



Statement of Purpose: Glebe House Children's Home January 2018

Caring for Young People

1. GLEBE HOUSE

Our charitable Trust provides specialist interventions for young men with a known history of harmful sexual behaviours.

Our services include:

- Residential Treatment Service to address harmful behaviour in older teenagers
- Independent School
- An independence transition service
- Training and Consultancy
- Community based assessment and intervention work

The Friends Therapeutic Community Trust (FTCT) was established in the late 1960s in response to the concerns of a Quaker Probation Officer. He had not been able to find an appropriate residential resource where intensive work with troubled young men took place. Now the focus is working with sexually harmful and challenging behaviour and we have acknowledged expertise of working with young men in this area.

MISSION STATEMENT

David Wills, Quaker, developed the practice which has laid down principles for therapeutic communities. He was concerned to show the therapeutic value of love and shared responsibility. His concepts embrace a number of fundamental issues which identify the principles and values for Friends Therapeutic Community Trust;

- There is within each of us good that is worthy of love and respect
- Punishment should not be used to correct or change behaviour
- Domination of one person or group by another, is abhorrent
- Relationships should be egalitarian and non-authoritarian
- Therapy should be based on trusting and accepting relationships

CHARITABLE OBJECTIVES OF THE TRUST

The establishment of a Therapeutic Community for the treatment and help of children and young people who are unstable and maladjusted and in need of assistance;

- a. By providing and maintaining one or more homes, hostels or communities in which children or young people in need of such assistance may reside in conditions calculated to assist them to establish themselves in life as ordinary members of society;
- b. By undertaking as opportunity may occur in connection with the homes hostels or communities aforesaid research into the factors contributing to the unsocial behaviour of children and young people and the means by which they can be fitted and brought to live as normal members of society;
- c. By undertaking as opportunity may occur consultancy work with relevant professionals;
- d. By undertaking as opportunity may occur work with children and young people in the community in order to help integrate them as normal members of society;
- e. By undertaking as opportunity may occur training events for relevant professionals into the unsocial behaviour of children and working with children and young people.

Underpinned by over 50 years of successful provision of therapeutic care, Glebe House offers an emotionally secure and monitored environment, which supports adolescent males who are at risk (emotionally and physically) to themselves, to children, to their families and to the wider community.

Glebe House offers a service to young men, wholly or mostly aged between 15 and 18 years at point of referral. There is a capacity to accommodate up to 16 residents. Glebe House specialises in working with young people who may have issues in regard to behaviour and specifically harmful sexual behaviour. We work with young people who have a range of cognitive ability, from above average to moderate learning disabilities.

As a Therapeutic Community our work is underpinned by Rapoport's (1960) Four Cornerstones. It is a model requiring a large group to provide the material for the 'living and learning' environment. The three daily community meetings are central to our task. The focus of the therapeutic work in the milieu is to foster and encourage a sense of 'partnership' between all members of the group (staff and young people). The large group process is counter-balanced by a focus on the individual through Individual Case Discussion groups and the process of creating and monitoring Individual Treatment Plans with the young people

The central task at Glebe House is a reduction in the likelihood of further incidents of sexual harm. For the young people living at Glebe House the interventions are designed to reduce that likelihood. They combine 'offence specific' individual and small group work with their experiences in the total 'living and learning environment' of the therapeutic milieu. We believe that the size of the resident group enables this environment to offer enough relationships to assist young people in understanding and resolving relationship issues.

The staff group is encouraged, through a number of reflective forums, to interpret and understand the meaning of the behaviour of individuals and the whole group. This work is underpinned by a psychological approach, often described as 'psychodynamic'.

Residents come to Glebe House through referral by local authorities and social services or as directed by the Court. Over an average of two years, Glebe House encourages residents to recognise and effectively reduce the risks and threats that they face and that they represent. The aim is to assist residents to learn how to maintain socially and legally acceptable standards of behaviour, so that they can resume independent living. A huge benefit for young people and residents alike is that Glebe House is set in a rural location.

