STATEMENT

OF

PURPOSE

Young Epilepsy
Residential Special School

January 2014
Hanley House

Howe House
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**Introductions**

Based on a beautiful 250 acre rural campus in Lingfield on the Surrey/Sussex/Kent borders, Young Epilepsy provides assessment, treatment, care and education to young people whose lives have been adversely affected by epilepsy, learning difficulties and other neurological conditions. Young Epilepsy operates a residential school and 6th form service including ASC, offering a prescribed service to meet the individual needs of the young people residing there. Houses are registered as a Children’s Home, and as a Residential & Special Schools Provision.

Young Epilepsy provides an on-site 24 hour medical service during the academic year and a reduced nurse based service during the holidays with support from the local GP service. Young Epilepsy works in partnership with Great Ormond Street Hospital NHS Trust and is actively involved in research to improve the lives of young people with epilepsy from childhood to adulthood. The organisation supports children and young people with a variety of complex needs including epilepsy, developmental delays, autism, communication difficulties, challenging behaviour and ADHD. They respond well to living in a structured environment offering consistency of care and being supported with by our multi-disciplinary team with programmes to support all areas of need. We have an ethos of ‘One Voice’ being used at any one time and supported by pictorial references to the situation occurring. Young Epilepsy school & residential services can manage young people who present with a degree of challenging behaviours as long as the environment and group sizes do not impede on the individuals ability to learn.

**Registered Provider**

The registered provider is:

Young Epilepsy  
St Piers Lane  
Lingfield  
Surrey  
RH7 6PN

Young Epilepsy is a registered charity (charity number 311877)
Responsible Person

Mr John Cowman – Operations Director.

Head of Care for Residential Special school services

Sarah Prevett- Qualifications – NNEB, Diploma in Social Work, Registered Managers Award (RMA) – Adults, CMI Diploma in Management, with 40yrs experience in residential care

Organisational structure of Young Epilepsy
Staff training and Development

Young Epilepsy Residential Special School employs a diverse mixed gendered staff team. They are each subjected to our strict vetting policy prior to commencing employment, including an enhanced DBS check for all. They begin a 6 month Induction programme of mandatory training, some of which must be undertaken prior to starting work with the children. The remainder of the mandatory training is completed according to an agreed schedule. Once this is complete, staff will then consolidate this learning with the achievement of the Diploma Level 3 in Health and Social care with a focus on Children and Young People. From January 2014 all staff must have attained this training two years from the date of their employment with Young Epilepsy. Any staff employed prior to this date must attain the training by April 2017.

Young Epilepsy is proud to hold Investors in People accreditation, and are committed to providing learning and development opportunities that support excellence in role.

Staff are employed in Young Epilepsy team, but identified to a specific area of the service ensuring their skills and experience will match the needs of the children in that area. The rota's are organised by the House Manager, in consultation with the Head of Care. These generally offer a ratio of 5 staff – 6 children. The regular staff team will be offered some assistance for staff absence from our own casual/bank staff team.

All staff are offered ongoing support, however new staff will receive weekly 1:1 supervisions for one hour for the first three months. Small group sessions may also be recorded to offer some holistic support for staff commencing employment at the same time. After 12 weeks, fortnightly supervisions will be given for the following three months. There after staff will receive one and a half hours of supervision every month. Although generally on a 1:1 basis, small group sessions may continue to be considered. Young Epilepsy ensures ongoing support for their staff in their professional development.

