

STATEMENT OF PURPOSE

Home Name: Uvedale House

Home address: 44 Uvedale Crescent, New Addington, Surrey, CR0 0BQ

Registered Provider: Eligible Hands Ltd

Company number: 14813742

Registered office: 27 Old Gloucester Street, London, WC1N 3AX

Company contact details: +44 (0)20 7117 2646 | enquiries@eligiblehands.co.uk

Website: www.eligiblehands.co.uk

Registered Manager: Sylvia Ahenkorah | 07841633049 | Sylvia@eligiblehands.co.uk

Responsible Individual: Limata Boye | 07824530855 | Limata@eligiblehands.co.uk

Client group: Learning disabilities

Admission ages: 11–17 and maximum capacity three, subject to registration conditions.

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1. Purpose, status and regulatory framework

This Statement of Purpose describes the aims, values, intended outcomes, care approach, accommodation, management and oversight of Uvedale House. It is maintained in accordance with Regulation 16 and Schedule 1 of the Children's Homes (England) Regulations 2015. It explains the service offered and signposts the policies and procedures through which commitments are delivered; it does not reproduce those operational documents.

Uvedale House acknowledges that the Statement of Purpose is a public-facing account of what children, families, placing authorities and Ofsted can expect from the home. It explains the nature and limits of the service, rather than replacing individual placement plans or prescribing staff instructions. The Children's Guide translates the offer into language and formats accessible to children; the Business Plan addresses financial and organisational sustainability; and the Location Risk Assessment examines local risks and resources.

The home is guided by the Children's Homes (England) Regulations 2015, the Guide to the Children's Homes Regulations including the Quality Standards, relevant children's legislation and the social care common inspection framework. The registered person is responsible for ensuring that practice reflects the Statement of Purpose and that material revisions are notified to Ofsted within the statutory period. Individual decisions remain grounded in each child's assessed needs, legal status and placement arrangements.

Provider accountability and management oversight

Uvedale House is governed by Eligible Hands Ltd. The Directors provide corporate oversight and resources; the Responsible Individual, Limata Boye, provides strategic scrutiny and assurance; and the Registered Manager, Sylvia Ahenkorah, is accountable for the day-to-day leadership, safeguarding and quality of care. The Deputy Manager supports continuity and deputizes within agreed delegated authority. The provider maintains oversight of the home's performance, compliance, staffing sufficiency and children's outcomes.

2. Ethos, aims and intended outcomes

Our Ethos

"A safe, nurturing and inclusive home where every child is valued, understood, empowered and supported to thrive."

Uvedale House, operated by Eligible Hands Ltd, is founded on the belief that every child with a learning disability, including autistic children, deserves a loving, stable and supportive home where their individuality, dignity, rights and aspirations are respected.

Our ethos is underpinned by six core principles:

i. **Child-centred care**: Every child is unique, with individual strengths, needs, preferences and aspirations. Their wishes, feelings and best interests guide our practice.
ii. **Safety, stability and belonging**: We provide a nurturing, predictable and homely environment where children feel safe, accepted and develop trusting relationships.

iii. **Inclusion, dignity and respect**: We celebrate diversity, promote equality and uphold children's rights, identity, privacy and personal choices.
iv. **Empowerment and independence**: We support children to develop communication, confidence, life skills and independence at their own pace, recognising individual abilities.
v. **Positive relationships and therapeutic support**: We use trauma-informed, relationship-based approaches, Positive Behaviour Support (PBS) and individualised communication strategies to promote emotional wellbeing and positive outcomes.
vi. **Partnership and continuous improvement**: We work collaboratively with children, families, professionals and commissioners, continuously evaluating and improving the quality of care.

Our commitment: Uvedale House will be a home first, not merely a care placement. We aim to ensure that every child experiences belonging, meaningful relationships, opportunities for development and the support needed to achieve their full potential.

