



Mary Hare Policy: SCH021

Statement of Purpose

Policy Owner: Director of Residential
Care

Date Approved: Autumn 2023

Approved by: Board of Governors

Next review date: Autumn 2025



Securing the future of deaf children and young people

Registered charity 1048386

Contents

Introduction.....	3
1. Our Ethos – Principles of Residential Care	4
2. Emotional Competence.....	4
3. A description of the accommodation offered by Mary Hare	5
4. The arrangements for supporting the cultural, linguistic, and religious needs of children.....	7
5. Details of who to contact if a person has a complaint about Mary Hare residential care and how to access the complaints policy.....	7
6. Safeguarding	8
7. Views, Wishes and Feelings	8
8. Anti Discriminatory practice and Childrens Rights.....	9
9. Education.....	10
Our principles and approach.....	10
Admissions	10
Curriculum	11
Annual Review	11
10. Enjoyment and Achievement.....	12
11. Preparation for Independence.....	13
12. Health Care and Wellbeing	14
Wellbeing	15
13. Behaviour Support and Approach to Restraint	15
14. Leadership and Management.....	17
15. Governors	18

Introduction

1. Mary Hare is a specialist primary and secondary school for deaf children and young people, aged 5 – 19 years of age. We teach deaf children through an auditory oral approach, which means that the young people at Mary Hare school learn through listening and speaking and writing English. Some young people sign in their leisure time. We place great emphasis on language development.
2. All children have access to the National Curriculum with a broad range of GCSEs, A Levels and BTECS and a growing number of vocational courses. Mary Hare School is a national school, with pupils coming from all over the United Kingdom and a few from further overseas. We are a 38-week residential placement with a small number of day pupils, who are able to travel daily.
3. We believe the residential care (boarding) environment is an integral part of our children and young people's educational journey and their social and emotional development and we are committed to providing opportunities for independent living skills and activities that are meaningful and meet the needs of individuals.
4. We want our children and staff members to feel safe and develop trusting, lasting relationships within which they can learn, grow, and develop. Our planned environment (Therapeutic Milieu) is designed, constantly evaluated, and reviewed with these aims in mind.
5. Mary Hare is proud of its Integrated Planning process which sees our residential services work closely and communicatively with our educational colleagues, SENCO and learning Support, Speech and Language and Audiology as well as having a clear principle that safeguarding is at the core of our practice.
6. Weekly Team meetings within each boarding house ensure that all children are discussed with regularity and where specific interventions, or wider integrated involvement is needed House Leaders work collaboratively with other colleagues to place the child/ren at the centre of our discussions and practice through Integrated individualised plans of care and future objectives.
7. As a relationship-based attachment promoting service, we aim to hold the child in mind over a sustained period of their childhood and will adapt our provision of services as their needs change and develop.

1. Our Ethos – Principles of Residential Care

8. We believe that children in residential boarding should be happy, healthy, safe from harm and able to develop, thrive and fulfil their potential. We do this by ensuring each house is a safe, positive therapeutic environment in which our child can thrive. In these conditions we believe the child can develop resilience, independence, perseverance, and empathy which are all skills that will support them into later life.
9. We recognise that learning doesn't stop once the school day has finished and, therefore, support learning outside of the school environment using a range of approaches including activities, themed days, and social interaction.
10. Our work draws upon the skills of our reflective care practitioners who are attuned to all communication, both verbal and non-verbal of the child. Through this understanding, we are able to adapt our work and the environment in order to best meet their needs and provide them with the platform they need to thrive.
11. We believe that all behaviour is a form of communication. As a whole team of staff members, we work hard to understand why behaviours that challenge occur for a child. We seek to respond within a clearly defined, responsive and empathic framework to help keep a child safe during times of distress or challenge. We also aim to help them to learn from these experiences, to reduce the risk of them reoccurring again in the future.
12. The house care staff work closely together, sharing information with each other. The children are always at the centre of what we do, and we encourage full participation in current and future plans. Mary Hare care services are focused on using reflective professionalism which at the same time building a home-like dynamic.

