to which they belong.

The team are representative of the local community and include members from a variety of faiths, backgrounds and cultural groups.

As far, as is possible, children and young people will be matched with adults who are able to positively promote their cultural and religious needs.

Children and young people will be supported in their religious observance needs by the purchasing of specialist equipment (i.e. prayer mats), or with liaison with places of worship to facilitate religious observance.

This aims to ensure:

- The child or young person has the opportunity to practice their religion in a safe, accepting environment.
- Adults will acquire the knowledge, information and support required to meet the cultural, religious and linguistic needs of the child or young person in their care.
- Children and young people will be encouraged to contribute to the homes menu and will be supported to purchase, cook and consume foods from their cultural background.
- Throughout the course of the year, religious festivals will be acknowledged and promoted so that all cultural and religious needs are met and curiosity and learning is encouraged.
- Where religious needs are identified during the assessment/admission process, or at subsequent reviews, Topaz House aims to gather as much information about the young person's religious practise in order to facilitate the continued support of their religious commitments, including the child's wishes and feelings. The adults will actively seek to

promote that a child or young person's religion by accessing resources within the vicinity of the home and the community as a whole.

1.8 COMPLAINTS

Topaz House has a policy, which fully acknowledges the principles of the Children's Act, the Representations Procedure (Children) Regulations 1991, and the requirements of the Children's Homes Regulations 2015.

This is made known to children, their parents, placing authorities and staff. If any parent, child or any other party wishes to access the Home's complaints policy and procedures, they can contact the homes manager or responsible individual who will both be able to provide copies. The Registered Manager will ensure that all complaints and representations are recorded in writing along with any action taken and the outcome of the investigation. It is our aim for any complaint to be resolved as soon as possible.
The complaints procedure will be made accessible to the individual communication needs of the children.

All complaints will be addressed seriously and be acknowledged by the manager within 48 hours. The response will be given within 14 days maximum. If the complainant is not satisfied, they can take the complaint to the responsible individual who will respond in a further 14 days up to a maximum of 28 days. All children are advised verbally of the complaint's procedure when they move into the home and by way of the Children's Guide.

Topaz House has developed various ways in which children and young people can make formal and informal suggestions, complaints, comments, or observations. Children and young people are encouraged to become more assertive and value themselves more highly by participating in regular house meetings. We also encourage them to share their views and opinions in regard to the development of the service we provide by means of regular consultation, and our feedback form.

We hope to be able to deal with minor concerns and complaints through informal processes of discussion and negotiation. If necessary or requested, adults will assist the child or young person to make a formal complaint. The complaint forms are readily available to the children and young people in the home. All complaints (including those concluded at stage one of the procedures) are recorded and saved within our in-house computer system and/or safeguarding file. This record includes; who made the complaint, date of the complaint, nature of the complaint, action taken and outcome of the complaint. Children and young people or others will be informed that there will be no reprisals against them for making a complaint and that they will be given assistance and support as considered appropriate and/or necessary.

The following complaint procedure will be followed:

Stage 1

In the first instance, children and young people, their families, significant others, professionals and any other third party should raise their concerns with a member of the care team including the manager.

This provides an opportunity for the home to resolve the complaint as close as possible to the point of contact with the young person. If the complaint is satisfactorily resolved at this stage, there is clearly no need to move into stage two of the complaint procedure.

Stage 2

Where the matter is not resolved, the complainant has the right to go to stage two. Representation should be made to the home's Responsible Individual who will review the complaint. An investigation and a written response will be completed within 28 days maximum.

Stage 3

Should the complainant remain dissatisfied with the outcome, they can contact Ofsted directly.

We take all complaints seriously and we would like the opportunity to look into the matter and try to resolve it. However, the complainant is well within their rights to directly refer the matter to Ofsted at any stage of the process or directly go to Ofsted straight away.

OFSTED,
Piccadilly Gate,
Store Street,
Manchester,
M1 2WD.
Tel: 0300 123 1231

In the event that the complaint is against the Registered Manager of the home or Responsible Individual, the complainant has the right to make representation directly to OFSTED. The management of all complaints will be monitored through the monthly Regulation 44 visits.

This policy ensures that no person who is the subject of a complaint takes any part in its consideration or investigation, except at the informal resolution stage if the Registered Manager considers it appropriate.

All employees at Topaz House receive training in the complaint's procedure covering the following areas:

- What constitutes a complaint/who can make a complaint
- What the procedure is for dealing with both informal and formal complaints in the home and how this is recorded
- Internal timeframes for investigating a complaint
- The procedure to be followed should a complaint not be resolved promptly by informal means, including who should be notified and the keeping of records
- How the child can be assisted in making a complaint

The Registered Manager will supply to HMCI, at HMCI's request, a statement containing a summary of any complaints made during the preceding twelve months and the action that was taken in response to each complaint.

1.9 USE OF PHYSICAL INTERVENTIONS

With a knowledge base rooted in Positive Behaviour Support and trauma informed practice our internal PRICE trainers deliver the course to all adults working within the home. Our 3-day PRICE Training Course ensures that we are working within a human rights and person-centred framework that recognises the importance of promoting dignity, choice and inclusion for our children and young people. The course provides our team with a range of primary, secondary and tertiary strategies that equips them to make sense of behaviour, connect, and respond positively to our young people's needs and reduce the use of restraint in all circumstances. Our STEPS Model of Care, is complimented by this training course as both are rooted in trauma informed practice and attachment theories aiming to understand the child and their needs.

Whether triggers such as family contact, a change of group dynamics within the home or the revisiting of past trauma, children can quickly find themselves in situations where they can no longer regulate their behaviour, placing themselves and others at risk.

Our range of Positive Approaches to Challenging Behaviour equip our adults with the knowledge, skills and confidence to practice safely, understand and respond appropriately to behaviours of concern, resulting in better outcomes and reducing the likelihood of a tertiary strategy being used.

During our 3-day course, we provide participants with a knowledge of:
• The values, which underpin inclusive, person-centred behaviour, support
• Understanding functions of behaviour
• An introduction to Positive Behaviour Support (PBS)
• Specific de-escalation and diffusion strategies
• Current law and guidance in relation to physical interventions
• The use of restrictive physical restraint in extreme last resort scenarios
• The importance of reducing restrictive practices
• Best practice in debriefing staff and people we support following incidents
• Requirements for recording and analysing data

Under normal circumstances PRICE interventions are only used when all other options have been exhausted.