Full, clear, informative handover's occur from the House Manager and/or Assistant Managers, when there is a shift change. Support is readily available from the Head of care, the on call Duty Manager or an Executive Member. Support is also offered by the Duty Engineer for larger problems such as water/heating issues.
Mandatory Training for Student Support Staff

Meet CE, HR Team, Care Team
Health and Safety, Fire & COSHH
Infection Control
Moving & Handling people with special needs
Epilepsy Awareness
Safeguarding
Autistic Spectrum Disorders
Intensive Interaction
Behaviour & Learning Disability
Safe Support
Appointed Person’s First Aid
Food Hygiene Level 2
Legislation including mental capacity Act and DOLS
Childhood Development
Disability awareness
Signalong
Supervision
Diversity/Values/Person Centred Care
Data Protection
Listening Skills
Risk Assessments
Facilitating Play & Leisure
Appraisal Training
Stress management
Multidisciplinary team approach
Student relaxation
Total communication
Objective setting
Report Writing
Bullying Awareness
Diploma level 3 in working with Children & Young People

All staff working at Young Epilepsy have their own individual training records which are kept on their personnel files. It is accessible to the individual and their line managers for audit and evaluation purposes.
Philosophy

Our purpose is to ensure that young people truly benefit from Young Epilepsy’s services educationally, medically, socially and emotionally. Young Epilepsy’s aim is to secure better futures for young lives affected by epilepsy. The Organisational values of Trust, Honesty, Empathy, Integrity, and Respect are paramount in ensuring that the Young Person has the basic rights of care in line with ‘The Every Child Matters’ Framework of:-

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic well-being

All young people residing at Young Epilepsy have three fundamental rights accorded to them whilst in our care. These are:

- To be valued as an individual
- To be safe
- To be treated with dignity and respect

All young people have the right to the highest standards of education, care and medical intervention and this is delivered in an individual way having regard to student’ abilities, personal preferences and cultural or religious background.

Principles of Care

Staff at Young Epilepsy work on the principle of a multi disciplinary Person Centred care approach. Ensuring they work in partnership with the child or young person, respecting their rights as an individual, offering them independence & choices in their lives.

We working closely with our Health service, which includes our Psychologists, Occupational Therapists, Speech Therapists, Physiotherapists, and Play Specialists, and our Education department to ensure individual programmes are set up for each young person.

Number of residential placements

We currently have 30 residential places for student’s requiring weekly or term time only boarding.

Range of needs

Howe Upper - A group of young people aged from 10 – 19 years of age with epilepsy, learning, communication and behavioural needs.

Hanley - 9 - 18 yrs – younger, more profound or vulnerable needs provision. Maximum 6 students.
**Hanley**

Hanley is a 6 bedded, stand alone house at the centre of Young Epilepsy’s campus. It provides 39 week residential services to young people with severe and multiple learning difficulties. At present, the house caters for 5 young males between the ages of 12 and 18 years of age although there is scope for this group to be mixed gender. All of the young people who reside on Hanley have a diagnosis of epilepsy and some have additional diagnoses such as Autism. Due to the complex needs of the group, Hanley employs a high staffing ratio to ensure that a high level of care is achieved and to support each young person through their daily lives. Hanley is very well equipped and provides ample space for the young people to engage and develop their interests. It has a fully equipped sensory room, Smartboard and large garden and is central in proximity to the campus’s other facilities.

**Cedar**

Cedar is a nine bedded unit which is located within the Howe House building. It provides 39 week residential services to a group on 9 young girls between the ages of 14 and 18 years. All of the young people who reside there have a diagnosis of epilepsy. In addition, many have a diagnosis of Autism and other conditions. The complex needs of the group require a high level of staff support from a diverse and experienced staff team. The young people are supported in achieving as far as possible life skills and experience both on the house and within the community setting.

**Rowan**

Rowan is a nine bedded unit which is located within the Howe House building. It also provides 39 week residential services for up to 9 young people. Rowan caters for both male and female students between the ages of 12 and 18 years of age. All of the young people have a diagnosis of epilepsy and some have additional diagnoses such as Autism and other conditions. Many of the young people may also present with challenging behaviours. An experienced staff team provides a high level of support to engage each young person in activities that offer positive life experiences and development of their independence skills within our campus and the local community setting.

**Oak**

Oak is a house with supports up to six children and young people with a variety of needs from epilepsy, autism, communication and sensory needs. An experienced staff team support the children through their waking day offering support for all personal and developmental needs.
All children and young people have their own bedrooms decorated and personalised as they wish or with the help of their parents or care staff. There is plenty of storage space for their clothes and personal possessions. A vanity basin area, for teeth cleaning and personal care is available. A risk assessment will show if the pull down, lockable shutter, should be used to protect the children when not in use.