2. Emotional Competence

13. We aim to enhance each child's capacity in the empathic and sympathetic understanding of others, we believe this, forms a basis for the successful development of relationships and social confidence.
14. We will do this by:

- Developing staff members understanding of psychological dynamics through training and regular reflective sessions within team meeting with care leadership team members who will explore practice within the home. This ensures that any understanding of a child's needs can be incorporated into direct care. The objective of this is that individual interventions and approaches for children can be developed. In turn, staff members are better equipped to understand their emotional states and the connected behavioural responses.
- Assisting children and young people in understanding their own emotions and articulating their feelings.
- Building a culture of mutual respect within the houses by offering rationale for their actions and by apologising when mistakes are made.
- Using the staff members as role models to normalise the acceptable expression of feelings and emotions.

3. A description of the accommodation offered by Mary Hare

15. Mary Hare School is located on a beautiful rural campus on the outskirts of Newbury, Berkshire. The historic manor building greets all visitors, expanding back across a large campus, with well-equipped school buildings and a generous playing field. On-site facilities include a gym, fitness studio, swimming pool, an American style dinner (the location of our pupil ran Youth Club: Cole's Dinner), dance studio, music centre and recording studio, theatre, all-weather pitch, medical department and extensive woodland and grounds.

16. There are six boarding houses:

- **Bradbury House** is our Primary boarding house which offers a light, bright and cosy place to be for our younger pupils.
- **Howard House** gently introduces boys and girls in year 7 to the boarding lifestyle for secondary age pupils and is based in Bradbury House.
- Through years 8 to 10, girls are housed in **Manor House** and boys in **Mansell House**. Both offer single and shared bedrooms as well as common rooms and laundry facilities.
- **Murray House** is the new boarding house for Year 11 students and is designed to encourage and facilitate study and revision through the provision of single bedrooms.
- **The Wroughton Centre** incorporates four Sixth Form boarding facilities and includes single and twin study bedrooms, common rooms, kitchen facilities, a laundry, and Jean Carnarvon Hall, which is devoted to recreational needs and leisure activities. The centre has been designed along the lines of university

accommodation, with the intention of helping to provide a transition between Sixth Form and University and further education.

All houses have outdoor spaces in addition to the extensive grounds at Mary Hare. Outside spaces are used for play and group games, growing flowers and vegetables on a small scale and provide a place for outside peace and relaxation or socialising.

17. As safeguarding is paramount the external doors of the home (front and back) are accessed via a fob or card which staff hold on their person at all times. Each House has waking night staff as well as staff who sleep in this is to help safeguard all children and young people at night and ensure in the event of a fire or emergency there are staff allocated to children and young people who have mobility or evacuation needs.
18. All houses have kitchens where children and young people can eat in small groups when occasions arise, such as birthdays, instead of using the onsite dining hall (Blount hall) The Wroughton Centre (6th form) kitchen is extensive and allows young people to have breakfast in house as opposed to using Blount Hall as an acknowledgement of their pathway to independence and their different timetable which is reflective of their age.
19. There are communal lounges in each house where children and young people can watch TV, have movie nights, or play games and socialise.
20. Bedrooms are arranged so that children of the same gender share and spaces are arranged so that each child has their own wall and floor space – a bedroom within a bedroom. In the Wroughton Centre bedrooms are single use or shared with one other young person. Compatibility is reviewed and considered when arranging which children will share. Each child is encouraged to personalise their own living space and to add to the wider environment of the home.
21. Bathrooms provide showers, toilets and washing facilities and are cleaned daily by our domestic team whilst we, at the same, time encourage children and young people to take care of their own spaces and communal spaces and keep these tidy.
22. Staff sleeping in rooms are single use and provide comfortable accommodation to staff who use them and provide space for them to securely store their belongings.
23. Each house has a safe and secure medication facility where medications are stored and administered.

24. Mary Hare has a rolling program of decoration and prides itself on promoting an environment which is homely and welcoming. The children and young people play a vital and active role in suggesting changes to their environment.