The Glebe House support process uniquely offers a discretionary free-of-charge transition service post residency to those residents who have completed the Therapeutic Programme. This covers an 18 month period and includes a pilot viability project for Circle of Support and Accountability if appropriate. This aims to ensure a successful transition back into mainstream society. This after-service is one of the chief reasons Glebe House achieves good long term outcomes and maintains such a cost effective success rate.

Glebe House has a genuine, warm atmosphere. It offers a sense of security and belonging for residents that are common in therapeutic communities, but rare inside a standard forensic setting. There is a real sense of belonging, which both residents and staff contribute to and which is based on mutual respect. It is an establishment for young people and inherent to this is a good humoured acceptance of boisterous vigour. However, this is underpinned by a discipline of purpose. Residents are regularly set rigorous requirements that are matched with the type of high expectations they will have rarely met before.

"Glebe House doesn't cure you. It enables you to look at your unhelpful behaviour and gives you an opportunity to explore more about who you are (the rest of you, not just you as an offender). Change can only happen if you want it to."

RESIDENTS & WIDER COMMUNITY

Glebe House offers an integrated programme of assessment, intervention and guidance including:

For Residents

- diligent support process during residency
- 18 month post residency transition period including Circles of Support and Accountability
- therapeutic support developing insights, delivering skills based on strengthening morale, building discipline and improving behaviour
- staged progress from intense support to contained independent living
- life skills development - to make life worth living
- an individually tailored education package

For Referrers

- A single service providing care, therapy and education
- on-going liaison and partnership with referrers
- ensuring continuity for cases

- providing integrated transition and resettlement
- To undertake the following Social Care task:
 - Comprehensive Treatment plans
 - Review Reports
 - Assessment Reports for Court
 - Assessments of Need
 - Assessments of Risk
 - To embed the principles of Social Pedagogy in the therapeutic milieu

For Wider Community/Society

- a responsible, safe solution for adolescents who pose an unacceptable level of threat or risk to other people and themselves
- helping return young people to mainstream life who are fit and willing to contribute to society
- Multi-agency liaison in relation to Public Protection

Results & Recognition

- Over 50 years of continuous Therapeutic Community service
- repeat referrals and regular recommendations from a growing base of clients
- a long serving staff base and consistency of personnel for residents
- 12 year independent longitudinal outcomes research

Our commitment

- a) To provide a physically and emotionally supportive environment, within established boundaries.
- b) To offer therapeutic intervention to young men with a history including harmful sexual behaviours
- c) To operate as a Therapeutic Community based on Rappaport's model of Therapeutic Community; and functioning within the standards defined by the Community of the Communities overseen by the Royal College of Psychiatrists.
- d) To create an ethos and milieu which is conducive to personal growth, while taking all reasonable measures to minimize the risk of harm to self or others.
- e) To provide each individual with a sustained and integrated therapeutic, social and educational programme tailored to his developing needs and potential.
- f) To give young people whose lives have been affected by neglect and abuse, a positive re-development experience, by working with trained and experienced staff who will help establish trusting relationships between residents, adults and amongst peers.
- g) To introduce emotionally deprived young people to a creative dimension of human experience - offering insight, enjoyment and direction.
- h) To create a framework of support, in which the young person can be brought to confront the meaning and significance of his behaviour, thereby opening himself to the possibility of change.
- i) To prepare young men for eventual reintegration into the community, and to assist them with negotiated outreach work as an initial link with community agencies.
- j) To evaluate our practice and to disseminate to relevant policy makers, practitioners and concerned members of the public, lessons learnt by the practice within the community.

2. Our Ethos

We provide a two to three year therapeutic programme within a model of Therapeutic Community practice. At the heart of the community are the three daily Community Meetings, and the theoretical approach is based on the four cornerstones of Rappaport's therapeutic model – democracy, tolerance, communalism and reality confrontation.

The structured programme includes individual therapeutic work as well as small streamed groups which undertake both general and context specific work in regard to reducing harmful sexual behaviours. This work is provided by a clinical multidisciplinary team receiving both in-service and external supervision.

Ethos and Philosophy

The Trust's deed stipulates that the purpose of Trustees is the establishment of a Therapeutic Community for 'the treatment and help of children and young people who are unstable, maladjusted and in need of assistance.'