2.2 Aims and objectives

Our Aim

To provide a safe, nurturing, inclusive and supportive home for children with learning disabilities, including autistic children, where their individual needs, rights, choices and aspirations are respected, enabling them to develop confidence, independence, meaningful relationships and achieve positive outcomes.

Our Objectives

i. **Provide safe, high-quality care**: Maintain a secure, stable and homely environment that safeguards children from harm and promotes their physical, emotional and psychological wellbeing.
ii. **Deliver individualised, child-centred support**: Develop and implement personalised care plans reflecting each child's assessed needs, strengths, preferences, communication abilities and aspirations.
iii. **Promote children's rights and participation**: Ensure children are listened to, supported to express their wishes and feelings, and meaningfully involved in decisions affecting their lives, using accessible communication methods.
iv. **Develop independence and life skills**: Support children to acquire practical, social, communication and daily living skills appropriate to their abilities, developmental stages and individual goals.
v. **Promote emotional wellbeing and positive behaviour**: Apply relationship-based, trauma-informed approaches and Positive Behaviour Support (PBS) to understand behaviour, reduce distress and promote emotional regulation, using restrictive practices only where lawful, necessary and proportionate.
vi. **Support education and personal development**: Promote access to appropriate education, learning opportunities, recreation and community activities that develop children's abilities, interests and talents.

vii. **Promote health and wellbeing**: Ensure children receive appropriate healthcare, therapeutic input, nutrition, physical activity and support for their mental and emotional health.

viii. **Strengthen family and community relationships**: Promote safe, positive relationships with families, friends and significant others, and support children's inclusion and participation in community life.

ix. **Provide a skilled and compassionate workforce**: Recruit, train, supervise and support competent staff who understand learning disabilities, autism, safeguarding, communication needs and individualised care.

x. **Ensure effective safeguarding and regulatory compliance**: Maintain robust safeguarding, governance, risk management and quality assurance arrangements consistent with the Children's Homes (England) Regulations 2015 and relevant statutory guidance.

xi. **Promote equality, diversity and inclusion**: Respect each child's identity, culture, religion, disability and personal circumstances, ensuring equitable access to opportunities and reasonable adjustments.

xii. **Achieve positive and measurable outcomes**: Regularly review children's progress, placement stability, satisfaction, safety, wellbeing and independence, using feedback and quality assurance findings to improve care.

Each objective is translated into individual placement goals with children and their professional networks and reviewed through care planning and quality assurance.

Our Overall Commitment

Uvedale House will be a home first, where children feel safe, valued, listened to and supported to thrive. Our success will be measured not simply by regulatory compliance or occupancy, but by the quality of children's everyday experiences, their progress and the positive difference we make to their lives.

2.3 Core values

Uvedale House is guided by core values that place children at the centre of everything we do. These values underpin our culture, relationships, decisions and everyday care practices.

i. **Compassion and Kindness**: We treat every child with warmth, empathy, patience and understanding, creating a caring and nurturing home.

ii. **Dignity and Respect**: We value every child's individuality, identity, privacy, rights and personal choices, treating them with fairness and respect.

iii. **Safety and Trust**: We provide a safe, stable and predictable environment where children feel protected, listened to and able to build trusting relationships.

iv. **Inclusion and Equality**: We celebrate diversity, challenge discrimination and remove barriers to participation, ensuring every child feels accepted and valued.

v. **Empowerment and Choice**: We encourage children to express their wishes, make informed choices and participate in decisions affecting their lives, using communication methods suited to their needs.

vi. **Independence and Achievement**: We recognise each child's strengths and potential, supporting them to develop confidence, practical skills and independence at their own pace.

vii. **Positive Relationships**: We promote meaningful, respectful and consistent relationships with children, families, professionals and the wider community.

viii. **Integrity and Accountability**: We act honestly, transparently and professionally, taking responsibility for our actions and maintaining high standards of safeguarding and care.

ix. **Collaboration and Partnership**: We work together with children, families, carers, education and healthcare professionals to achieve coordinated, individualised support.

x. **Learning and Continuous Improvement**: We value feedback, reflection, professional development and evidence-based practice to continually improve children's experiences and outcomes.

