

## Social care setting

### Children's residential service

There are a range of different settings and services, some of which are outlined in this document, the contributor provides a national service, services on offer will differ in each area and may also have some differences dependent on the provider.

Working or being placed in one of these environments can be challenging but also provides a rich source of wide learning opportunities and an engaged student will be able to experience the breadth of the curriculum. It is important to remember that as a worker or a student you are a guest in someone's life and environment.

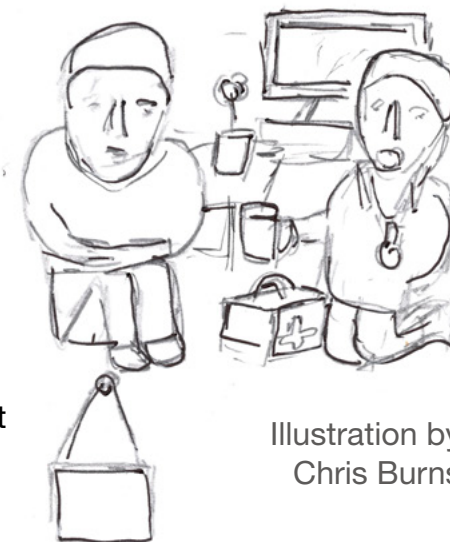


Illustration by  
Chris Burns

## Overview of the setting

**Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:**

<a href="#">1.1</a>	<a href="#">1.2</a>	<a href="#">1.3</a>	<a href="#">1.4</a>	<a href="#">1.5</a>	<a href="#">1.6</a>	<a href="#">1.7</a>	<a href="#">1.8</a>	<a href="#">1.9</a>	<a href="#">1.10</a>	<a href="#">1.11</a>	<a href="#">1.12</a>	<a href="#">1.13</a>	<a href="#">1.14</a>	<a href="#">1.15</a>	<a href="#">1.16</a>	<a href="#">1.17</a>	<a href="#">1.18</a>
<a href="#">1.19</a>	<a href="#">1.20</a>																

### Special Educational Needs (SEN)

Our schools and colleges provide support to children with autism spectrum disorders, Asperger's syndrome, moderate or severe learning difficulties and disabilities, social, emotional mental health and complex needs. Our provisions include 38 to 52 week placements including both day and residential provisions in which a child needs to be educated across all waking hours. These education services support students from the age of five. Our education and transition pathways services range from specialist primary schools, secondary schools and further education services that help young people with learning and communication difficulties.

### Social Emotional Mental Health (SEMH)

Children's specialist residential services help children and young people with a range of complex needs and social, emotional mental health stabilise their lives and develop their potential. Services are customer focused and have a personal approach to ensure we provide high quality care in over 137 homes. We offer a complete pathway designed to reduce levels of 1:1 support leading to supported living or foster care.

Our placement objectives include our referral process, ensuring that each young person is matched rigorously, to the correct service type. This maximises the potential for placement stability and the right home provides the right service to suit a young person's needs and manage the risks that they present. Our homes are tiered in respect of the level of acuity they deal with, the staffing ratio provided and consequently the tier of therapeutic support they require. Each geographic region has a robust operational structure, consisting of regional managers, supported by central quality and governance teams.



## Toby's Story

When we first met Toby\* was only seven years old when his mother's partner began to sexually abuse him. His mother was aware of this but did nothing to protect him from it. He came to the attention of social services after telling his teacher about the abuse that he was experiencing and was immediately taken into care. Toby was initially placed into foster care, though this broke down very quickly. He subsequently went through a variety of further broken placements before he was placed with a specialist residential service for victims of child sexual abuse at the age of eight.

When Toby came to us, he had not been enrolled at a school, was extremely withdrawn and did not communicate well. Toby struggled with attachment issues and could not be left alone. He also suffered from bedwetting and anxiety caused by flashbacks. When Toby came into our care, a full assessment of his needs was undertaken. Toby's carers supported him using attachment-based interventions, working with him in a healthy, safe and stable environment to develop his social interactions and to generate better trust in adults. They began working with him to increase his confidence, encouraging him to interact with other children and to feel more comfortable at night.

Toby has been in care for a year and now attends a mainstream primary school while living in a group home with other children his age. Toby is preparing to move on to a very well matched foster placement and he has a bright future. Transitional work has been undertaken by all adults supporting Toby including his key carer, all home staff and his clinical team. This has included placement planning recommendations.

Everyone is very hopeful for his future and he is completing impressive work with his key carer about moving on. An educational provision has been sourced for Toby when he moves to his foster home which will fully meet his needs. Toby will likely receive therapeutic input for some time as he still suffers from anxiety, but the placement within the residential service has laid the foundations for this work in the future.

\*Toby is a not their real name

## Children and Adolescence Mental Health (CAMH)

### Mental health children's residential care

Our services focus on preparing individuals to transition into the community by promoting independent living skills, community activities and choice. In addition to residential care, we also offer planned respite services. Our team consists of an occupational therapist, assistant psychologist, a registered manager, team leaders, key workers and support workers. Our specialist mental health residential homes for children and young adults are for those individuals who have mental ill health as a presenting primary need. We have dedicated team(s) to provide the support that these young people need to stabilise and thrive in our homes.