All the bedrooms have telephone, computer, and power points. Any young person making or receiving phone calls can do so with the privacy they need, and support id offered to those where the risks are higher. Each house has Skype fitted and all families and friends are encouraged to set up this system at home to improve the communication to the young person.

Each individual bedroom has an **audio monitoring system** to support any young person who evidences any health or care risks. This will be done through a risk assessment. Then the audio monitoring system can be activated, ensuring any sound and movement made by the children can be detected and the appropriate support offered instantly. This will be identified in each child’s Placement Plan.

Staff and visitors are made aware that these rooms are the children’s own personal space and so respect that by knocking on entry each time. Where safe to do so the young person’s wishes will be respected.

**Focus on young people**

We expect the houses to be driven by the needs, abilities and aspirations of the individual young people, not by the desires of the staff, management or others. We recognise how easily this focus can slip and we will remain vigilant in ensuring the facilities, resources, policies activities and services of Young Epilepsy remain service user led.
**Admissions Process**

Young Epilepsy assesses each student's individual needs through the following processes:

<table>
<thead>
<tr>
<th>Process</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal Visit / Open Day</td>
<td>Parents and child are invited to visit and meet with members of teaching and residential staff. They may also meet with members of the health and therapy teams if appropriate.</td>
</tr>
<tr>
<td>Referral</td>
<td>Referrals are accepted from the Local Authority or parents and should include Statement of Special Educational Needs, school report, annual review, medical reports and therapy reports.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Assessments which last between 2 and 5 days are offered to students. The Assessment programme includes structured observations and activities in a range of settings including education, care, medical, psychological/behavioural and relevant therapies. A decision is communicated to parents wherever possible at the end of the Assessment.</td>
</tr>
<tr>
<td>Admission</td>
<td>Once funding has been agreed a mutually convenient start date is arranged.</td>
</tr>
</tbody>
</table>

**Education**

All children and young people resident at Young Epilepsy access their education at St Piers school, situated in their own grounds. This provides the children with the best opportunities for education and learning, whilst enabling them to interact with their peers in an appropriate setting. Families and/or significant others are encouraged to attend all school functions.
Health Care

During term time the children resident in the Young Epilepsy children's Home have access to the medical services provided by the Young Epilepsy medical team. This includes the provision of a Consultant Paediatric Neurologist, Specialist Registrar and other visiting specialists. There is also a full nursing team one of whom acts as a key nurse. The service provided includes a daily nurse led clinic on the home as well as a GP clinic twice weekly within the medical centre and there is an on-site pharmacy advisor.

The children will be able to access the Multi-Disciplinary team, here at Young Epilepsy. This team comprises professionals qualified in Psychology, Physiotherapy, Occupational Therapy, Speech and Language, Interactive Music and Play Skills. Together with the Care Staff, these therapists will help formulate programmes, based around their development needs. Thus the children could be working on their programmes though out the year. These are reviewed regularly, recorded and stored in accordance with the Data Protection Guidelines.

Any prescribed medication is administered by care staff trained in and assessed as being competent in this procedure. The medication is stored in the home, locked in a secure medication trolley and/or cabinet. There are clear procedures for supporting children with administering of their own medication, if appropriate. Risk assessments will enable us to facilitate this safely.

All appointments and records of medical visits will be recorded clearly, and professionally within the appropriate files which will be stored securely to comply with the Data Protection Act 1998 and the Young Epilepsy Medical Records Policy 2009. Social Workers and families will be notified accordingly.

If a child needs to attend an outpatient appointment at a hospital then their parents are responsible for escorting their child, enabling any medical consent forms to be signed on behalf of the child. Any admission to hospital again remain the responsibility of the parents with some support from Young Epilepsy for the first 12 hours after an admission, enabling the parent’s time to travel to the hospital. Then from there onwards we will support for approx 4 hours a day.