Under exceptional circumstances it may be the first course of action, for example where a person was in immediate danger of harm (putting their fist through a window or about to run in front of a car) and there is no time to try other strategies.

Physical intervention should be part of a wider strategy including 'proactive approaches', 'primary and secondary strategies' and 'restraint reduction strategies. Other areas might Include 'communication approaches', 'de-escalation and diffusion' strategies, 'behavioural audits', 'risk assessments' etc.

All of the above strategies will be recorded within each child's Positive Behaviour Support Plan.
Primary Prevention Strategies form the greater part of our approach to challenging behaviour. Even at the most heightened states of arousal there are still non-restrictive strategies that may help. Physical restraint is always a last resort.

The PRICE value base emphasises that the force used should be the absolute minimum, for the minimum amount of time in relation to the circumstances. The training we provide prompts all our adults to think about the reality of the application of reasonable force and the possible consequences.

The only time a situation would warrant physical intervention is:

- A child or young person was placing himself or herself at an unacceptably high level of risk or danger of harm.
- Another person was at risk of being injured
- They were causing significant damage to the property.

Restrictive physical interventions are monitored by the Registered Manager, the monthly Regulation 44 visitor, and the responsible individual, and through monthly internal quality assurance audits.
We understand the importance of analysing trends, as well as antecedents, triggers so that we can adapt our homes primary prevention strategies, and adapt their positive behaviour support plans accordingly. Some analysis could lead to us advocating for change for a child such as an increase in family contact.

In all circumstance's restraint will be always recorded and documented on an incident form. The registered manager will be notified along with the social worker/EDT.

We have robust behaviour management policies and procedures in place; this information is also embedded through other relevant training sessions, group and 1:1 supervision.

All professional bodies working in partnership with Stepping Stones Care are able to access our child protection policies and behaviour management policies on request.

Our PRICE Training Course is embedded to our home's practice alongside the STEPS Model of Care training.

1.10 RECORDING AND REPORTING

All incidents including physical intervention, are recorded comprehensively, cross referenced and then sent to child's network, this is then placed on that child or young person's profile within our electronic computer system.

All recordings are monitored by the manager, Regulation 44 inspector and internal quality assurance systems delivered by the senior management team.

We have robust internal care planning documents in which our children and young people have the opportunity to have an input and their say on aspects of their own care. These are shared with important stakeholders as well as our weekly or monthly reports and any events led incidents.

2. Views, Wishes and Feelings

2.1 CONSULTATION WITH THE YOUNG PERSON

The nature of our Model of Care and the enabling of meaningful relationships means that children and young people are encouraged to contribute to the day-to-day routine and planning of their daily schedule as much as possible. This will include activities and meetings in an accessible format to meet their needs, i.e. family contact, medical appointments or social work visits. These can be in the format of Schedules, social stories, Now and Next, Pecs and daily planners. In addition, Children and young people are offered choice around their activities and are asked to feedback on all aspects of their quality of care.

Key working sessions with children and young people provide the opportunity for daily living skills to be developed to enhance independence and confidence. Key work sessions will also be completed in line with the children's individual communication needs ensuring they are accessible.
Children and young people will be encouraged to communicate their wishes and feelings in a group setting and/or on a one-to-one basis and asked to evaluate the quality of the home, their care team and the activities and opportunities afforded to them.

We will record the views, wishes and feelings of the children and young people in a number of ways. Feedback forms, key work sessions, social stories, feelings boards, children's meetings and 1:1 time with the manager will all provide opportunity for young people to have their voice heard and their wishes, wherever possible, acted upon.

The consultation information received from the children and young people is used to evaluate the facilities and existing services offered and support the future development of the home, the environment and the care provided.



2.2 ANTI- DISCRIMINATORY PRACTICE AND EQUALITY OF OPPORTUNITY, WHICH RESPECTS CHILDREN AND THEIR RIGHTS.

Topaz House is committed to working within anti-discriminatory and anti- oppressive values and does not tolerate discrimination.

We consider all human beings to be equals regardless of their race, culture, religion, beliefs, physical or mental capabilities, political persuasion and sexual orientation. As such, it is our intention to educate, challenge and inform on any negative view that may be held in these areas.

Equal opportunity means that everyone should have the same opportunity to access services. Our aim through education, discussion and example is to instil in children and young people a sense of equity and fairness and a degree of understanding, tolerance and acceptance of others.

We make a positive commitment to try to address the needs and preferences of individuals and aim to assist them in understanding that individual difference is to be celebrated.

Rights

The basic human right of every child and young person is to be acknowledged, appreciated and respected, without discrimination of any kind. Our adults will not judge a young person's circumstances, backgrounds, learning difficulties, disabilities and lifestyles but will see these things as a factor in who they are.

Equality

The home does not discriminate on the grounds of race, culture, language, religious beliefs, gender, sexuality, disability, political or other opinion, national or social origin, property, birth or other status. Our team are committed to providing children and young people with equality of opportunity.

Dignity and Respect

Recognising the individuality and unique qualities of children and young people, to accept them as they are and appreciate their value and worth, treating them with dignity and respect at all times.

Expression of Feelings

To recognise that children and young people need to express their needs and feelings and those expressions should not be condemned even if they appear negative, but to help them express themselves in a positive way which is not a threat to anyone but brings about self-gratification and fulfilment.

Non-judgmental attitude

It is recognised that assessments will be made about a child concerning their care which may include attitudes, beliefs and actions. These assessments will not include blame, guilt or any judgment about the child themselves. If any assessment needs to be expressed it should focus on understanding the behaviour of the child and the support needed.

Empowerment

A commitment to provide opportunities for children and young people to think and act independently; by helping them do things for themselves wherever possible whilst ensuring their safety at all times.

Confidentiality

Ensuring that all personal information is treated in confidence and to include young person's need for privacy.

Continued

We have a policy (and further appendix) and approach in relation to:
Anti-discriminatory practice in respect of children and their families. Children's Rights. This works within the Equality Act 2010. This act protects people in the workplace and in the wider society from discrimination.

Discrimination can manifest in any of the following forms:

- Direct discrimination - Treating someone with a protected characteristic less favourably than others.
- Indirect discrimination - Putting rules or arrangements in place that apply to everyone, but put some with a protected characteristic at an unfair disadvantage.
- Harassment - Unwanted behaviour linked to a protected characteristic that violates some one's dignity or creates an offensive environment for them.
- Victimisation - Treating someone unfairly because they've complained about discrimination or harassment.