Our Values in Practice

Our values are reflected in how we communicate with children, respond to distress, support positive behaviour, respect individual differences and promote everyday opportunities for learning, participation and enjoyment.

Our guiding principle: Every child matters, every voice counts, and every achievement is valued.

2.4 Approach to care and delivery of the Quality Standards

Uvedale House will provide child-centred, nurturing, inclusive and outcomes-focused residential care for children with learning disabilities, including autistic children. Our approach recognises each child as an individual with unique strengths, needs, communication preferences, rights and aspirations.

We will adopt a relationship-based, trauma-informed and Positive Behaviour Support (PBS) approach, promoting emotional security, positive relationships, independence and meaningful participation in everyday life. Care will be tailored to each child's assessed needs, supported by individual care plans, risk assessments, communication profiles and regular multidisciplinary reviews.

Our approach will be guided by the nine Quality Standards prescribed under the Children's Homes (England) Regulations 2015.

Delivery of the Nine Quality Standards

Quality Standard	Our Approach to Delivery
1. Quality and Purpose of Care	Provide a safe, homely and nurturing environment with personalised care, consistent routines and support appropriate to each child's learning disability and individual needs.
2. Children's Views, Wishes and Feelings	Listen to children, respect their choices and support participation through accessible information, visual aids, communication tools and advocacy.
3. Education	Promote educational achievement through collaboration with schools, SEND professionals and education providers, supporting Education, Health and Care Plans (EHCPs) where applicable.
4. Enjoyment and Achievement	Encourage recreation, friendships, hobbies, community participation and individual achievements, recognising each child's abilities and interests.
5. Health and Wellbeing	Support physical, emotional and mental health through healthcare access, healthy lifestyles, medication management and specialist therapeutic input where required.
6. Positive Relationships	Build trusting, respectful relationships and promote emotional regulation through consistent care, positive role modelling, PBS and appropriate behaviour-support strategies.
7. Protection of Children	Maintain robust safeguarding arrangements, safer recruitment, individual risk assessments, clear reporting procedures and proportionate responses to safeguarding concerns.
8. Leadership and Management	Provide effective oversight through the Registered Manager, Responsible Individual and management team, supported by supervision, workforce development, audits and quality assurance.
9. Care Planning	Ensure admissions are carefully matched and each child has an individualised care plan, informed by statutory placement plans, assessments, professional input and regular reviews.

Implementation and Quality Assurance

The Registered Manager will oversee daily implementation of the Quality Standards, supported by the Deputy Manager, Senior Shift Leaders and Residential Childcare Workers. The Responsible Individual will provide governance and oversight.

Delivery will be monitored through:

- Individual care plans, outcome tracking and statutory reviews.
- Children's feedback, accessible consultation and advocacy.
- Safeguarding monitoring, incident analysis and complaints management.
- Staff supervision, competency assessment and training.
- Monthly independent visits under Regulation 44 and quality-of-care reviews under Regulation 45 at least every six months.
- Management audits, improvement plans and feedback from families and professionals.

Our commitment: Uvedale House will strive not merely to comply with the Quality Standards, but to embed them in children's everyday experiences, ensuring that every child feels safe, valued, included and supported to achieve their potential.

3. Children accommodated, admission criteria and limitations

Uvedale House accommodates up to three children aged 11–17 at admission whose primary assessed need is a learning disability, including children with co-occurring autism, sensory, communication, emotional or physical needs where the home can safely meet them. Admissions will be planned and individually matched, considering the child's views, existing residents, staffing, specialist input, physical accessibility and placement compatibility. Emergency admissions are not proposed at opening. The home will not provide secure care, inpatient psychiatric care, continuous nursing or in-house clinical treatment. A diagnostic label alone will neither guarantee nor preclude admission; suitability will depend on assessed needs and available resources.