David Wills whose work originally gave body to the term 'planned environment therapy', developed the practice which has laid down the principles for therapeutic communities. This practice has been incorporated into the standards developed by the Royal College of Psychiatry's Community of Communities project. The service is an Accredited Therapeutic Community under this scheme.

The Therapeutic Community approach incorporates restorative justice principles and entails mending something which is broken, the healing of hurt and the removal of the causes of harm. It promotes the healing of offenders as an alternative to retribution and punishment, and fosters responsibility for harm caused to others. It seeks to create bonds between offenders and society, not alienate them further from it. The young people, for whom the Community will provide, have already been taken away from causes of harm, but because of their life experiences, some have begun to cause harm to others, while others have opted for a self-destructive lifestyle.

There is a commitment to provide an appropriate intervention which will give an alternative way of viewing and valuing themselves which is a prerequisite to them trusting and valuing others. Healing the hurt will need time, expert intervention and the mending of broken relationships, possibly with those who have caused the harm to the youngster himself. This is challenging work, but all practice within the Community will be directed by these ends.

As part of their induction staff read extracts from books from the series 'Therapeutic Communities' edited by Rex Haigh and Jan Lees, to underpin their knowledge base with Therapeutic Community models and theories especially of the work of Rappaport.

3. Young people's participation in cultural, sporting and recreational activities

There are numerous opportunities for the residents at Glebe House to participate in recreational and sporting activities as well as cultural events.

Sporting opportunities include externally coached football training at times of the year we play in external football leagues. We have exclusive use of a local swimming pool on a weekly basis. This also forms part of the risk management around water based activities, for example The Narrow Boat Event. There are frequent trips to a local sports centre for residents

to play squash and use the sports facilities and Gym. Other sporting activities are available through negotiation; these include off-road cycling trips and ice skating. On site we have a grass football pitch, a five aside hard court and outside exercise equipment.

We provide residents with regular opportunities to see live theatre, visit museums and attend concerts. Cultural and educational activities form an integral part of the therapeutic programme. There is a budget allowance to support this process. Specific cultural activities are identified and addressed at a resident's Individual Treatment Plan meetings.

We are also committed to exploring culture through food. Our staff team has many excellent cooks who all like to share and teach the preparation and history of different dishes.

4. Supporting Cultural, Linguistic and religious needs

All children and young people in Glebe House will be supported to follow their chosen religion and beliefs. Where necessary, staff will actively seek any information/advice, which will help the young person follow their chosen faith. Staff, their parents and carer's when making decisions on this sometimes sensitive subject will guide children and young people. Where possible, representatives of a young person's religion or belief can be invited to visit the young person if they request a visit. All reasonable steps will be taken to enable young people to attend religious services of their choice and to provide opportunities to follow the customs of their religion (e.g. Festivals, prayers, clothing and diet).

Young people will be actively encouraged to embrace the diversity of others. Staff will explore ways of developing a multi-cultural and diverse ethos within the home through various approaches and opportunities. Glebe House is committed to ensuring that all our staff are aware of the issues of power and inequality in our society and the part they play in creating discrimination and disadvantage. We are aware that this can be particularly damaging for young people living in children's homes.

We are sensitive to cultural needs and fortunately have a very diverse staff team of fifty plus staff, however if we cannot meet these internally we will source support from outside agencies, for example if we had a resident from a culture that we had no experience of.

5. Family Contact

Due to the profile of our young people, family contact is thoughtfully considered and comprehensively risk assessed through the three monthly Individual Treatment Plan process. Where it is appropriate, family contact is positively pursued through regular negotiated visits and telephone contact.

Family history work is an important part of the clinical work within this service. Information may emerge which impacts on a young person's understanding of their family dynamic. This in turn may affect the nature of family contact.

There is an allowance set aside for each young person to have contact with family, friends and significant others.