What are protected characteristics?

- Age
- Being or becoming a transsexual person
- Being married or in a civil partnership
- Being pregnant or having a child
- Disability
- Race including colour, nationality, ethnic or national origin
- Religion, belief or lack of religion/belief
- Sexual orientation

At Topaz House we have a policy on anti-discriminatory practice that everyone working in the home must adhere to. No child or group of children or their families will be discriminated against. Staff will not judge or treat any children or their family unfairly or unequally.

3. Education

3.1 ARRANGEMENTS FOR THE PROMOTION OF EDUCATION

Our home recognises the central importance of educational development in the lives of children aged 8-17 upon admission, and aims to enable the children in our care to achieve good educational attainment to the best of their potential.

We are not a school, so we work closely with Virtual Schools and local provisions to pursue the best possible outcomes for children. We can also arrange home tuition for Children and Young People currently not accessing education.

Where children placed with us are in either mainstream education or attend an alternative provision full time, the team will work to help them achieve high attendance rates, to support their learning and to help with any conflicts that arise with the child or young person in regards to their total experience of schooling.

Through our service we aim to;

- Improve how our children engage with education / regular attendance
- De-escalate inappropriate behaviours/ increase in positive behaviours
- Increase in independence
- Improve learning/educational achievement
- Successfully return children to education where this is identified as an individual outcome

We acknowledge that each individual young person's educational needs will be different and, in some cases, complex. Although we do not have an education provision we do work with and support the child in their educational goals. We work closely with all young people's educational providers to ensure that we maintain and support the learning outcomes highlighted in the young person's personal education plan (PEP).

Children and young people will be supported and encouraged to attend school daily and to undertake homework tasks as required. We are able to further support children and young people to attend their educational provision by implementing practical support such as transportation to and from school, attendance and preparation for PEP and EHCP reviews.

The home will provide semi-independent training to children and young people who we are identified as ready, or partially ready for the experience.

Where children and young people are not participating in education because they have been excluded or for some other reason, we will work closely with the placing authority so that the young person is supported and enabled to resume full time education as soon as possible.

In the interim, the home will support educational activities and engage the child in a structured routine to support their learning and regain confidence in their educational path.

Where a child is placed from a different placing authority, the virtual school head of the placing local authority will be contacted to ensure the continuation of the young person's educational achievement.

Key working Sessions

The aims of key working sessions are to provide a safe environment and safe relationships for the children and young people to explore, practice, learn, and develop their skills and knowledge in:

- Preparation for leaving care and living independently if able.

- Social skills and engagement within communities and society as a whole.
- Interpersonal skills so that they can successfully make and sustain friendships and healthy relationships.
- Improve communication skills
- Household maintenance.
- Money management.
- Opportunities for employment and further education.

Pathway Plans will state the level of support a child/young person will need to progress. The Pathway Plans will ensure that as far as is possible, children and young people have developed skills necessary for independent living, where applicable, so that when they leave Stepping Stones Care they are equipped to take their place in the community with a sense of preparation, pride and anticipation.

4. Enjoyment & Achievement

4.1 ARRANGEMENTS FOR ENABLING CHILDREN TO ENJOY AND ACHIEVE

Our home encourages all children and young people to pursue appropriate leisure activities and events in the local community and further afield. To this end, carers maintain contact with local youth services and facilities, sports centre/gyms, and other community resources including the cinema, theatre, dance clubs, etc.

As the home is located in close proximity of the Nation's second largest city, there is obviously an enormous amount of activities and amenities on the doorstep. Just in the immediate vicinity of the home itself, there is a wide range of quality leisure opportunities for young people to enjoy including but not limited to; Ice Skating and Roller-skating, Ten Pin Bowling Alleys, Go Karting and Driving, Paintballing, Skiing and Snowboarding, Horse Riding and Stables, Cycling, Crazy Golf and in indoor sea-life centre.

Children and young people have the opportunity to become involved in activities that reflect their religious, racial and cultural identity such as visiting places of worship and are supported each week to develop an activity plan that reflects their interests, skills and abilities. The team, working in conjunction with parents and social worker, strive to facilitate access to suitable activities and support children and young people by demonstrating their own curiosity and wish to develop and learn and participating with them when appropriate, this helps them to take advantage of the available opportunities.

Within the home we aim to create a family atmosphere where children and young people are encouraged to eat together, and to participate in the home's events and activities. The home has a wide range of activities, including arts and crafts, games, puzzles, etc. In addition to this, the children and young people are encouraged to contribute to their home by working with their team to keep the home safe, clean and tidy and looking nice. They are encouraged to share their views and wishes of the home contributing to decoration ideas both in their bedrooms and in shared spaces.

Young people receive a weekly allowance giving them the opportunity and autonomy to spend on their chosen interests and to develop the skills to budget appropriately to achieve their wishes.

Each child's placement plan will include the permissions that the placing authority has delegated to the registered person. This delegated authority will clarify our ability to give permissions for the child/young person for school trips and the child's involvement in sporting and leisure activities, as to promote activities like their peers. All agreements will need to be confirmed in writing by the social worker.

We will provide opportunities for Children and Young people that will empower them to make choices enhance confidence and promote independent living skills.

We will encourage Children and Young people to develop their own interests and hobbies and make a positive contribution to the home and the wider community.

Dependent on supervision requirements, some young people will not be able to access the community without support present. Any reasons for this will be clearly outlined within plans and assessments.

We will acknowledge and celebrate every Child's and young person's achievements.

5. Health

5.1 ARRANGEMENTS TO PROTECT & PROMOTE THE HEALTH OF YOUNG PEOPLE

We will ensure that each child and young person placed is registered with the local GP Surgery, Dental and Opticians, and appointments will be made for them within 7 days from the start of the placement. There will of course be an element of choice therein with young people being in a position to maintain their original General practitioners (if practicable).

Children and young people will have their BMI's and general health monitored by both us internally and by their LAC nurse. We keep robust health plans on file for each child and they include clear goals and action plans.
Children will have access to the health professionals to meet their individual needs such as Speech and Language and Occupational Therapists to ensure they are reaching their full potential.

Medication and other treatments will only be given with the consent of the parent or other person who has parental responsibility and wherever possible advice will be sought from a GP or pharmacist. It is our aim to promote good health and as such, young people are encouraged where possible to take a responsible attitude towards medication.