The service is designed primarily for children with assessed learning disabilities, including children whose needs also involve autism, sensory differences, communication difficulties, emotional distress or physical health conditions. Uvedale House recognises that autism and learning disability are distinct and that needs must be understood individually rather than inferred from diagnostic labels. Children are considered without discrimination on grounds of sex, gender, ethnicity, faith or other protected characteristics.

The home's small-group model is intended to provide stable relationships, predictable routines and a manageable social environment. Matching considers the child's wishes, functional communication, education, health, personal care, safety, family contact, compatibility with existing residents and the skills and resources available to support the placement. Uvedale House does not operate as a secure unit, hospital, nursing service or specialist clinical treatment centre. The home will seek specialist advice and multi-agency support where this is required to deliver safe residential care.

Planned admissions allow the child to learn about the home and its people, and allow staff to understand the child's routines, sensory needs, relationships and communication preferences. Emergency admissions are not part of the stated service offer. The Admissions and Matching Policy, Placement Planning Policy and Transition Policy contain the relevant operational arrangements.

4. Premises, facilities, accessibility and location

Uvedale House is a four-bedroom property with three single children's bedrooms and one office, separate living, dining and kitchen areas, a bathroom, shower room, three toilets, garden and off-street parking. Children will be supported to personalise their bedrooms and enjoy appropriate privacy and communal spaces. Uvedale House is committed to reasonable adjustments and accessible communication; any claim of wheelchair accessibility or specific adaptation will depend on verified property assessments and completed works. Premises, fire safety, evacuation and environmental suitability will be confirmed before opening.

The separate Location Risk Assessment addresses local safeguarding risks, consultation and environmental factors and will be reviewed in accordance with Regulation 46. The Business Plan contains the separate market analysis. Neither a local sufficiency gap nor commissioner endorsement is represented as established solely by this Statement.

Uvedale House offers three individual children's bedrooms within a four-bedroom house, with the fourth room used as an office. Separate communal living, dining and kitchen areas enable children to take part in shared activities while also having opportunities for quiet time and personal space. The garden and off-street parking contribute to the home's domestic setting. Bedrooms are personal spaces that children are encouraged to individualise in ways consistent with safety and their preferences.

Uvedale House is committed to accessibility understood broadly: physical access, communication access, sensory comfort and equitable access to daily activities. Individual adaptations and assistive communication arrangements are considered in the context of each child's care plan. Children are supported to use communal spaces without unnecessary restriction, and personal care is delivered with privacy and dignity. The home's Health and Safety, Fire Safety, Accessibility and Environmental Risk Assessment arrangements support this approach.

The home recognises that its location affects children's safety, education, friendships and opportunities. The separate Regulation 46 Location Risk Assessment informs the service through consideration of neighbourhood safeguarding concerns, transport, education, healthcare, community resources and professional consultation. Uvedale House will respond to changes in local conditions and children's circumstances while maintaining opportunities for ordinary community life.

5. Identity, equality, religion and culture

Uvedale House recognises and values children's cultural, racial, linguistic and religious backgrounds, non-belief, sex, disability, sexual orientation and gender identity. The home is committed to the Equality Act 2010, anti-discriminatory practice and reasonable adjustments. Children will be supported to access appropriate cultural and religious opportunities without coercion, alongside suitable food, personal care, interpretation and community links. Individual wishes and placement arrangements will inform support.

Uvedale House is committed to supporting each child's identity as part of everyday care, not as an occasional activity. Children are supported to maintain their preferred language, cultural practices, clothing, food, hair and skin care, celebrations and connections to communities that matter to them. The home respects religious belief and non-belief and will not impose religious participation. Any faith-related arrangements will respect the child's wishes, parental responsibility, safeguarding and applicable legal directions.