We support residents through an in-depth and integrated approach to recovery, with a view to helping them gain skills for independent community living. Our efforts are underpinned by our mission to ensure that every young person is safe and free from harm, and to provide outstanding individualised care. We cater for people from a range of cultures and ethnicities, with varying emotional, social or behavioural difficulties. This ethos runs through the core of our homes and staff team and it helps us to plan care packages tailored to each individual young person. The emphasis is on building positive relationships with the young person and providing strong role modelling.

Our multi-disciplinary team(s) consist of assistant psychologists who will use aspects of dyadic developmental psychotherapy, including PACE techniques, and incorporated these into a therapeutic package, alongside dialectical behaviour therapy techniques, targeted therapeutic work and trauma-focused cognitive behavioural therapy.

Our overall aim is to provide a stable environment for young people, where they can learn to utilise and build upon their own self-soothing skills, mindfulness, resilience and emotional regulation abilities, and are able to move forward in their journey towards independent living.

## **Trauma**

We're a specialist therapeutic service that supports young children who have experienced complex trauma. Our team around the child are extensively trained in dyadic developmental psychotherapy (DDP) to support the children in our homes. The children therefore are in an environment where every interaction they receive is therapeutic in nature. In addition to this we have a multi-disciplinary team of clinicians who can offer direct therapeutic work to the children using a range of therapeutic models.

Staff are supported through clinical supervision, reflective practice and regular ongoing training. We do not see the children as simply "existing" in our homes. Once they begin their time with us, they are on a therapeutic journey of healing from their past and learning new ways to cope. The aim is to allow the young person to improve in their social, education, psychological and general wellbeing abilities to achieve a sense of recovery from their early negative life experiences, to progress such from our service to live in a family setting.

## **Learning difficulties**

Our specialist children's residential services for children with learning difficulties offer a complete pathway designed to reduce levels of 1:1 support leading to supported living or foster care. Our services enable children to progress from home to home (step-down care model), i.e. from a complex needs home to a small group home.

## **Deaf and profound hearing loss**

Our services are based on years of experience and passion for working with deaf or hearing impaired children. We cater to a wide range of needs and abilities, including communicating in British Sign Language (BSL).

## People likely to be working during a normal shift

Clinical team consisting of:

- clinical psychologists
- occupational therapists
- child and adolescent psychotherapist
- art psychotherapist
- therapeutic life story worker
- drama therapist
- care teams
- support workers
- senior support workers
- team leaders
- deputy managers
- managers
- social workers.



We believe that every interaction with our children should be therapeutic in nature and all of our clinicians foster this approach. We achieve this through direct training, reflective practice and working closely with the homes managers and wider team to look at each individual and how best to support their needs. We further support the home by providing therapeutic skills to staff which help them in working with the children on a day to day basis. Direct work is considered following an assessment in order to clarify the individual's therapeutic needs.

We are aware that sometimes children do not cope well with direct work and we therefore look at more creative ways in which we can provide this therapeutic care. As well as a clinical psychologist and mental health practitioners, we offer therapy and life story work through our psychotherapists and this includes art and drama therapy. Our therapists each possess unique skills, which allow us to provide the relevant care of each child.

## Clinical care

The clinical psychology service is integrated within the school's multi-disciplinary service and works jointly with psychiatry, occupational therapy, speech and language therapy, nursing and holistic therapy to deliver a service that is complete and collaborative.

✓ Clinical psychology	✓ Self-management and coping skills	✓ Access to psychological therapies	✓ Development of adaptive living skills
✓ Assessment and support cognitive development	✓ Assessment and enhancement of psychological well-being	✓ Assessment and management of challenging behaviour allied therapists	✓ Art therapies: music and drama
✓ Equine therapy	✓ Physiotherapy	✓ Play therapy	✓ Holistic therapies
✓ Dietician nursing	✓ Healthy diet programme	✓ Promotion of health awareness	✓ Medical health reviews
✓ Management of physical health problems and associated conditions	✓ Medication reviews	✓ Assessment of physical health	✓ Management of minor illnesses medical
✓ Psychiatric review	✓ Paediatric review	✓ General practitioner review	✓ Management of associated physical illnesses
✓ Regular medical reviews	✓ Pharmacological management	✓ Behavioural management programmes	✓ Cognition
✓ Sensory processing	✓ Language acquisition	✓ Life skills	✓ Independence
✓ Motor skills	✓ Adaptive behaviour	✓ Psychological wellbeing (mental health)	✓ Diet
✓ Communication	✓ Meaningful engagement in activities	✓ Outcome domains of our clinical services	

## Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals

In this setting, a student would get the opportunity to work with:



### Positive behaviour support coaches

All of the work carried out in this service is based on a therapeutic approach known as the STEP Framework (this framework aims to be Sensory supportive, Totally inclusive and Enabling to facilitate personal positive Progression). The STEP framework recognises and encompasses four key domains: social, educational, emotional and psychological, within three specific phases that each child will go through.