6. Consultation with young people about their care

Glebe House operates as a Therapeutic Community and, as such, consults with the residents as part of its core values. The notion of democracy as a cornerstone of Therapeutic Community practice means that residents input into the running of the Community. This work

of empowering residents to make appropriate choices and decisions is fundamental to the work. This is particularly important when working with young people who have abused positions of power and trust in the past. Participation in the three daily meetings is seen as a consultative tool. Residents can become Community Chairmen. In chairing any of the three full Community Meetings each day, they have control of the meeting but are also the 'servant' to the meeting, ensuring participants have their space in the meeting protected, and also keeping the meeting respectful and boundaried. Resident Chairmen are involved in staff selection and showing visitors around, they also sit on the Health and Safety Committee.

The Care Staff responsible for the running of the kitchen consult with the young people regarding menu planning to ensure individual wishes are catered for within the context of healthy eating and budgetary restraints. There is an active encouragement of using produce from the allotment as part of the food cycle.

Residents are encouraged to take an active part in caring for their living environment, and are given opportunities to decorate their own bedrooms, with staff support, during their time at Glebe House. There are designated staff supporting 'DIY' activity.

As discussed earlier, Glebe House participates in the 'Community of Communities' Peer Review Accreditation Scheme organised by The Royal College of Psychiatrists in conjunction with the Association of Therapeutic Communities and College Centre for Quality Improvement. This scheme involves members of another Therapeutic Community visiting Glebe House and meeting with the resident group to talk about various aspects of this service, their care and opportunities. This work is structured through a book of service standards, which considers the five outcomes for children therapeutically. The overall process starts with a self-review which allows the residents to think, with the staff, about the service standards and how this service meets their needs. We are one of the first communities accredited by the Royal College of Psychiatrists as a place of excellence working with children and young people. In November 2016 we were reaccredited through this process.

7. Anti-discriminatory Practices and Policy

(a) Challenging discrimination happens on a day-to-day basis in Community Meetings at Glebe House. Staff will challenge in ways sensitive to the needs of the resident; that is by explaining why they are being discriminatory so that they can begin to understand the process going on. Work in offence focused sessions includes residents having to evaluate the oppressive and pro-offending sexist attitudes they hold and how these are unhelpful.

This work is supported by asking residents to consider times when they have been in powerless situations and how this has felt. There is scope to address oppressive behaviours, meaning anything directed in a negative way at people because of their colour, culture, gender, ability, sexuality or religion.

Religious and cultural needs can be identified, and strategies to meet these needs can be developed through the key worker system and specifically in the setting of Individual Treatment Plans. There is a question asked in preparing for Individual Treatment Plans to ensure that we are addressing a resident's religious, cultural and ethnic needs.

Education about cultural differences takes place in the education programme and is embedded in the Milieu work undertaken with the young people. Sessions are run which examine issues around stereotyping and making assumptions. Residents are encouraged to

undertake small group work exercises, presentations and role plays to aid their learning. Many of the residents have had quite negative experiences of education in the past and the education plans work creatively and flexibly with the group to help them learn

The process of monitoring written records highlights where staff may be using discriminatory or oppressive language. This offers an opportunity for education and training of staff, thus increasing awareness of anti-discriminatory practice. The Glebe House policy on Anti-Discriminatory practice applies to all residents and staff.

(b) The United Nations Convention ‘The Rights of the Child’.

Its three main principles are:

- Non-discrimination
- Keeping the young person’s best interests in mind
- Hearing the young person’s views

These principles are enshrined within the Children Act 1989 and underpin good practice. We aim to ensure that the young people always have the right to dignity, privacy and humane care. With rights come responsibilities, and so young people are encouraged to take as much responsibility for their behaviour as they can. Behaviour that creates victims or disturbance is not condoned and is managed in an appropriate manner.

8. a) Description of the accommodation that Glebe House Provides



Glebe House is a three acre campus in a rural location. Glebe House has been running for over fifty years and many adaptations and improvements have been made over the decades to provide excellent amenities and facilities; including many green credentials. There are separate buildings for designated tasks.

The main building is the residential home and has 13 single occupancy bedrooms, a TV lounge and a main lounge area with juke box, pool table and ample space for whole resident group meetings.

Additionally there are:

b) A three bedded self-contained independence unit separate from the main house.