The home acknowledges that children may experience overlapping forms of disadvantage, including disability-related barriers, racism or stigma. Staff will make reasonable adjustments and challenge discriminatory language and conduct. Individual communication plans, Equality

and Diversity Policy, Anti-Bullying Policy and Children's Rights arrangements underpin the home's commitments without limiting children to predetermined identity categories.

6. Children's rights, views and participation

Uvedale House is committed to listening to children and making participation meaningful regardless of communication ability. Children will have a key worker and opportunities for individual discussion, house meetings and feedback on routines, activities and decisions. Easy-read information, visual supports, communication passports and augmentative and alternative communication will be available according to assessed need. Children will receive an accessible Children's Guide and information about independent advocacy, complaints and contacting their social worker, Independent Reviewing Officer and Ofsted.

Uvedale House recognises children as active participants in their care. Their views may be expressed through speech, behaviour, signs, symbols, photographs, communication devices or trusted relationships. Staff will take time to understand what a child is communicating, including disagreement, distress or refusal, and will not assume that limited verbal speech means an absence of preferences or understanding.

Children will be involved in choices about meals, activities, routines, bedroom arrangements, relationships and personal goals, within appropriate safeguarding and legal boundaries. The home will explain decisions in accessible ways and revisit decisions when children express concerns. Key-work conversations, house discussions, advocacy and direct contact with social workers and Independent Reviewing Officers provide complementary ways to be heard.

Uvedale House acknowledges that meaningful participation requires influence, not simply consultation. Feedback from children will inform their plans and the home's development; where a request cannot be met, staff will explain why and consider alternatives. The Children's Guide, Communication Policy, Advocacy arrangements and Complaints Policy support this commitment.

7. Education and achievement

Uvedale House is committed to promoting education, aspirations and achievement, working with placing authorities, education settings, Virtual Schools and special educational needs professionals. It will support school attendance, suitable study opportunities, Personal Education Plans and Education, Health and Care Plans where applicable. The home is not a registered school and does not provide a school curriculum.

Uvedale House regards education as a right and an important source of identity, confidence, friendship and future opportunity. The home is not a school. It will work with the placing authority, Virtual School, education provider, special educational needs coordinator and other professionals to support attendance, appropriate provision, reasonable adjustments and continuity when a child moves into the home.

For children with Education, Health and Care Plans, the home will contribute to the coordinated delivery of agreed outcomes within its role. For looked-after children, it will support the Personal Education Plan process where applicable. Staff will encourage learning through homework,

reading, daily activities and access to suitable technology, while recognising that education may require tailored pacing, communication support or specialist resources.

The home will celebrate achievement in academic and non-academic forms and will challenge low expectations based on disability. Where a child is not receiving suitable education, Uvedale House will work with the responsible agencies to pursue appropriate provision. The Education Policy and Care Planning arrangements set out the operational interfaces.

8. Enjoyment, recreation and developing independence

Uvedale House will support children to enjoy hobbies, friendships, recreation, community activities and appropriate positive risk-taking. Opportunities will be adapted to each child's interests, communication, mobility and sensory needs. Children will be supported to develop practical skills, including cooking, money management, personal care and travel, at an individually appropriate pace.

Uvedale House recognises play, leisure, friendship and recreation as essential aspects of childhood rather than optional rewards. Children will have opportunities for creative activities, sport, music, reading, visits, cultural experiences and time with peers, informed by their interests, communication and sensory preferences. Participation will be supported through practical adjustments and individually assessed positive risk-taking.

Daily living provides opportunities for children to build confidence at their own pace. Cooking, shopping, budgeting, travel, personal care and household tasks will be approached as supportive learning experiences rather than tests of independence. The home will balance protection with autonomy, avoiding unnecessary restrictions and supporting children to make choices that are appropriate to their development and circumstances.

Uvedale House will promote access to local resources and maintain relationships beyond the home where safe and appropriate. The Activities, Positive Risk-Taking, Children's Finances and Transition arrangements describe the related procedures.