Only properly packaged and clearly marked, in-date prescribed medication will be administered to the child / young person. Any other presentation of medication will be refused and returned to the pharmacy.

Our young people are encouraged to take a holistic overview of their lifestyle and the impact behaviours may have on long-term health. In particular, they are supported to pay attention to their daily diet, regular exercise and where applicable consider how, alcohol and substance abuse, smoking and anti-social behaviours impact on emotional well-being.

Each young person's file will contain a 'health section' which will detail any medical conditions and illnesses, emotional wellbeing and any other medical history. All medication will be kept in a lockable cabinet with the date, time and name of person to whom they are given. Only fully trained adults are permitted to administer medication and this is recorded in the medication book. A fully comprehensive First Aid box is easily accessible to staff.

5.2 GOOD NUTRITION

All children and young people are encouraged to have healthy eating habits and are educated about the health benefits of eating a well-balanced diet.

Meal times are an opportunity for children and young people to make decisions on choice, and get involved in food preparation - discussing breakfast, lunch and dinner menus, food preparation and food hygiene, health and safety in the kitchen, shopping for food items, health in terms of choices, identifying nutritional options etc. All choices are communicated using the children's preferred methods of communication such as PECs, choice boards, social stories etc.

There is also an opportunity for our children to try international cuisine whilst coupled with learning through theme nights, which are regularly held in our home.

6. Positive Relationships

6.1 CONTACT ARRANGEMENTS BETWEEN YOUNG PEOPLE, PARENTS, RELATIVES AND OTHER AGENCIES

We are committed to supporting relationships with family and significant others and believe it to be of vital importance that the family remain central to the young person's life.

In cases where contact is restricted for whatever reason, we will ensure that the young person understands the reasons why, and is supported to cope with their feelings on the situation.

Young people are encouraged to make regular telephone contact to family and friends. Where welfare is a concern, calls and visits may need to be supervised and this is agreed prior to admission to the home. We actively encourage positive relationships and relatives may be invited to enjoy social family activities such as ten-pin bowling, to promote informal interaction and fun.

We will facilitate transporting young people to and from home visits and provide supervision where required. Family members are welcome to visit the home but this has to be planned and agreed in advance. However, we expect all visitors to behave in a responsible manner and reserve the right to ask visitors to leave the home should their behaviour be deemed detrimental to our young people.

Where appropriate, families are kept informed of significant events and receive weekly reports (discussed with social worker).

Invitations to attend statutory reviews are made via the placing authority, at which time we will provide a further up to date report. Any amendments to the placement plan are agreed in consultation and a copy is then sent to the family.

NB - Due to the complex nature of the placements at Topaz House, an assessment will be undertaken for each young person and their suitability to have a mobile device such as a phone or tablet.

Young people will be allowed the use of Tablets or Laptops (with potential social media access) if deemed safe and age appropriate and agreed with their Social Worker, which will be monitored and have appropriate settings to allow the team to keep them electronically safe. Children will have access to communication aids and systems.

7. The Protection of Children

7.1(a) SAFER RECRUITMENT

We take the recruitment of staff and the safeguarding procedures associated with recruiting very seriously. All our staff undergo a series of checks before they begin their employment with us. This includes an Enhanced Disclosure and Barring Service Check, full Reference checks, including written and verbal verification, full identification checks, all followed by a thorough sign-off procedure.

No staff member begins working for Stepping Stones Care until the Homes Manager is satisfied that they are suitable to work with children and are fully committed to the safeguarding of children in our care. For further information, the company Safer Recruitment policy will be made available on request.

7.1(b) Bedroom Door Alarms

The home has individual bedroom door alarms fitted which can be activated to alert staff when a young person enters or exits their room. These can be activated/deactivated individually and independently depending on the needs/ risk assessments of each individual young person. In alignment with Regulation 24, these alarms will only ever be activated/in use if:

a) the monitoring or surveillance is for the purpose of safeguarding and promoting the welfare of the child concerned, or other children;
b) the child's placing authority consents in writing to the monitoring or surveillance; so far as reasonably practicable
c) in the light of the child's age and understanding, the child is informed in advance of the intention to do the monitoring or surveillance; and
d) the monitoring or surveillance is no more intrusive than necessary, having regard to the child's need for privacy.

7.1(c) WI-FI

The Deco Wi-Fi solution is a parental control system that allows for the monitoring, management and protection of Children online and includes features such as content filtering, view browsing history, set bedtimes/homework times, limit screen time, enforce safe search, safe YouTube and the capacity to suspend the internet anytime on individual devices for individual young people.

This system will only be used in agreement with the placing authority and/or whoever else has Parental Responsibility and will always be used as a safeguarding measure only and in the least impactful way possible.

7.2 SAFEGUARDING

The Home's Manager, **Karen Banton**, is the Designated Safeguarding Lead of Topaz House; her contact details can be found above on the front page of this document.

Should the designated safeguarding lead be unavailable for whatever reason, the Home's Responsible Individual **Nikita Allin**, is also DSL trained, and will be the point of contact in the absence of the Registered Manager.

A comprehensive Safeguarding Policy is in operation and is available on request by contacting **Karen Banton.**

It is fully recognised that children and young people who are looked after are vulnerable and our responsibility as a caring organisation is to provide a safe and caring environment from which young people grow and develop. Therefore, our policy is that the young person should always be believed in cases where an allegation of abuse is made. Our first priority in cases like this is to protect the child or young person from the alleged perpetrator. It is of paramount importance that the child or young person making the allegation is reassured by the team at the home and supported at all times.

Child Protection investigations are conducted within the remit of working together within a multi-disciplinary approach. This includes investigations that are either or a combination of internal, criminal and/ or external, in nature. A comprehensive Safeguarding Policy supports this process.

Our home has a written Anti-Bullying Policy and our team are trained within their first 12 weeks to ensure that incidents of bullying are responded to appropriately.

Children are provided with all the relevant information on admission, through the Children's Guide. Ongoing training and development for the team will contribute to keeping children safe throughout their time with us.

E-safety /Internet usage will be monitored in house. (Please refer to policy and procedure for full details).

7.3 THE ARRANGEMENTS MADE FOR CHILD PROTECTION AND TO COUNTER BULLYING

All employees must undergo an enhanced DBS check prior to appointment and be made aware of the homes Safeguarding Policy as part of their induction.