### Occupational therapist

Occupational therapists cover the whole complex trauma region, supporting both the young people and the staff through identifying goals using both standardised and non-standardised assessments determining and recommending interventions to promote independence and develop life skills. Provides assessments for evaluating a child's sensory processing patterns in the context of everyday life. Also looks at the home and school environment to identify how sensory processing may be interfering with participation.



### Speech and language therapist

Many children will have delayed speech, and some may not develop speech at all and will need other communication aids, e.g. pictures, photos, gestures, etc. Eye contact may also be difficult for them.



### Head of safeguarding

Head of safeguarding is a national position although we would have safeguarding leads in services.

## What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, click on the proficiency to be taken to the full criteria:

### Promoting health and preventing ill health

<a href="#">2.1</a>	<a href="#">2.3</a>	<a href="#">2.4</a>	<a href="#">2.6</a>	<a href="#">2.7</a>	<a href="#">2.8</a>	<a href="#">2.9</a>	<a href="#">2.10</a>	<a href="#">2.12</a>
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### Assessing needs and planning care

<a href="#">3.1</a>	<a href="#">3.2</a>	<a href="#">3.3</a>	<a href="#">3.4</a>	<a href="#">3.5</a>	<a href="#">3.6</a>	<a href="#">3.7</a>	<a href="#">3.8</a>	<a href="#">3.9</a>	<a href="#">3.10</a>	<a href="#">3.11</a>	<a href="#">3.13</a>	<a href="#">3.15</a>	<a href="#">3.16</a>
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### Providing and evaluating care

<a href="#">4.1</a>	<a href="#">4.2</a>	<a href="#">4.3</a>	<a href="#">4.4</a>	<a href="#">4.5</a>	<a href="#">4.6</a>	<a href="#">4.7</a>	<a href="#">4.8</a>	<a href="#">4.10</a>	<a href="#">4.11</a>	<a href="#">4.12</a>	<a href="#">4.14</a>	<a href="#">4.15</a>	<a href="#">4.16</a>	<a href="#">4.18</a>
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### Leading and managing nursing care and working in teams

<a href="#">5.1</a>	<a href="#">5.2</a>	<a href="#">5.3</a>	<a href="#">5.4</a>	<a href="#">5.6</a>	<a href="#">5.7</a>	<a href="#">5.8</a>	<a href="#">5.9</a>	<a href="#">5.10</a>	<a href="#">5.11</a>
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### Improving safety and quality of care

<a href="#">6.1</a>	<a href="#">6.2</a>	<a href="#">6.3</a>	<a href="#">6.4</a>	<a href="#">6.5</a>	<a href="#">6.6</a>	<a href="#">6.7</a>	<a href="#">6.8</a>	<a href="#">6.10</a>	<a href="#">6.11</a>
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### Coordinating care

<a href="#">7.1</a>	<a href="#">7.2</a>	<a href="#">7.3</a>	<a href="#">7.4</a>	<a href="#">7.5</a>	<a href="#">7.6</a>	<a href="#">7.7</a>	<a href="#">7.8</a>	<a href="#">7.9</a>	<a href="#">7.10</a>	<a href="#">7.11</a>	<a href="#">7.12</a>
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### Communication and relationship management skills

<a href="#">1.1</a>	<a href="#">1.2</a>	<a href="#">1.3</a>	<a href="#">1.4</a>	<a href="#">1.5</a>	<a href="#">1.6</a>	<a href="#">1.7</a>	<a href="#">1.8</a>	<a href="#">1.9</a>	<a href="#">1.10</a>	<a href="#">1.11</a>	<a href="#">1.12</a>	<a href="#">2.1</a>	<a href="#">2.2</a>	<a href="#">2.3</a>	<a href="#">2.4</a>	<a href="#">2.5</a>	<a href="#">2.6</a>
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### Nursing procedures

<a href="#">1.1.1</a>	<a href="#">1.1.2</a>	<a href="#">1.1.3</a>	<a href="#">1.1.4</a>	<a href="#">1.1.5</a>	<a href="#">1.1.6</a>	<a href="#">1.2.1</a>	<a href="#">1.2.2</a>	<a href="#">1.2.3</a>	<a href="#">2.1</a>	<a href="#">2.6</a>	<a href="#">2.10</a>	<a href="#">2.11</a>	<a href="#">2.12</a>	<a href="#">2.13</a>	<a href="#">2.14</a>	<a href="#">2.15</a>	<a href="#">2.16</a>
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<a href="#">9.8</a>	<a href="#">10.1</a>	<a href="#">10.2</a>	<a href="#">11.1</a>	<a href="#">11.2</a>	<a href="#">11.3</a>	<a href="#">11.4</a>	<a href="#">11.5</a>	<a href="#">11.6</a>	<a href="#">11.7</a>	<a href="#">11.8</a>	<a href="#">11.10</a>	<a href="#">11.11</a>					