Therapy Support

The St Piers Young Epilepsy residential homes are only a small part of the services offered by Young Epilepsy. Alongside the St Piers School and medical department there is also a range of therapist services including Physiotherapy; Psychology; Occupational therapy; Play therapy and Speech and language therapy.

These form our multi-disciplinary team.
Speech & Language Therapy

The speech and language therapy (SLT) service is delivered by a team of therapists and technicians across school, college and assessment unit. All therapists are registered with the HPC and RCSLT.

The SLTs can help with all types of difficulty in communicating, including those with speech, receptive language, expressive language and social communication. SLTs also work with students who require an additional or alternative means of communication such as signing or use of a communication aid.

Therapists look at how effective a learner’s communication skills are, rather than just their speech or language skills. This involves looking at all their ways of interacting and how they are functionally able to communicate with those around them. SLTs also assess the impact any epilepsy may be having on them. The SLTs also support students with oral skills difficulties affecting their eating and drinking.

Occupational Therapy

Occupational Therapists aim to assist students to develop skills for life in the education setting and in everyday life. They identify students’ strengths and work to minimise or compensate for a student’s functional limitations. Students’ needs are assessed through the use of informal and standardised assessments, liaison with carers/parents and other professionals as well as through observation of students within functional contexts (residential houses, classroom or during leisure time).

At Young Epilepsy the OT team work across site and cover the Assessment Unit, School and College. Intervention that follows assessment could involve the following:

- Input to work on fine motor, sensori-motor, cognitive or social and life skills, that may take place in groups or individually. Examples of input include movement activity groups, and health and hygiene groups. We then support students in applying their existing and their new skills to different aspects of their life.

- Sensory Integration Therapy, which aims to improve sensory processing and motor planning skills in order to function effectively.

- Advice and provision of specialist equipment or adaptations to the environment. For example, to enable the student to function at their best despite their difficulties we could provide specialist equipment like adapted cutlery, kitchen equipment, specialist seating, bathing and showering equipment.
- Safety: we provide protective helmets or pad aspects of the environment, if required.

- Advice, training and monitoring of functional skills such as self-care.

- Working jointly with colleagues from health, education and care staff to maximise outcomes

Occupational therapy will monitor students' progress to ensure that students are continuing to develop their skills. Therapists might develop and implement therapy programmes to integrate treatment throughout the waking day with support from the staff working with the students on a day-to-day basis. Occupational therapy provides training to staff to raise their awareness of students' needs and enable staff to continue to have the knowledge and skills to support the students to be as independent as possible, and benefit fully from therapy input.

**Physiotherapy**

Students identified as requiring physiotherapy will receive an assessment in their first half-term after admission to Young Epilepsy. Those students requiring immediate physical management guidelines and advice regarding equipment will be assessed within the first week.

Movement and good postural control are fundamental to all learning experience. By improving the quality of movement patterns and physical performance, the physiotherapy team contributes towards increasing student confidence and self-esteem, helping to extend and broaden experience and develop increased functional independence. This is achieved by offering ways of improving sensory awareness, balance and co-ordination, strengthening and mobilising where necessary and increasing the range and sphere of movement.

Equipment assessments and reviews are carried out as appropriate. Seating assessments and reviews on the houses/hostels and in school/FE are carried out in conjunction with the Occupational Therapists.

**Play Therapy**

All young people at Young Epilepsy can benefit from a variety of play interventions provided by the play therapist and play specialists

**Developmental Play** - The Play Specialists provide advice and support on play and activities that are relevant for the student’s developmental progress in order to support their education. The Play Specialist may provide individual or group sessions to promote the students play skills and to develop friendships with their peers. By liaising with the support workers, the provision of developmentally appropriate activities ensures that students are engaged in
their leisure time which has a positive impact on the reduction of behaviours that may be seen as challenging.

**Intensive Interaction** – This is an approach used with students who have severe and profound learning disabilities to develop their social interaction and non-verbal communication skills through repetitive familiar social exchanges with an attentive, interactive partner. The students own mode of interaction and communication is valued and responded to in order to develop turn taking and the enjoyment of positive engagement with others.