We will endeavour to foster a warm, home-from-home caring atmosphere that embraces and respects the basic values of choice, privacy, dignity, diversity, independence, rights and personal fulfilment. Bullying is totally unacceptable in the home. It is widely accepted that bullying is a pervasive and intensely damaging experience. Staff will undergo training to identify the early signs of bullying and will be guided by the home's anti- bullying policy. Each case of bullying will be dealt with on its individual circumstances. Our anti-bullying policy will be followed in each incident of bullying.

In addition to the above, our service takes seriously the inherent dangers in the growth of internet usage for all young people, and the harm that they could inadvertently expose themselves to. To ensure their protection, we have an E-Safety Policy for staff which covers the use of electronic devices and also for safe internet use for our children and young people.

Safeguarding concerns and procedures to follow are discussed in supervision, team meetings and management meetings. Any safeguarding issues are given the highest priority and advice is sought from relevant professionals. All staff will receive ongoing training in safeguarding as part of their induction programme and have regular refresher training.

The home's designated safeguarding lead (DSL) is **Karen Banton.**

The DSL should be contacted in the first instance for any safeguarding concern.

If concerns raised relate to the DSL or if concerns have not been satisfactorily responded to, the Responsible Individual will take the matter up and ensure that all appropriate steps are taken to safeguard young people and that all appropriate bodies are notified.

If there are still concerns, these can be raised directly with the local LADO and Ofsted

7.4 FIRE PRECAUTIONS AND EMERGENCY PROCEDURES

It is our policy to ensure as far as reasonably practical that all children and young people in our care, adults and visitors are protected from the outbreak of fire.

In the event of a fire all staff are fully conversant with our fire evacuation procedures. Fire drills will be held monthly during the day and evening/ night and recorded on our online system. The manager and the shift leader will have prior knowledge of a fire drill.

All young people's risk assessments include Personal Emergency Evacuation Plan (PEEP) information. All young people will take part in a fire drill within 24 hours of arriving in the home. All staff will receive training in relation to each young person's (PEEP).

All our equipment is regularly serviced under contract i.e. alarms, extinguishers. Our own Health and Safety is monitored weekly with robust checks completed on our online system.

8. Leadership & Management

8.1 WORKING PATTERNS

Staff shift patterns operate over a 24hr period at all times. Shifts will generally be long days and sleeps. The working rota allows for a 30-minute structured staff handover. Shift working patterns are provided to all members of staff electronically.

A Senior or allocated Shift Leader will be available on every shift to support children and young people and colleagues. Management will also operate a nightly duty on-call rota in case of emergencies

8.2 STAFFING ARRANGEMENT

Our home provides a team of 24hr care staff who are fully trained to work with children and young people with additional needs and are recognised as the important resource that they are. It is they who administer to a young person's needs on a 24-hour basis through the capacity, skill, commitment, and care they demonstrate to transform a young person's life and experiences.

All children and young people are supported by Residential Support Workers (RSW). The ratio of support will depend on the needs of the individual child. Senior Support Workers and the Registered Manager provide on hand support to the RSW to ensure the highest level of therapeutic care is provided at all times.

The Registered Manager (RM) provides support to and will supervise the smooth running of all day-to-day activities and involvement with the young people and their access to universal services.

The Registered Manager works closely with all external agencies to ensure we maintain close partnership working in the best interest of our children and young people. The Registered Manager will also be responsible for and operate within the expectations of their regulatory role and responsibilities.

Our care team are the single most important resource to children and young people looked after by our service on behalf of local authorities. The team are fully supported to ensure that they do not underestimate the complexity and the challenges they will face whilst caring for our children and young people

8.3 RECRUITMENT OF STAFF

Our home has a comprehensive recruitment policy with regards to the safe recruitment. This is to ensure that all staff are treated in an equal manner and a clear process in place that will enable all prospective staff to follow and understand.

There is a rigorous recruitment process to ensure that all prospective staff have all the checks required to ensure the protection of children. All members of staff must have checkable work history and be able to provide three checkable references, including current employer. Reference verification checks are also undertaken. All applicants have enhanced DBS checks in place that are renewed in line with the regulations.

8.4 STAFF TRAINING & SUPPORT

Staff Training

To ensure the team have the necessary skills and competence, everyone needs ongoing development and training opportunities. These opportunities need to be appropriate to the aims, objectives and ethos of the home and to the individual needs of team members. Team members will be expected to develop a range of techniques for supporting and building relationships with children and young people as well as specific skills required by the home's purpose and vision.

Our mandatory training will be completed within the first 12 weeks of an employee's start date. Our more specialised courses will be completed when it is identified as appropriate to meet the needs of any child or young person.

Stepping Stones Care is committed to meet the Diploma Level 4 in children's and young people's workforce for all RSWs and Level 5 in leadership and management for Deputies and Managers.

Mandatory Face to Face courses
▪ Safer Caring ▪ Safeguarding, Whistleblowing & Managing Allegations ▪ CSE ▪ Medication Internal Procedures ▪ Gangs and CCE ▪ Self-harm ▪ PRICE ▪ Model of Care ▪ Fire Safety ▪ First Aid
Mandatory Online E-Learning
▪ Anti-Bullying Children's Homes ▪ COSHH Children's Homes ▪ Equality, Diversity and Cultural Competence Children's Homes ▪ Fire Safety Children's Homes ▪ Food Safety and Hygiene Advanced Children's Homes ▪ GDPR For Children Home Staff Children's Homes ▪ Health And Safety Advanced Level Children's Homes ▪ Infection Control Children's Homes ▪ Internet Safety Children's Homes ▪ Legionnaires' Disease Awareness Children's Homes ▪ Lone Working Children's Homes ▪ Medication Advanced Children's Homes ▪ Positive Behavioural Support Children's Homes ▪ Radicalisation And Extremism Children's Homes ▪ Reporting And Recording Advanced Level Children's Homes ▪ Missing From Care ▪ Emergency First Aid ▪ Safeguarding Children Level 2 Children's Homes
Specialist Additional Courses **(This list is not extensive)**
▪ **Bespoke training provided to support individual needs of the children** ▪ Makaton Level 1 ▪ Global Developmental delay ▪ Understanding Autism ▪ ADHD Level 2 ▪ Cerebral Palsy ▪ Safeguarding children with Learning Disabilities ▪ Reporting & Recording (Children's Documents)

- Key Worker Role
- Substance Misuse
- Grief & Bereavement Training
- Preparation for Leaving Care
- Putting Quality Standards in Practice (RMs only)
- Self-Harm
- Supervision Training - Seniors Only
- Mental Health First Aid
- An Understanding of Attachment
- Designated Safeguarding Lead (DSL)
- De-escalation Techniques
- FGM
- Positive Risk Taking
- GDPR - Seniors Only
- Safer Recruitment - Seniors Only
- Psychological First Aid
- Adverse Childhood Experiences

Staff Support

At Topaz House we recognise that the role of professionals supporting and building relationships with our children and young people is a complex one and that, our employees are our most valuable asset and support to those children. To this end, we are committed to ensuring that our team members are fully supported to carry out their role to the best of their ability, understand any impact on their own well-being and address any concerns that emerge, and are provided with opportunities to develop their skills and abilities. Our STEPS Model of Care focusses on relationships as tools to support development and this focus is extended to our care team through role modelling of a therapeutic parenting approach from our Senior Management Team.