9. Health, wellbeing and specialist support

Uvedale House is committed to promoting physical, emotional and mental health and facilitating access to primary healthcare, looked-after children's health services and specialist practitioners as assessed. This may include speech and language therapy, occupational therapy, psychology, paediatrics and CAMHS. Staff will support individual health plans, medication arrangements and health education within their training and competence. Any separately commissioned therapeutic intervention will be delivered by appropriately qualified professionals; Uvedale House does not claim to provide in-house nursing or clinical psychotherapy.

Uvedale House is committed to promoting holistic health, recognising the interaction between physical conditions, communication, sensory needs, emotional wellbeing and social experiences. Children will be supported to access primary care, dental and optical services, looked-after children's health services and specialist assessment where required. Staff will help children understand their health and express preferences using accessible information. The home draws on NICE NG205 (Looked-after Children and Young People) to inform coordinated, relationship-

centred support for health, wellbeing and continuity of care. NICE guidance informs professional judgement and individual care planning; it does not replace clinical assessment or the placing authority's statutory responsibilities.

The home acknowledges that pain, illness, sleep difficulties, medication effects or environmental discomfort may be expressed through changes in behaviour. Staff will consider possible health needs rather than interpreting all distress as behavioural. Support for nutrition, hydration, exercise, personal care, puberty, relationships and emotional wellbeing will be sensitive to the child's age, wishes, assessed needs and cultural background.

Where speech and language therapy, occupational therapy, psychology, CAMHS, paediatric or learning-disability expertise is required, Uvedale House will work with appropriately qualified external practitioners. The home does not present ordinary residential support as clinical therapy. Its Health and Wellbeing, Medication, Intimate Care and Consent arrangements describe the respective responsibilities and safeguards.

10. Family relationships and contact

Uvedale House acknowledges the importance of safe, meaningful relationships with family, friends and significant others. It will facilitate contact in accordance with the child's legal status, care plan, court orders and safeguarding needs. Restrictions will have a lawful, proportionate and individually assessed basis; contact will not be withdrawn as punishment.

Uvedale House acknowledges that children's family and social relationships can be central to belonging, identity and emotional security. The home will work with children and placing authorities to maintain safe and meaningful contact with parents, siblings, relatives, friends and other significant people, respecting the child's legal status and any court orders or agreed restrictions.

Children will be supported to communicate privately through appropriate means, including telephone, digital contact and visits, where consistent with their safety and plans. The home will take account of distance, transport, disability-related communication needs and the child's own wishes. Restrictions on contact will not be used as punishment and must have an appropriate legal and safeguarding basis. The Family Contact and Safeguarding policies contain detailed arrangements.

11. Safeguarding and protection

Uvedale House is committed to protecting children from abuse, neglect, exploitation, bullying, discrimination and online harm. The Registered Manager will act as Designated Safeguarding Lead (DSL), supported by the planned Deputy Manager as Deputy Designated Safeguarding Lead (DDSL). All staff will share safeguarding responsibility. The home will work with placing authorities, Croydon safeguarding partners, police and relevant professionals, including in relation to missing-from-care episodes and child-on-child harm. Children with learning disabilities will receive communication-sensitive safeguards and accessible routes to disclose concerns. Detailed arrangements are contained in separate safeguarding, child protection, anti-bullying, online safety and missing-from-care policies. Detailed safeguarding referrals, missing-

from-care responses, allegations, whistleblowing and online safety arrangements are set out in the home's corresponding policies and procedures.

Uvedale House is committed to a safeguarding culture in which children are protected, listened to and supported to recognise unsafe situations. The Registered Manager is the Designated Safeguarding Lead and the Deputy Manager is the Deputy Designated Safeguarding Lead. Safeguarding remains the responsibility of every member of staff, supported by effective leadership, professional challenge and cooperation with placing authorities, police and local safeguarding partners.