- c) Independent school where there is also a computer suite and a reading room.
- d) An Art Studio including potters' wheels and kilns
- e) A Trade Skills workshop, a woodwork facility and a motor workshop
- f) Separate therapeutic buildings, with rooms equipped for individual and group work. Including a sensory room.
- g) A home-style kitchen for independence cooking training
- h) An all weather sports court with floodlights
- i) Large grassed area maintained as a sports pitch which has floodlighting, greenhouses, a hothouse, and allotments to furnish horticultural training.
- j) Car track to enable off road driving tuition, supported by:
- k) Motor workshop
- l) A wildlife area is situated behind the car track to support our continued environmental work, supported by a designated building known as the 'igloo' where projects are overseen relating to environmental issues.
- m) Secure area for recycling
- n) A fully equipped, air conditioned theatre with a stage, used for full Community Meetings, conferences and training events as well as for some events such as an annual pantomime and other social events.

Currently in development is a resident club room and additional storage.

9. The location of Glebe House

Glebe House is located in a rural area 4 miles from the nearest town and 15 miles from the nearest city. Our nearest train line is about 8 miles away.

10. Safeguarding

All young people looked after at Glebe House will be respected and protected from harm. There is an internal safeguarding team which sits fortnightly and can call meetings as and when necessary. This safeguarding team works within local procedures. When residents are over the age of eighteen they are subject to Cambridgeshire County Council Protection of Vulnerable Adults from Abuse/Safeguarding Procedures.

We are an active member of our local MAPPAs.

Glebe House has a comprehensive child protection/vulnerable adult policy and procedure within the staffing manual, as stated this policy is drawn from the guidance from Cambridgeshire's LCSB and County Council procedures.

We have an independent advocate from Coram Voice who visits every three weeks to provide support and a vehicle for young people to talk to someone outside of Glebe House.

Countering Bullying

Glebe House will not tolerate bullying and similar abusive behaviours as these are symptomatic of the issues that brought the young people to Glebe House. The two to three year's therapeutic programme addresses misuse of power and supports the residents in taking responsibility for their actions. This theme underpins the work at Glebe House, and with the aim of the young people developing understanding and strategies to lead more healthy lifestyles and make safer choices in the future.

The three daily community meetings offer a forum for all issues of bullying, spitefulness, harassment, discrimination, or any behaviour designed to negatively affect other people, to be

addressed. This work is also undertaken in individual sessions, small groups and the whole resident drama group space.

The staff policy manual includes.

- Definitions and awareness of bullying
- Measures to prevent bullying
- Responses to bullying
- Support for victims and perpetrators
- The use of risk assessments

Unauthorized Absences/Missing Person's Procedure

It should be noted that unauthorized absences are very rare at Glebe House. Absconding is taken very seriously due to the profile of our young people.

Our policy manual has a clear protocol that must be followed if absconding is suspected; this includes consideration of any legal orders and specific vulnerabilities of the young person. In addition we have a protocol with Cambridgeshire Police.

A summary of our absconding procedure is:

- The shift leader contacts the on call member of staff for advice and starts a running record.
- This may then result in the police being called
- The referrers are informed
- If appropriate, the family is informed

On the residents return:

- They are welcomed back
- The relevant authorities and the on call are updated
- There is thorough debrief with the young person
- All paperwork is completed including the return interview
- There may be a need for an extraordinary placement review to ensure everyone's safety.

11. Admission Criteria

The criteria for admission includes:

- The placement is offered on a voluntary basis
- That the young person agrees to participate in the life of the Community and undertake a therapeutic programme
- Any referral where there is an additional significant history or conviction for arson has to be agreed by both the board of trustees and our insurers
- Issues relating to the abduction of a child are viewed as very serious and can preclude a young person from joining the community
- There should not be a significant and active misuse of alcohol or illegal drugs
- The young person should not be delinquent to the point where they cannot participate in the programme or be contained safely within the community
- Can they be contained in an open unit, and risks to self and other are of a manageable nature

The admission process, from initial enquiry to the young person becoming a member of the Community, follows a procedure which allows for:

- An initial referral including an application form and relevant assessments, reviews or reports

- The young person is visited by members of the Glebe House Intake and Assessment Team
- Following this visit a case discussion is held by the Intake and Assessment Team
- If the young person is considered to be both containable and treatable they are invited to join the community for a five week residential assessment
- At the end of this period the young person may return to their previous placement in order
- If the assessment concludes that the young person would benefit from a therapeutic placement, a place is offered for a minimum of two years. Most placements are completed between two and three years.