In addition to regular supervision and clinical consultation, employees are offered access to 1:1 clinical consultation with our clinical team or our Employee Assistance Programme where they can seek support for difficulties they may be experiencing within their role or their personal situations.

The homes clinical team are supported too. The dynamics of this are the following: Liam Barrett-Hawkins - Counselling Psychologist is supervised and supported by the homes clinical lead Sarah Stringfellow and Sarah Stringfellow is supervised and supported externally from the company.

9. Care Planning

9.1 ADMISSION CRITERIA

An Impact and Admissions Assessment will be carried out prior to every admission to the home. This is in accordance with Children's Home Regulations and Quality Standards 2015.

The registered manager will only accept placements for children where they are satisfied that the home can respond effectively to the child's needs as recorded in the child's relevant plans and where they have fully considered the impact the placement will have on the existing group of children.

The Impact and Admissions Assessment will capture whether:

- The referred child/ young person meets the admission criteria outlined in the home's Statement of Purpose and Function.
- The home's care team are sufficient in number and experience to implement child's care plan, meet their needs and continue to meet the needs of the existing resident group.
- The referred child/ young person presents any risks to the existing children accommodated or children already placed present a risk to the referred child.

Admissions Procedure

Once a vacancy has been identified within Topaz House, i.e. there is a vacant bedroom and the team is sufficient in number to consider referrals, then consultation will take place to consider and identify the needs, care planning and placement of a child or young person. The Registered Manager, Responsible Individual, and Care Team, will incorporate their professional opinions with the views of children already in the home their social workers and commissioning team and where appropriate family members to enable robust, transparent and successful admission to the home.

All referrals of children and young people will be carefully considered by the Referrals Manager, Registered Manager and Responsible Individual and where required, further information is gathered from professionals to enable clear and effective decision making in respect of matching and agreeing to offer a placement to the referred child.

From the initial referral to the placement planning meeting, regular liaison will take place between the manager, the staff and the referring authority to ensure that all needs are identified and staff are able to manage the identified or potential risks.

The final decision for the child to come into the home is always the home managers, however, a placement panel exists in each case and together we assess each referral prior to coming into the home and community. When the matching Criteria and Impact Risk Assessment is completed using the pre-placement information pack and a placement has been agreed an Understanding the Child Meeting will be planned and a Transition Plan formulated.

Topaz House will only accept emergency admissions where a referral form and risk assessment are provided prior to placement. Placements teams should anticipate placement at Topaz House for a minimum period of 6 months in order for us to be able to follow our framework, treatment and support plan to benefit the child.

In summary, our minimum requirements of accepting a placement are as follows:

- Pre-placement information/referral form to contain essential information
- Impact Risk assessment
- The placing authority referral form completed in full.

- Up to date placing authority's risk assessment.
- Consideration given to the needs of the children/young person already in placement.
- Local authority placement plan and chronology.

9.2 ASSESSMENT FRAMEWORK STAGES

A Plan of support as part of the Assessment Framework will be put in place and explored in more depth during the Placement Planning Meeting for each individual child as below:

STAGE 1 - Pre - Admission Meeting

This meeting is to determine whether it is in the best interests of the child to be placed. Impact Risk Assessment analysed and final decision to be made in regards to offering the placement. If placement is agreed then Understanding the Child Meeting to be planned and transition plan formulated.

STAGE 2 - Placement meeting

Within 72 hours of the child arriving at the home. Initial Care plan discussed and agreed.

STAGE 5 - Placement Review & Understanding the Child Meeting

Within one month of placement and every 12 weeks/ 3 months thereafter the team will meet with our clinical partners to formulate the Therapeutic Care Plan which will inform the formulation, review and update of Placement Care Plan, considering how the young person is responding to the care and treatment and evaluating new information and relationships.

STAGE 4 - Looked After Children Review (L.A.C.)

These meetings are held after four weeks, at the three months' point and then every six months during the young person's stay. The review should look at the young person's care plan, their progress, any areas of concern and an agreed action plan.

9.3 TERMINATION OF PLACEMENT

Although every effort will be made to contain and work through all presenting behaviours, in exceptional circumstances, serious consideration will be given to seeking the necessary removal of a child/young person in the event of the following:

- Serious sexual/violent incident resulting in a child protection strategy discussion recommending the removal of that child/young person to protect themselves or others.
- Persistent violence resulting in serious injury to other children/young people or members of staff.
- Persistently running away or going missing from care resulting in the child/young person endangering themselves or others and it is deemed necessary to safeguard them that placement can no longer continue
- On the recommendation of medical advice where a child/young person is at risk of serious self-harm or suicide.

This decision will be taken by the Registered Manager in consultation with the Responsible Individual and the care team. In these instances, in consultation with the Local Authority, a request will be made for the child/young person to be discharged and alternative accommodation sought.

Regulation 41 will follow with immediate effect. Referrals are accepted from Local Authorities who have children/ young people in their care or who are supporting families living in the community where there is a need for a residential provision.

In order to minimise the trauma experienced by young people moving away from home or other residential settings, it is our aim for all our admissions to be planned as much as possible. This will include a series of information-sharing meetings with the allocated Social Worker, the young person and their parents or those with parental responsibility. A follow up meeting to undertake the Understanding the Child Meeting, placement assessment / care plan and risk assessment is then arranged in the young person's home.

The Placement Assessment / Care Plan will encompass areas such as, contact with family / others i.e. frequency, location, and other appointments.

- Areas of responsibility between our service, the young person, local authority and parents
- Initial review date
- Health needs
- Dietary needs
- Risk Assessment
- Interests and hobbies
- Religious /Cultural needs

This process has been designed to ensure the child or young person is involved as much as possible in their stay at Topaz House.