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

25. Mary Hare provides residential care which meets each child's needs and promotes their welfare, considering the child's gender, religion, ethnicity, cultural and linguistic background, sexual identity, mental health, disability, their assessed needs, previous experiences, and any relevant plans.

26. Our Equality and Diversity Policy ensures that children boarding at Mary Hare are encouraged and supported to pursue religion practice of their choice.

27. Information about local centres of worship including Mosques, Temples and Churches of different denominations will be provided by staff members, and children wishing to participate in their respective religious practice will be supported by staff members to a place of worship.

28. Within the houses, children are given privacy and space to follow their religious beliefs e.g., private time to pray is made available as well as the provision of relevant literature about different faiths.

29. We all ensure that food and cooking arrangements are sensitive to different cultures and beliefs, and this is communicated to our catering team prior to admission. We celebrate other cultures and special days and have themed evenings and events celebrating different cultures from around world.

5. Details of who to contact if a person has a complaint about Mary Hare residential care and how to access the complaints policy.

30. A formal procedure exists for making complaints and on admission the child's family are made aware of the complaints policy. Mary Hare takes all complaints seriously and treats them confidentially. All complaints are treated impartially and in accordance with the policy and no complaint results in a child or their family being treated unfavourably.

31. The complaints policy can be accessed via the website or by request of any staff member or office administrator.
32. Parents or professionals are able to make their complaints in writing.
33. Complaints forms are available to the child to complete, however, if the child prefers, they can talk to the House Leader or Care Leadership about it, or they can write it down on any type of paper so as not to make the process too formal. These can be completed alone or with staff members support and given to the House Leader or delegate, or can be shared directly with:
 - Sarah Stefano – Director of Care
 - Robin Askew – Principal
34. We promote effective and positive relationships with parents, carers and professionals and encourage our children and young people to speak independently with our Standard 20 independent visitor who inspects our residential care services on a half termly basis. We also have an independent listener who visits Mary Hare monthly to spend time with and seek the views of children and young people, and additionally we ensure that children and young people have the details of how to access an Independent Advocate if they wish or it is considered necessary.

6. Safeguarding

35. Mary Hare has Safeguarding and Behaviour Support policies which are reviewed annually, and both are able to be accessed via the website or on request.
36. Our Designated Safeguarding Lead, Emma Kennet leads a team of deputy safeguarding leads who meet weekly to review all safeguarding matters. The DSLs are responsible for coordinating Child Protection matters, referrals and allegations.
37. Staff members are trained (within safeguarding training) in how to respond to allegations made by children in their care, and this includes how to respond verbally, and how to record, and what reporting structures they need to operate within. We also discuss Safeguarding in Team Meetings and Supervision sessions with all staff members.

7. Views, Wishes and Feelings

38. At Mary Hare we have a child centred approach and consult with our children through open communication about decisions that involve their lives. Our children

are encouraged to talk about and share their ideas for their daily life. As well as day to day communication between the staff members and children, the houses all have a weekly meeting in which the plans for the following week are discussed with the input from the children being sought for weekly activity planners etc.

39. The children and young people are very much a part of the community at Mary Hare and are fully included in all aspects of daily life and are encouraged to contribute to the community in a way which resembles that of a healthy and functioning home. The children are given responsibility and are encouraged to take ownership of and pride in their home environment. They build positive and effective relationships where communication is key, and all are listened to and invested in emotionally.
40. Key-working is an integral part of our practice, and the children will have a designated key worker who will oversee their plan of care within the home and will record and respond to all matters raised as part of key work sessions.

8. Anti Discriminatory practice and Childrens Rights

41. Mary Hare ensures that all children are aware of their rights to:

- Protection (the right to be safe)
- Provision (the right to be well looked after)
- Participation (the right to have their say and be listened too)

42. All staff members at Mary Hare are responsible for promoting and safeguarding children's rights which must always be respected. All children will have a right to dignity, privacy, choice, safety, education, reaching their full potential, equality, and diversity.

Children at Mary Hare will have access to information, addresses and phone numbers of:

Children's Commissioner: (Tel: 020 7783 8330).