Glebe House will only consider emergency referrals in exceptional circumstances. Residents have usually had a history of multi-placements which have broken down: some have been in custody or secure accommodation, and may have experience of statutory residential care homes. Most have early year's experiences of abuse, at some level; this may include physical, emotional or sexual abuse. It is not uncommon for these young people to have in their profiles behaviour that mirrors their childhood experiences. Some have acted unlawfully and had contact with statutory agencies

12. The Arrangements for Dealing with Complaints

At Glebe House the three daily meetings are a forum where young people are encouraged to express their feelings. This work includes supporting residents to express any dissatisfaction in an appropriate way. Given this underpinning ethos many areas for concern are resolved.

The young people all have individual therapists with whom they have a 1-1 session weekly. Part of the session usually involves spending some time exploring feelings from the previous week. We have regular visits from a Voice advocate who spends time with each young person to see whether he can help them in anyway.

All young people are also in a number of small groups where they can address any troubles or concerns they may have. If the young person feels these mechanisms are not adequate they have the right to complain formally. A detailed procedure is contained in the staff manual and a user friendly version is in the young people's induction pack. Telephone numbers to VOICE are on display near to all telephones to which residents have access, along with a detailed poster about whom they can complain to.

Residents have access to their local authority complaints procedure; they can be supported in accessing this by a member of staff or the Voice advocacy visitor. The Glebe House formal internal complaints procedure identifies people, roles and timescales involved in managing formal complaints.

There are clear guidance for staff within the staff handbook about the process for making a complaint or whistleblowing, there is also information on the website in relation to the complaints procedure which can be accessed by external professionals or family members.

13. Surveillance and Monitoring

We have some CCTV cameras monitoring access to the site for the protection of residents and staff. The CCTV is not used to monitor the young people.

There are security lights around the outside of the building and a movement sensor, which is activated at night.

14. The Arrangements for the Control, Restraint and Discipline of Young People

At Glebe House force is only used to prevent a more serious harm from occurring when other methods are failing or are likely to fail. Through our work at reconstructing young people through clear boundaries and a Therapeutic Community model we look to change young people's behaviour through their own internal controls rather than external controls.

Restraint is used rarely at Glebe House; however there are times when force may have to be used such as protecting a young person from harm. To ensure that our staff are trained effectively and safely to deal with this situation, all staff receive either physical intervention or break away training in PMVA (prevention and management of violence and aggression) , which is refreshed annually.

15. The Registered Provider

The registered provider is Friends Therapeutic Community Trust (FTCT) Glebe House, Shudy Camps, Cambridgeshire CB21 4QH. The responsible individual is the Clerk to Trustees, Sue Brock-Hollinshead. The registered manager is The Director, Peter Clarke. He has a BA (Hons) Humanities & Social Studies [2(1)] 1987, MA (Research) from School of Social Work (UEA) 2000. He is a registered Social Worker with a Diploma in Social Work (Distinction) October 2004. Peter has over 25 years' experience in Therapeutic Residential Child Care.

Education

16. Arrangements for Education

There is an onsite educational provision at Glebe House, affectionately named 'The Ed Shed'. We have a well resourced education facility, which includes a computer suite with an extensive range of educational software, art room and workshops for woodwork, decorating and motor vehicle work.

Glebe House has been a registered Independent school since May 2016 with The Department of Education and Science. Glebe House Education provision is registered through the British Accreditation Council.

Glebe House is a registered centre for OCR, City and Guilds and Open Awards. We also work in partnership with local Colleges. Links with other local education providers are firmly established and distance learning courses offer further options for our residents. Education is embedded across all parts of daily life and therefore hobbies and interests, such as music and sport, are valued as educational opportunities that increase knowledge and skills in preparation for later life.