The home recognises that children with learning disabilities may face additional barriers to disclosure or to having their experiences understood. Safeguarding will therefore be communication-accessible and attentive to signs of distress, changes in behaviour, unexplained injuries, exploitation, bullying, child-on-child harm, discrimination and online risk. Children will be informed of independent sources of help and will be supported to raise concerns without fear of retaliation.

Uvedale House will maintain individual arrangements to reduce missing-from-care risks while recognising children's rights and developing independence. When children return following a missing episode, their wellbeing and views will inform ongoing support. The Safeguarding and Child Protection, Missing-from-Care, Anti-Bullying, Online Safety, Whistleblowing and Allegations Against Staff policies establish the detailed reporting and response arrangements.

12. Behaviour support, restraint and therapeutic approach

Uvedale House will use person-centred Positive Behaviour Support, adapted communication, environmental adjustments and de-escalation to understand distress and reduce restrictive practices. The home does not propose a distinct in-house clinical therapy model. Any physical restraint will be exceptional, lawful, necessary and proportionate under the applicable Regulations, with appropriate recording, oversight and review. Corporal punishment, humiliating treatment and unlawful deprivation of liberty are not permitted. The Behaviour Management Policy sets out techniques, staff training, safeguards and detailed procedures; it is available on request. The Behaviour Support and Restrictive Practice Policy explains staff practice, safeguards, recording and review; this Statement describes the home's least-restrictive approach.

Uvedale House adopts Positive Behaviour Support as a person-centred framework for understanding and responding to behaviour that communicates unmet needs, distress or difficulty. Staff will consider the child's communication, health, environment, relationships, sensory experiences and life history. Predictability, respectful interaction, meaningful choice and de-escalation will be prioritised over punitive responses. The home draws on the British Institute of Learning Disabilities (BILD) Positive Behaviour Support resources and the Restraint Reduction Network (RRN) Training Standards to inform rights-based, preventative and least-restrictive practice. These resources guide service development and training expectations; reference to them does not imply BILD or RRN accreditation or certification. In particular, NICE NG11 (Challenging Behaviour and Learning Disabilities: Prevention and Interventions) and NG93 (Learning Disabilities and Behaviour That Challenges: Service Design and Delivery) inform

proactive assessment of needs, functional understanding of behaviour, environmental adjustments, involvement of children and families, and coordinated specialist support. These guidelines complement the home's Positive Behaviour Support and restrictive-practice policies without substituting for them.

The home is committed to the least restrictive approach compatible with safety. Any physical intervention must have a lawful basis and be necessary and proportionate in the circumstances; it must not be used for convenience or routine compliance. Children's dignity, wellbeing and voice remain central before, during and after any intervention. The Behaviour Support, Restrictive Practice, Physical Intervention and Safeguarding policies set out training, recording, oversight and review requirements under the relevant regulations.

Uvedale House recognises the value of trauma-informed and relationship-based practice but does not claim to operate an in-house clinical therapy service. Therapeutic input will be arranged with qualified external professionals where indicated by assessment and the child's plan. Practice will draw on relevant NICE guidance and appropriate least-restrictive-care principles.

13. Privacy, surveillance and information governance

Uvedale House recognises children's rights to privacy, dignity, family life and confidentiality under the Human Rights Act 1998 and applicable law. No routine electronic surveillance of children is proposed. Any future electronic monitoring would require a lawful, justified, proportionate assessment, compliance with Regulation 24 and data protection requirements, and revision of this Statement where necessary. Ordinary building safety alarms are distinct from surveillance; proposed CCTV will not be installed or used without a separate lawful assessment and clear disclosure. The Data Protection and Confidentiality, Records Management and CCTV/Monitoring policies govern information handling and any monitoring arrangements.

Uvedale House is committed to compliance with the UK General Data Protection Regulation and Data Protection Act 2018. Personal and special-category information will be handled lawfully, fairly, securely and only for appropriate purposes; access, retention, sharing, data subject rights and breach management will be governed by the provider's separate data protection, confidentiality and records-management policies. Safeguarding information will be shared where necessary and lawful. Children will receive privacy information in accessible formats.