Website: <http://www.childrenscommissioner.gov.uk/about-us/contact-us>

Ofsted: Your rights your say (Tel: 0300 123 1231)

Website: <https://www.gov.uk/government/organisations/ofsted>

Child Line: (Tel: 0800 1111; **Website:** <https://childline.org.uk/>)

National Bullying Helpline: (Tel: 0845 22 55 787 or 07734 701221)

Website: <http://www.nationalbullyinghelpline.co.uk/>

NSPCC: (Tel: 0808 800 5000).

Website: <https://www.nspcc.org.uk>

43. These will also be available in a folder with information of local services for our children where they can seek support and advice.
44. The children have access to a private telephone and also access to a computers with secure internet access.

9. Education

Our principles and approach

45. Pupils are normally placed here because we are the nearest school which can meet their needs (even if they live hundreds of miles away). However, we see considerable benefits to our boarding provision, and these are described below. We warmly welcome parents at any time, and they are always free to take their son or daughter out of school in the evening.
46. The Primary School provision operates Monday to Friday. Secondary pupils are free to go home as often as they wish for weekends, except for six weekends in Year 11 when we run extra GCSE study days. Some families ensure that their child goes home every week, while others stay at school more frequently. However, our Secondary school designation is that of a termly boarding school and only day fees or termly boarding fees are charged.

Admissions

47. Parents of prospective pupils and Local Authorities can contact the school at any time to discuss admission. Prospective year 7 pupils attend assessment days in September. For all other age groups assessment visits are typically undertaken during term time for a duration of three days. Prior to assessment visits information is requested to include previous school reports, EHCP/Statements of Educational Need, independent assessments, and safeguarding information. During the assessment pupils will meet the school audiologist, speech and language therapist, SENCO, teachers of the deaf and for residential pupils the relevant Care team leader.
48. Following the assessment visit information is compiled into a short report and if staff identify a pupil's needs can be met at Mary Hare, then an offer of placement is made. If parents accept the offer of placement, they will then approach their Local Authority to secure funding.

49. Whilst we aim for the majority of pupils to join at the start of the academic year in August there are also pupils who join the school throughout the year following SENDIST hearings or as a result of breakdown in current placements.
50. Places are offered to both male and female pupils after our admissions process. We cater for a broad range of hearing loss, auditory neuropathy processing disorder, language level and specific communication difficulties. Our SENCO and Learning Support Department oversee the support for additional special needs of our pupils. The SENCO is a team of professionals, all with experience on identifying needs, which are occasionally masked by their hearing impairment, such as; dyslexia/dyscalculia, a multisensory impairment and/or physical and mobility difficulties.
51. We may be unable to admit some pupils with severe or complex additional needs whose inclusion in class groups or the residential environment, would be incompatible with the effective education of other pupils, and where there are no reasonable adjustments that could be made to prevent or lessen the incompatibility.
52. Where any risks are identified, these are not seen as a reason not to place at Mary Hare but are considered based on the ability to manage risk and appropriate developmental plans. It is of paramount importance to us that the safeguarding of the children in our care is taken seriously. Therefore, we will not accept a child into placement who would pose an unmanageable risk to self or others. This would not be in the best interest of the child.

Curriculum

53. At both the primary and secondary schools, pupils have access to the full national curriculum which includes music and modern foreign language. At year 10 pupils commence GCSE curriculums which can also include entry level literacy and numeracy where relevant. Post 16 students follow a range of courses including AS and A levels, BTEC and Technical qualifications.
54. The majority of pupils are within chronological year groups and very few pupils are disapplied from areas of the curriculum. Academic progress and outcomes are reviewed as part of the annual review meeting.

Annual Review

55. A formal review meeting will be scheduled for each academic year to review the Education, Health and Care Plan or Statements of Educational Need. The meetings are normally chaired by a member of the School Leadership Team with reports provided from Teachers of the Deaf, Speech and Language Therapists, Residential Keyworker and Audiologist. Invitations to the annual review meeting will be sent 8-6 weeks prior to the proposed date to parents, pupil, local authority representatives and other professionals relevant to the young person. All reports are sent 2 weeks prior to the review meeting.