**Preparation and Post Procedural Play** – Play is used as a medium to develop an understanding of hospital procedures or an awareness of conditions such as epilepsy. Having an EEG, MRI scan or a blood test can be a frightening experience. By exploring medical procedures through play activities the student gains an understanding of what is going to happen and therefore a sense of control often resulting in increased co-operation. Specific activities may include looking at books and videos, role play, storytelling or the introduction of relaxation techniques.

**Play Therapy** – The Play Therapist provides counselling through play activities for students who may have difficulties in expressing their specific emotional difficulties verbally. The Play Therapist responds to the student’s communication through their play and provides a non-judgemental safe environment for the student to explore and express their emotions. The one to one attention supports the student in understanding more about their own thoughts and feelings and they become better placed to deal with them resulting in reduced anxieties.

**Psychology**

The Psychology Team includes educational psychology, clinical psychology and neuropsychology. The work of the team is mainly centred around the two areas of assessment and intervention.

**Assessments**

Young people are assessed using a variety of approaches, including psychometric tests, dynamic evaluations-involving play and interaction techniques, as well as observational checklists from parents, teachers and carers. The aim is to reveal specific areas of relative strengths and difficulties relevant to learning, individual and social awareness, and personal care. This then informs what support or intervention may be required to assist the young person in reaching their maximum potential and enhancing their quality of life.
Interventions

Interventions are planned to facilitate learning and maximise opportunities for success. Interventions can take the form of one or a combination of the following:

Behaviour Programmes – These are devised by the psychologists in close consultation with all of the members of staff involved, parents and the young person themselves, where appropriate. These programmes are regularly monitored and reviewed for their effectiveness.

Learning Programmes – These identify methods for meeting a young person’s individual learning style based on their cognitive strengths and areas of need.

Psychological Therapy / Counselling – The psychologists provide individual therapy or counselling for students requiring this input. It may be short or longer term according to the need.

Group Therapy Input – The psychologists may run groups for young people to implement training such as social skills, anger management, anxiety management, assertiveness training and other areas of social and personal development. These groups may be run in collaboration with other therapists.

Autism

All our staff are taught to work with our organisations 5 Golden Rules when working with young people with Autism.

Consistency
One voice
Structure
Key Words
Total Communication

Behaviour Support

We support the children through all the challenges of life by using the philosophy of positive rather than negative reinforcement. In so doing we enable them to find ways to manage themselves in a positive manner. Distraction and de-escalation techniques are fundamental in supporting any young person that may display challenging behaviour. We always look for the trigger in any actions that have occurred in an attempt to prevent the behaviour occurring again. We do not use sanctions, but prefer to use or discuss the consequences of actions, and alternative positive behaviours. These are recorded in an appropriate book and signed by staff and child, if able.
Staff are trained to understand the reasons for behaviour, primary and secondary preventions and the law that underpins the use of the physical strategies (escorting non restrictive, self protection strategies, escorting restrictive and restrictive physical intervention) we follow through Safe Support so they have a better understanding of their actions. In extreme cases were a young person is putting themselves, others or causing damaging to property that is likely to cause significant harm, we may as a last resort have to use a restrictive physical intervention. This will be used with reasonable force for the minimum duration. We do not use pain compliance or techniques in the prone position. The use of this however is the very last resort, and again recorded clearly in the appropriate book, which technique(s) were used and for how long, signed & witnessed. Post behavioural incident, staff and the young person if able, will try to come up with alternative strategies in an attempt to prevent the behaviour occurring again.

The Child’s Voice

Fortnightly meetings involving the children and young people will take place if appropriate for the peer group. They will discuss their ideas and suggestions for activities and things like their future menu’s. This meeting will offer an open forum for the children to discuss any concerns they may have about how the home runs and their involvement in this. For others, regular Key worker meetings/sessions will be recorded and used as a time for the young people to voice their views in the ways they feel most comfortable.