The Basic Skills levels of all residents, in relation to the Adult National Curriculum, are assessed on their arrival at Glebe House and Individual Learning Plans are negotiated to reflect their needs, interests and aspirations. Education reports form an integral part of Personal Education Plans, Individual Treatment Plans, Statutory Reviews and Pathway Planning Reviews.

All residents have the opportunity to gain nationally recognised qualifications, including:

- Functional Skills accreditation in Literacy
- Functional Skills accreditation in Numeracy
- OCR Information and Communication Technology accreditation
- Personal and Social Development accreditation;
- Painting and Decorating;
- Woodwork

- Horticulture
- Art
- Motor Vehicle accreditation.
- CSCS (Construction Skills Certificate Scheme) card
- Food Safety accreditation.

Where a young person has a specific subject interest then their programme can be adapted to accommodate, such as accountancy, sociology. In addition to running regular Education workshops on Literacy, Numeracy, ICT, Personal and Social Development and Art, we also run short courses on Sexual Health, First Aid, Health and Safety and Food Safety. If appropriate, residents may attend part-time courses off-site in order to widen their range of educational opportunities.

We embed Basic Skills work throughout the education programme. All education workshops are run with mixed ability groups and our high level of staffing enables us to offer one-to-one support when necessary.

We retain the services of an Educational Psychologist for individual assessments. We will respond to the needs of each individual and strive to access and facilitate the necessary provision; at times this has included A Levels, and Open University courses. If appropriate, we support a young person to undertake study at external education establishments.

Health

19. Care Therapy and Treatment

The Glebe House Therapeutic Treatment Programme integrates Psychoanalytic, Person-centred and Cognitive Behavioural approaches, embedded in a Therapeutic Community model based on an adaptation of Rappaport's Four Cornerstones. The adapted model has: Democracy, Communalism, Reality Confrontation and Tolerance.

The experience of developmental deficits and relational trauma caused by neglect, lack of care, physical, emotional or sexual abuse, violence and significant loss, can cause severe problems with affect regulation and create a child who is insecurely attached and unable to trust adults and can display a range of destructive behaviours.

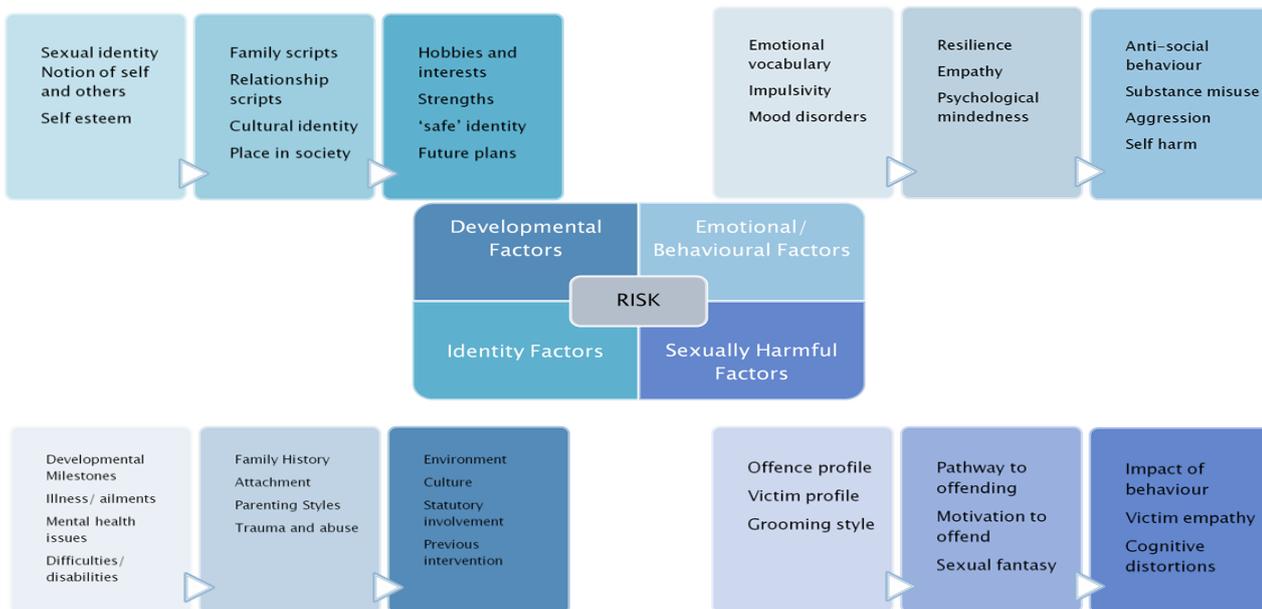
We understand, and believe, that a supportive environment, combined with specific interventions which address the most destructive behaviours, and the most distorted beliefs, can repair some of the worst effects of early adverse experience.