56. Our school benefits from a highly experience and skilled staff team, including qualified teachers for the deaf.
57. Pupils are taught in small groups to support the teaching methods of Mary Hare. Bite-size learning based on personal interests and community issues engages children, helping extend their concentration. We have high expectations of children of all abilities who are encouraged, wherever possible, to follow a formal curriculum to the best of their abilities, to work towards accredited outcomes.
58. To achieve the level of consistency we require there is a standardisation of training and expertise across our residential and educational environments. This is around for example the ability of all residential and teaching staff members to support children with relationships and their behavioural responses. In the academic year commencing September 2023 all educational and care staff will receive training in ProActive Approaches which will enable a consistent and predictable approach to managing behaviour.
59. We have processes in place which places importance on communication between all areas of Mary Hare and especially between school and care, daily handovers and structured conversations ensure there are high standards of communication.

10. Enjoyment and Achievement

60. At Mary Hare our aim is to provide children and young people with a wide range of positive social and leisure experiences which improve their social skills, health, confidence, resilience, and self-esteem. The children we look after will often have had traumatic or difficult experiences of educational environments and being within a social group may not have been a regular occurrence. Therefore, this may be the first time some of our children and young people can experience such a range of activities and we aim to promote existing interests whilst allowing opportunities for new and exciting experiences. We will give our children and young people lots of attention and positive reinforcement, and ensure they are involved in all decisions about their daily life and their interests.
61. Where there is a specific interest, our children will be encouraged and supported to join a club, examples of these in the local area include various sports groups, drama groups, scouts (to name a few). Mary Hare has a residential staff team who ensure a

variety of fun experiences that promote learning and encourage the development of skills. We also have a designated activity co-ordinator who plans an annual cycle of activities and events as well as running our youth club – Coles Diner – activities and trips include; crabbing at Poole Harbour, swimming, cinema, trips to the seaside, museums, adventure playgrounds, woodland adventures, farm parks, zoo's, meals out, climbing, skate parks, laser quest, theatre trips and visits to places of historical, environmental, and religious significance.

62. As well as off-site activities there is a variety of options for activities within the houses, some being planned with others occurring through child-led spontaneity. Social skills are developed through providing a calm, nurturing, and caring living environment that promotes self-esteem.
63. Friends are encouraged in the home and positive and communicative relationships are made between the staff members at Mary Hare and the young person's family and peers.
64. All positives are recognised within Mary Hare and depending on the individual influences how we mark and celebrate those positive steps and milestones.

11. Preparation for Independence

65. We will support the children to learn and develop new skills that support life skills such as cooking, cleaning, daily and weekly chores, low key budgeting with allowances and rewards that are supportive to development, purchasing items at shops, fixing small DIY tasks etc. This will be individually tailored considering both the children's chronological and developmental age to support their growth in turn developing their self-esteem.
66. From year 7 children and young people are involved in understanding what it means to keep their personal space tidy and to be involved in their own laundry and this increases as they transition through the school. Staff support children and young people until they no longer need assistance, though at times will provide additional support where it is known there are struggles being experienced which prevent tasks being completed without adult support. We encourage parents to support our approaches and the basics of bed making, disposing safely of rubbish, good standards of personal and environmental hygiene.
67. Our collective goal being that when a young person leaves school they are aware of how to self-care, can envisage living independently where this is practicable,

understand how to complete household tasks, can cook and understand basic budgeting and how to source support if needed,