Both formats offer an opportunity for all young people to express their views and feelings with symbolised cards readily available in various areas. These include symbols for Help, Cross, Sad & Happy

Safeguarding / Bullying

We are committed to providing safe care for all the young people who reside within the residential Special school.

Risk Assessments are undertaken and re-evaluated regularly and detailed records of each child’s needs are maintained.

Staff work to the procedural requirements of the organisation and Surrey Safeguarding Boards in respect of child & adult at risk protection and all staff receive appropriate training in respect of Safeguarding.

All staff receive training in safeguarding procedures and whistle blowing upon induction with annual safeguarding refresher training being mandatory for all
staff. Failing to report abuse or suspicions of abuse can amount to gross misconduct under our staff disciplinary procedures.

Any concerns regarding a young person’s wellbeing and/or care will require staff to follow the Young Epilepsy Safeguarding policy and notify the Safeguarding Officer on call. A copy of these procedures is located within each home. It is the Safeguarding Officers responsibility to make any referral to Surrey Contact Centre or the LADO (Local Authority Designated officer) as appropriate and in line with Surrey Multi-Agency guidelines. The young person’s Social Worker will also be informed. All serious incidents are notified to Ofsted

Additionally each home takes issues of bullying very seriously. An anti-bullying policy is in place and staff are aware of signs and indicators to ensure that bullying does not occur in the home. In order to ensure vulnerable young people are not disadvantaged, or adversely affected by the behaviour and activities of other young people.

**Equality**

Choices are extend to all areas of the children’s life, and we work flexibly with their wishes around food, bath and bed times. None of which is structured into a daily time or group activity. We work hard to ensure there is community cohesion with the children included in local activities, events and clubs. We believe that any thing that the children wished to achieve or participate in will be supported and open to the assessment of all.

**Diversity**

The staff working with the children living in Young Epilepsy children’s home have a clear understanding of Diversity and our policy supporting this. The team openly works with the knowledge that it is every ones right to be cared for, and to work with difference. Thus the team recognises each child in their care and each member of staff employed with them as individuals. At no time is it acceptable for any person to discriminate against another.

We ensure an open awareness of the differing cultural and religious needs of the children in our care. This is achieved through a full diverse menu, and posters, books, and toys presented through a variety of cultural experiences.

There is an open awareness of each child’s religious backgrounds, and support is offered to enable the children to attend regular church services, meetings and clubs of their choice, as is appropriate and requested. Any religious instruction or observance will be supported. The children are able to access any of the regular multi denominational services held within the organisation of Young Epilepsy.
The arrangements for dealing with complaints

Young Epilepsy believes that it is important that students, families and purchasers of services know and feel able to complain if they are unhappy with any aspect of our service delivery. We regard complaints as an important part of our quality control process, and all are taken seriously and fully investigated.

Young Epilepsy has a formal complaints policy, student accessible guidance, an independent person to whom students and others may refer matters and each college residential house has a system of recording lower level concerns and actions taken in response. Staff also need to feel free to complain, especially if they are concerned about the practice of a colleague or someone senior to them. To this end Young Epilepsy utilises a whistle blowing policy, and staff are able to raise concerns without fear of reprisals.

Enjoying and Achieving

A wide varied, range of social and leisure activities are offered, such as swimming, disco dancing, Karaoke and youth club. Care staff are trained to deliver and run group work activities such as Intensive Interaction, Interactive Music, Story Telling, Dance and Music, as well as Social Skills, and Play Skills groups. Sensory and messy play is a fantastic medium for our children to experience, and this can be safely accessed in our Art Room. The children can also use our Sensory and Soft Play Rooms offering a great outlet for either relaxation or stimulation. There is an outdoor play ground nearby which offers stimulation to all. We recognise the need for inclusion in today's society, and ensure all the children are able to access the local community where ever possible. Amenities such as the cinema, theatre, shops, parks and restaurants are enjoyed by all.