Human beings have a natural drive towards growing up healthily, which includes the potential to recover from traumatic and harmful experiences. Research indicates that resilience seems to be the developmental result of sufficient access to support and protection, and the development of positive, self-shaping experiences within the context of consistent and healthily pro-social relationships.

At Glebe House, we provide an integrative therapeutic programme designed to provide these experiences, with the philosophy that, over time, they can allow the young person to unlock their natural drive towards development and recovery that has been severely derailed. We are optimistic and practical in the delivery of our service. We believe that change is possible.

As a young person moves through their placement the emphasis on developing future relapse prevention plans increases. This process is actualised through the completion of a relapse prevention folder, known as a 'toolkit' that will summarise the abuse-specific work, making links to early years experiences and outline strategies to manage risk in the future. The young person will take the folder that they have created with them to support their transition to a new environment and relapse prevention plan.

Treatment Milestones



Milieu Setting

The milieu setting is the whole living and learning environment created at Glebe House. This environment creates a culture where feelings and issues are expressed and resolved, and encourages safe experiments to find alternative means of coping with difficult feelings in order to adopt less abusive lifestyles. The formal offence focused work at Glebe House offers the young men within the programme opportunities to understand the processes that led to perpetration of sexual abuse. There are opportunities to take responsibility for their offending behaviour and to look at strategies to cope with situations and feelings that might lead them towards re-offence. It is in the day-to-day living experience that the effectiveness of the offence focused work can be tested. How an individual forms and repairs relationships, as well as how they are able to respond to complex issues and dynamics, will give both an indication as to the current level of risk and an understanding of how the offence focused work has been understood and processed.

Treatment is assessed through research.

In 2014 we completed an independent 12 year longitudinal outcome based study against a control group. This was undertaken by Boswell Research Fellows through University of East Anglia. Each young person has a three monthly Individual Treatment Plan where treatment is reviewed in a group forum and a written plan then made for the next three months. In addition each clinical worker has a fortnightly clinical group supervision with an external facilitator as well as monthly individual supervision with their line manager. As well as

reviewing the clinical work we use the SOUL Record (Soft Outcomes Universal Learning Record). The SOUL Record is a flexible toolkit offering an effective method of measuring progression in soft outcomes e.g. confidence, self-esteem and problem solving. We also use it diagnostically to help the individual identify changes they want to make.

Staffing Matters

20. Staff Qualifications and experience- (see attached chart in Appendix)

For L3 Diploma in Caring for Children and Young People staffing Grid and Staffing Structure see attached diagram in Appendices.

All staff receives managerial supervision and, if appropriate, will receive clinical supervision. All staff are appraised on a regular basis and that appraisal includes planning for training and personal development. Staff may receive external supervision and therapy. This is in line with the Supervision Policy published by the Trust in the Policy and Procedures Manual. All members of staff who undertake offence specific interventions, The Clinical Team receive in-house clinical supervision, plus group supervision, facilitated by an external supervisor. This can be furthered by individual specific therapy arrangements as required. Group sensitivity is available for all staff fortnightly and is a space where the nature of the work and the impact on individuals can be explored with an external group psychotherapist.

We have a diverse staff team of over 50 people. This includes diversity in respect of age, culture, gender, ethnicity and ability.

January 2018