12. Health Care and Wellbeing

68. The Medical department is run by our Head Nurse and a nurse practitioner and 2 part time Health Care Assistants who are responsible for the health care of all pupils whilst at school.
69. Where pupils are unwell for more than a day or so, they are encouraged to return home to recuperate, where possible. All children and young people must be registered with a GP and some families chose to register with our local GP surgery rather than at their home address surgery. Primary pupils must remain registered with their home GP.
70. All new secondary pupils have an initial medical check with the GP and an Ear, Nose and Throat Consultant. Prescribed and homely remedies are dispensed either from the medical department or from the pupil's relevant boarding house. All medications are stored securely and administered according to School policy.
71. Where a pupil is registered locally to Mary Hare and is in receipt of prescribed medication, we ensure that in advance of holidays the appropriate amount of medication has been requested in order that parents can have prescriptions to last the duration of the school holidays.
72. We promote physical and emotional health on a day-to-day basis through diet and physical activity. We will support the child to attend health appointments and record outcomes of appointments.
73. Any other needs such as Deaf CAMHS, therapeutic provisions, additional health needs, will be identified and discussed.
74. The children will be educated through key-working sessions, daily house meetings and informal discussion re: the importance of maintaining a healthy lifestyle and general well-being – staff members will encourage the child to eat a healthy and varied diet.
75. We store all prescribed medication in a locked storage facility within each house or for some medications within the Medical Centre. All medications entering and leaving the house are recorded.
76. If a child / young person wishes to self-administer medication, they are thoroughly risk assessed, and assessments regularly reviewed factoring both the child's

developmental and chronological age. In these circumstances, if deemed appropriate, the children will have lockable facilities in their bedrooms. Staff members receive training in the safe administration of medication and refresher training and observation by one of our nurse team.

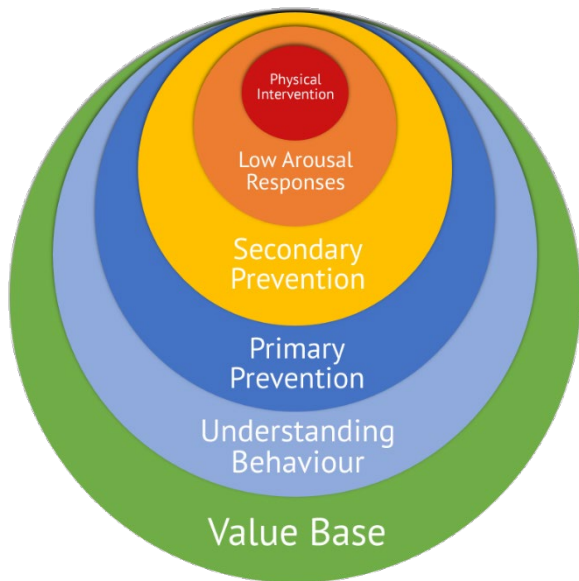
77. The children can receive homely remedies if required. All homely remedy medication entering and leaving the home is recorded. Administration records are also completed. All homely remedy medication is stored securely in a medication facility; and the child wishing to self-administer the same risk assessment process and review applies as above.

Wellbeing

78. Mary Hare has a wellbeing team which is led by Charlie Hadley who is the Wellbeing Lead and Joint Head of PSHE, and she is supported by two full time wellbeing co-ordinators who provide individual session to children and young people, liaise with Deaf Camhs and support emotional and mental health needs of all pupils at Mary Hare.
79. At Mary Hare, we aim to promote positive mental health all students. We use both whole school approaches and specialised, targeted approaches aimed at vulnerable students.
80. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health.

13. Behaviour Support and Approach to Restraint

81. Mary Hare has recently adopted a new support approach named "+ProActive Approaches." +ProActive is underpinned by research and the philosophy behind it, is one of understanding and empathy and is built upon adopting a proactive, child-centered mindset in relation to behaviours of concern. +ProActive Approaches draws heavily on contemporary research, PBS (Positive Behaviour Support) principles and direct practice experience. It allows staff members to understand and respond confidently to behaviour that might challenge, using a wide range of proactive strategies and techniques.



By empowering staff members with the essential knowledge, they become inquisitive about behaviour and equipped with the skills to analyse and identify potential causes, considering possibilities ranging from, trauma & attachment, sensory, communication difficulties, frustration, anxiety, or environmental factors.

This important analysis not only allows staff members to correctly recognise and understand behaviours but subsequently develop an appropriate support plan which lessens the likelihood of behaviour

reoccurring. It also aims to minimise the potential for empathy fatigue and blocked care. +ProActive Approaches educates around attachment and the impact of trauma on the developing brain and teaches staff members about the importance of stress response and responding to trauma's impact as a hidden disability.