We are very aware how important it is for the children to be given the choice to participate in activities. Where appropriate, they will be encouraged to join in but at all times, we recognise their need to relax and actually be themselves and to be able do “nothing” at times.

We aim to work in partnership with each young person, their parents, families and/or significant others to ensure their entire waking day is a learning experience. The children and young people work on an Individual Education Plan (IEP) which is set up between child/young person, their education, therapy and care staff to identify areas of development needs and the steps to achieve these personal goals.
Social contact between families, relatives, carers and representatives

The young person’s parents, carers, family, and significant others are encouraged to visit them whenever possible. Any restrictions on supervision or access will be made with the Social Worker and in discussions with the family and care staff. Provision for this will be discussed in advance.

Young Epilepsy also works closely with an Independent Advocate who is available to meet either individual residents or groups of young people. Visits by the Independent Advocate occur at least half termly and information is provided on each residential house on how to access this service.

Young Epilepsy offers a variety of placements including weekly boarding, Term time only and varied up to a 52 week placement. As Young Epilepsy is not a life long placement, relationships and links within the home area are actively encouraged to enable future transitions to be made.

Key Worker

All young people resident in Young Epilepsy residential homes are allocated a personal Key worker. It is their responsibility, with support from the house teams to offer assistance, support and guidance to the student about a variety of issues and to liaise with the young person regarding care needs and any concerns that might be troubling them. The key worker will communicate, where appropriate, with parents, external agencies and the multi disciplinary team at Young Epilepsy, regarding issues surrounding student progress and development. They should also advocate for the student when necessary and ensure welfare and rights are being protected.

The arrangements for Review of child/young person’s Care/Support Plan.

A Placement Plan will be set up on admission and this will be reviewed every 6 months or as the individual needs of the student changes. This will include any actions or plans in place to keep the child or young person safe from harm or absence. If amendment is required in the interim, all appropriate authorities will be notified.

A formal review of each student’s special educational needs, to include the continued suitability of the placement, will take place on an annual basis.
within a multi-disciplinary setting. Where specified by a Local Authority, a report will be produced at the end of the student’s first term. The Head of Care can request an additional review meeting with the Local Authority if there are any safety concerns.

Student progress will be monitored more frequently thought IEP review processes and through regular multi-disciplinary meetings.

**Health and Safety**

We have strict Health and Safety procedures and regulations and produce holistic and individual Risk Assessments for children and equipment. Fire safety and regular drills for all staff and children occur monthly

**Finance**

The staff support each child to manage their own money safely. In the event that they need complete advocacy or variations of, the team will record in detail all money’s saved or spent with receipts.

**Unauthorised Absences**

Young Epilepsy has a Major Incident Plan, and a Missing Student Plan, both of which we will follow if the need arises. All notifiable events are reported to Ofsted in a time honoured way.

Placemen Plans will note procedures and plans to support a young person who repeatedly goes missing. The Head of care may request the local authority that looks after the child or young person to review their care plan.
Key links and contacts in Care

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Name</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Director</td>
<td>John Cowman</td>
<td>01342 831324</td>
</tr>
<tr>
<td>Registered Manager Head of Care</td>
<td>Sarah Prevett</td>
<td>01342 831305</td>
</tr>
<tr>
<td>Cedar House</td>
<td>Jay Shekleton</td>
<td>01342 831474</td>
</tr>
<tr>
<td>Rowan House</td>
<td>Jay Shekleton</td>
<td>01342 831320</td>
</tr>
<tr>
<td>Hanley House</td>
<td>Kat Hajec</td>
<td>01342 831323</td>
</tr>
</tbody>
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Key links to other departments

Registrar
Cedar – Dr Francis Kumar
Rowan – Dr Francis Kumar
Hanley - Dr Sonja Schick

Key Nurse
Cedar – Annie Westlake
Rowan – Jo Pembroke
Hanley - Kirsten McHale

Psychologist
Contact No. - 279

Occupational Therapist
Contact No. - 275

Physiotherapist
Contact No. – 390

Speech & Language Therapist
Contact No. - 403

Play Therapist
Contact No. – 369