9.4 CARE PLANNING

At the time of a residential admission, an impact assessment is undertaken to ensure that any new placement is suitably matched with existing children / young people.

Once a residential placement has been agreed, the home will then notify the local authority of the new placement in the borough and a transition plan will be formulated. This transition plan will include (where possible and appropriate) visits to the child by key team members, visits to the home by the child and introductions to other children and young people. At Topaz House we value relationships and recognise that transitions can be difficult for children moving to the home and these already living in it. The team will be thoughtful around this and ensure that they consider the views and wishes of all to increase the potential for positive relationships to develop.

During the transition, the child will receive a welcome guide and will have the opportunity to share their views, wishes and feelings as well as ask any questions. This will give the team opportunity to discuss care plans, boundaries and structure and reach mutual understanding of these before the placement commences. Any restrictions placed on the child by their Social Worker should also be discussed.

Information shared by the child during this stage will allow the team to ensure that they listen to the child and demonstrate their care by preparing their room and paying attention to detail in this respect.

The Placement Plan should be discussed and if needed modified. Future plans should be made clear to all present at the review meeting with the needs and wishes of the Child or Young person being taken into account.

We aim to ensure that a placement- planning meeting is undertaken with the referring authority within 72 hours of admission. The home will work with associated professionals to ensure that statutory meetings are undertaken within the required timescales. In addition, an Understanding the Child Meeting will be held within the early stages of the placement, attended by (as a minimum), the Registered Manager, Key-worker and Clinician to ensure that a Therapeutic Care Plan is formulated and other plans and assessments reflect a good understanding of the child and their needs, and clear and consistent plans to be implemented to meet these needs.

Appendix 1 – Staffing & Qualifications

Name	Job Title	Overall Experience	Qualification / Training
Nikita Allin	Responsible Individual	I joined Stepping Stones care as Regional Manager with the Responsible individual role for 3 Stepping stones homes. I ensure that all homes are following the Quality standards and complying with all relevant legislation and company policies. The managers have weekly meetings, which i attend, along with monthly QA audits and supervisions. I have 12 years' experience of working with children and young people who display emotional and behavioural difficulties within therapeutic care organisations. Whilst working in another organisation I worked from RCW to home manager and regularly deputised as senior manager overseeing 16 homes and a total of 11 managers. I achieved 'Outstanding' ratings with Ofsted and held a dual registration for 5 years. I have an NVQ Level 3 in Children and Young People Workforce and also has a Level 5 in Leadership and management. I have also completed level 1 & 2 in DDP.	NVQ Level 5 in Leadership and Management. Level 1 & 2 in DDP. NVQ Level 3 in Children and Young People's Workforce. Working Towards Level 7 Senior Leader.
Karen Banton	Registered Manager	Karen began her career in residential childcare in 2001 as a Residential Care Worker and achieved a (registered) management position in 2006. Karen has worked in a variety of privately owned, social care settings including Leaving Care, Family Support, Residential School, and Adult Care and Support. Karen has supported children and young people with Learning Difficulties/Disabilities, Mental Health Diagnoses, Emotional and Behavioural Difficulties and associated risky behaviours.	Foundation Degree in Therapeutic Childcare Level 1 & 2 DDP NVQ Level 4 in Management, Health and Social Care (Children and Young People), and NVQ for Managers in Residential Care. NVQ Level 3 Caring for Children and Young People

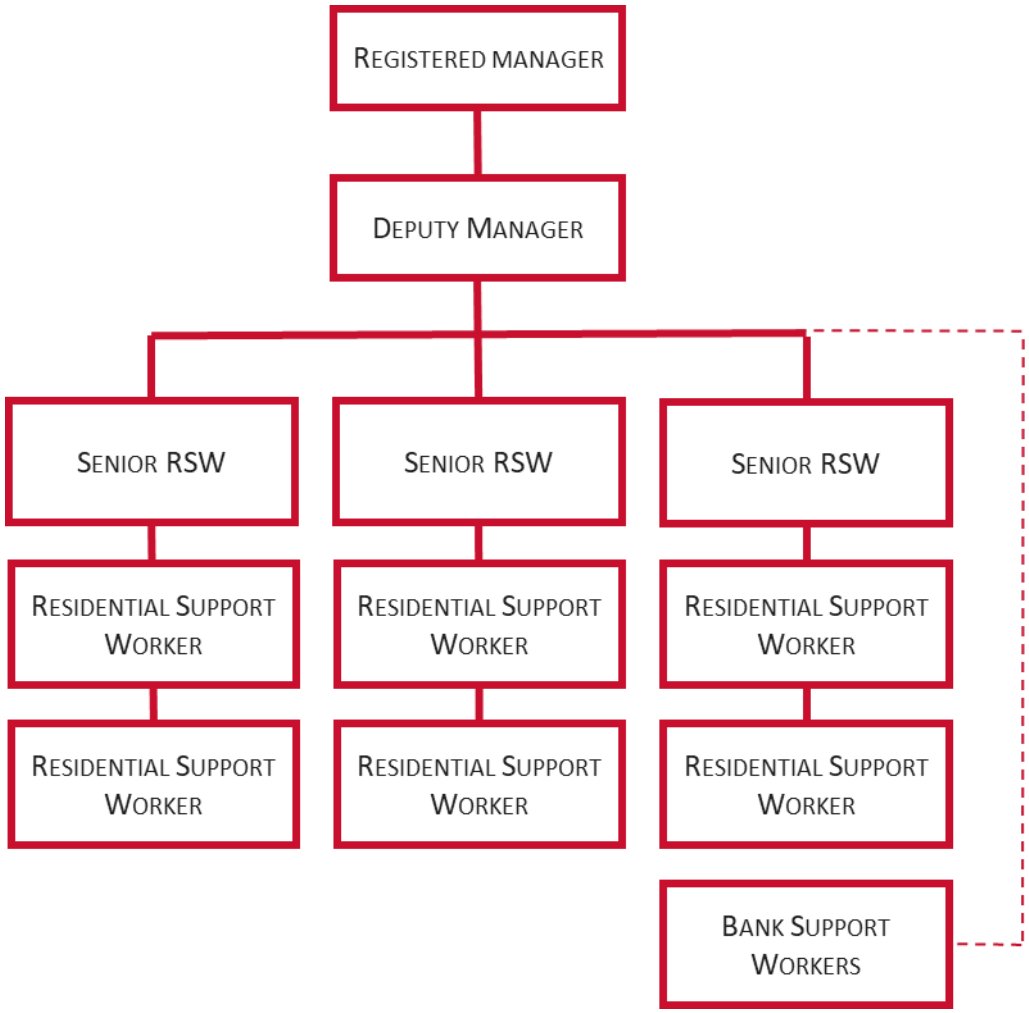
Post Vacant	Deputy Manager		
Helen Coley	Senior Residential Support Worker	Helen joined Stepping Stones Care as a Senior RSW in Sept 2025, initially supporting at a sister home, Marble House. Helen began her career in residential childcare in December 2021 and achieved her Level 4 Diploma soon after. Prior to working in the field, Helen held various roles whilst raising a family. Helen hopes to develop her skills and knowledge to progress to a Deputy Manager position and began working towards this with a PDP in place from May 2026.	Working towards Level 5 Children, Young People and Families Practitioner (Practitioner in Children's Residential Care): Level 4
Chantelle Brown	Senior Residential Support Worker	Chantelle joined Stepping Stones Care in July 2025, initially supporting at a sister home, Emerald House. Chantelle began her career in residential childcare 2018 having previously supported older people. Chantelle hopes to progress and develop in the care of residential childcare with a focus on exploitation and the impact of this on the development of young people. Chantelle hopes to become a deputy manager and then a home manager in the future. A PDP to develop Chan's experience, skills and knowledge was pout in place at Topaz House in May 2026.	Level 3 Diploma in Residential Childcare (England)
Ashleign Shannaghan	Senior Residential Support Worker	Ash joined Topaz House Team and Stepping Stones Care as a Senior RSW in May 2026. Having previously provided care to adults in residential and home settings, and daycentres. She began her career in residential care in June 2023. Ash hopes	Level 4 Apprenticeship with Children, Young People and Families.