82. Staff members learn how to support children and the focus is on stress reduction to help the children's brain to learn to differentiate between perceived and actual threat and to regulate their stress response accordingly and lessen the overactive response of their automatic fight/flight response. The course teaches staff members the value of being emotionally predictable and attuned to the needs of the children and teaches ways of working which will help them to share their calm, and support children through difficult times.
83. At Mary Hare we would only use physical restraint when there is no realistic alternative. This does not mean that we always expect people to methodically work their way through a series of failing strategies before attempting an intervention in which they have some confidence. Nor does it mean always waiting until the danger is imminent, by which time the prospect of safely managing it may be significantly reduced.
84. Staff members must follow the guidance in a child's Individual Support Plan (ISP) in accordance with the child's individual risk assessment. Where they are presented with new behaviour, not previously seen, they will conduct a risk assessment and choose the safest alternative within the framework of their training. It also means that we expect staff members to reflect and think creatively about any alternatives to physical intervention which may be effective. Once a new behaviour has been seen and it has required physical intervention, it must be immediately, or as soon as is practicable, be recorded on the child's plan.

85. Primary prevention is about reducing exposure to known risk factors. This requires staff members to have an understanding of a child's needs and how these are likely to impact on their ability to function (i.e., understanding past trauma). Staff members must utilise strategies taught in their Proactive Approaches training and set out in the child's plan. Secondary Prevention strategies are how to respond to early warning signs that challenging behaviours are imminent. Staff members must follow the child's plan.
86. At Mary Hare we train all staff members in break-away and deflection techniques with a focus on de-escalating situations and redirecting children, which supports the reduction in the need for restraint.
87. If a child leaves the school site without permission a reporting protocol is in place which reflects their individual risk assessment and links to their individual plan. This may include the local authority, placing authority, family members, transport, and local police. The Individual Support plan (ISP) will indicate whether the child would need to be prevented from leaving the site. This would be based on clear risk assessment that they or others would be placed at significant risk. This will be agreed with the parents and placing authority as part of the admission plan for the child.
88. Our positive reinforcement reward systems are harnessed and based on a sound understanding of the needs of our children, these are always based on prompt reinforcement as soon as possible and within a range of realistic expectations of changing behaviours. Every child has a bespoke plan developed based on their own areas of difficulties and strengths which we wish to continue to develop. All consequences and rewards are reviewed by the House Leaders to ensure they are appropriate.

14. Leadership and Management

89. Our Residential care provision is led by the Care Leadership Team.
- Sarah Stefano – Director of Care
 - April McEniry – Head of Care Operations
 - Ros Congdon – Deputy Head of Care Operations
 - Blue Nolan – Quality and Compliance Manager
90. Individual residential houses and care teams are managed by Senior Team Leaders, known as House leaders and each staff team has ratios of staffing determined by age and need of pupils.

91. All pupils are allocated a keyworker from the care staff team. They are responsible for a group of pupils on a more personal level. Each pupil has the opportunity to complete an individual welfare plan and have one to one sessions working on development of needs with their keyworker through each academic year. A range of topics are discussed, and targets set, which help to form part of each pupil's individual care plan. The aim is to build on each individual's development, taking into account specific needs. Keyworkers also hold regular house meetings with their group to share information and achievements as well as organising trips out and activities.
92. Care staff undertake an induction programme within their probationary period of six months and are supervised fortnightly until they have passed probation after which supervision takes place half termly on a formal basis. Supervision is a process and not an event which means that open communication, handovers, and dialogue take place throughout the working rota. Team meetings occur weekly, and training is planned on an annual programme ensuring that staff remain current and up to date, where more bespoke training is required due to the needs of children and young people this is provided to teams as needs arise.

15. Governors

93. Governors play an important role in supporting and quality assuring the Care provision. Two designated governors have specific responsibility for Care and Safeguarding provision within the school and make periodic visits. Termly quality assurance visits are undertaken by representatives of the Governors in line with the national minimum care standards.