		to develop her career by strengthening her knowledge, skills and experience at Stepping Stones Care.	Level 2 Health and Social Care. Level 3 Autism.
Korien Mitchell	Senior Residential Support Worker	Korien joined the team at Topaz in May 2026, having previously worked at Garnet House as an RSW and Senior RSW since July 2022. Korien has previous experience of working with children in a primary school setting and within this role, experienced supporting children with additional learning needs, challenging and complex behaviours and children who are looked after.	Level 4 Children, Young People and Families Practitioner. Level 1 in DDP Level 2 Teaching Assistant Qualified Certification
Stephanie Wright	Residential Support Worker	Steph joined Stepping Stones Care in Sept 2025 initially supporting at our sister home, Emerald House. As a care experienced person and having raised her own family, Steph brings a wealth of experience. Prior to joining Stepping Stones, Steph mostly worked in retail / customer services.	Steph is now enrolled onto her Level 4 Apprenticeship in Residential Childcare.
Jasmine Aldridge	Residential Support Worker	Jasmine joined Stepping Stones Care in January 2026. Jasmine has prior experience in victim support for domestic abuse survivors. Jasmine does not have any direct experience in residential.	Once Jasmine has completed her 6-month probation, she will be enrolled onto her Level 4 Apprenticeship in Residential Childcare.
Katie-Mae Farrant	Residential Support Worker	Katie joined Stepping Stones Care in February 2026. Katie has no prior experience in the sector.	Once Katie has completed her 6-month probation, she will be enrolled onto her Level 4 Apprenticeship in Residential Childcare.

Ryan Hudson	Residential Support Worker	Ryan joined Stepping Stones Care in February 2026. Ryan has prior experience working with the elderly, however has no prior experience in the sector. Ryan will adapt his skills to support in his new role	Once Ryan has completed his 6-month probation, he will be enrolled onto his Level 4 Apprenticeship in Residential Childcare.
Althia Dixon	Residential Support Worker	Althia joined Stepping Stones Care in February 2026. Althia has prior experience working in a care role, and has some experience working with children in residential. Althia will adapt her skills to support in her new role.	Once Althia has completed her 6-month probation, she will be enrolled onto her Level 4 Apprenticeship in Residential Childcare
Sarah Stringfellow	Clinical Lead	Sarah provides group clinical consultation and support to our homes, and oversees our clinical work. She is a Forensic Psychologist, who has extensive experience of forensic settings, including working with young offenders. She has experience of providing consultation to teams working with children in therapeutic residential care and providing therapy, prior to joining Stepping Stones Care. Her areas of specialism are trauma, attachment, compassion and personality. She has a proven track record of being able to lead and manage teams to achieve targets, and passionate about enabling people to achieve their potential and make positive changes. She has extensive experience in managing teams, supervising others, carrying out psychological assessments and providing person-centered therapeutic interventions.	Sarah is registered with the Health Care Professions Council, chartered with the British Psychological Society, a full member of the Division of Forensic Psychology, and on the Register of Applied Psychology Practice Supervisors. She is trained in Dyadic Developmental Psychotherapy - level 1, has a Diploma in Compassion Focused Therapy, and has completed Foundations in Group Analysis.

Liam Barrett-Hawkins	Counselling therapist	Liam began working as a counsellor for children and young people in 2021, where he accumulated a case load amongst various schools and pupil referral units around Birmingham. Liam has since progressed onto different companies and worked with young people who presented with a variety of needs and presentations, all in which needed their own creative and bespoke approach within both a clinical space, and an open space preferable to the individual. This approach is fundamentally person centred, as part of an integrated model of trauma informed, attachment theory, and interpersonal neurobiology theory.	Msc – Counselling for children and young people BACP registered counsellor Applicable to work with both adults, and children and young people

Appendix 2 – Organisational Structure



steppingstones
inspiringfuturegenerations

Appendix 3 – Review

Date of Review / Update	Details of Review / Update	Reviewed / Updated By / Name
26.09.25	Staff added to staffing appendix	Karen Banton
03.10.25	Addition to section 1.2 – Deliver continued care after the child leaves the home.	Karen Banton
20.10.25	Update to staffing	Karen Banton
04.12.2025	Update to staffing	Karen Banton
08.12.25	URN added, photo's added, staffing updated	Karen Banton
05.02.26	Update Nikita Tidswell to Allin, update to staffing appendix	Karen Banton
09.03.2026	Full update and review following new young person moving in.	Karen Banton.
08.04.26	Full review and update following new young person moving in	Karen Banton
11.05.26	Update to staffing	Karen Banton

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