Uvedale House is committed to protecting privacy in bedrooms, bathrooms, personal care, correspondence and relationships. Children will receive explanations about how information is used, who may need to receive it and how they can raise concerns. Safeguarding and legal duties may sometimes require proportionate information sharing, but privacy will not be disregarded merely because a child lives in residential care.

The home acknowledges its obligations under the UK GDPR and Data Protection Act 2018. Information about children, including health, disability, family circumstances and safeguarding matters, will be handled for legitimate purposes, with appropriate security, access controls, retention arrangements and safeguards for sharing. Children's rights to information and relevant data protection rights will be supported in accessible formats, taking account of their age and circumstances.

Uvedale House will not use surveillance as a substitute for attentive care. Any electronic monitoring arrangement will be described accurately, assessed for necessity and proportionality and governed by Regulation 24 and data protection requirements. The Data Protection and Confidentiality, Records Management, Information Sharing, CCTV/Monitoring and Safeguarding policies contain the detailed controls.

14. Care planning, admission and transitions

Uvedale House will accept planned placements only where assessment and matching establish that the child's needs can be met without compromising other children's safety and wellbeing. Individual placement plans will guide day-to-day care and be reviewed with children and placing authorities. Transitions into, between and out of placements will be planned sensitively, with attention to communication, continuity, education, relationships, healthcare and preparation for adulthood. Residence beyond age 18 is not automatically offered and would require separate legal, regulatory and suitability consideration.

Uvedale House recognises that effective care begins before arrival. Planned placement decisions will consider the child's assessed needs, wishes, communication, health, education, safeguarding history, relationships and the impact on children already living in the home. The aim is a sustainable match that promotes stability rather than an admission based solely on vacancy or funding.

Each child's placement and care planning arrangements will identify what matters to the child, the outcomes being pursued, the responsibilities of the home and other agencies, and the support required in everyday life. Plans will be understandable to the child wherever possible and reviewed when needs or circumstances change. The home will work with the placing authority and Independent Reviewing Officer without confusing internal care reviews with statutory looked-after-child reviews.

Preparation for transitions will begin in good time and include communication needs, family relationships, education, health, daily living skills and future accommodation. Uvedale House acknowledges that leaving a familiar setting can be particularly challenging for children with learning disabilities, so transition support will prioritise predictability and continuity. The Admissions, Matching, Placement Planning, Care Planning and Transitions policies set out operational arrangements.

15. Leadership, experience and staffing

Eligible Hands Ltd is committed to suitable leadership, safer recruitment, competent staff, supervision, development and sufficient staffing under the applicable Regulations. Sylvia Ahenkorah is the Registered Manager and DSL; Limata Boye is the Responsible Individual. Their verified qualifications, relevant experience and employment history must be inserted in the final Schedule 1-compliant submission; this draft does not invent those details. A Deputy Manager/DDSL post has been authorised and is intended to be filled after Ofsted registration. Senior Shift Leaders and Residential Childcare Workers will support the service.

Reporting and communication operate in both directions through the following hierarchy:

Eligible Hands Ltd – Director

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Responsible Individual – Limata Boye

↑ ↓

Registered Manager / DSL – Sylvia Ahenkorah

↑ ↓

Deputy Manager / DDSL

↑ ↓

Senior Shift Leaders

↑ ↓

Residential Childcare Workers

Uvedale House provides individualised 24-hour care, including 1:1 support where required by assessed needs and waking-night arrangements. Staffing is deployed according to the children's needs and the home's Staffing, Recruitment, Supervision and Safeguarding policies.

Eligible Hands Ltd provides governance and strategic oversight through its Directors and Responsible Individual, Limata Boye. The Registered Manager, Sylvia Ahenkorah, leads the home's day-to-day care, safeguarding, workforce management and quality improvement. The Deputy Manager supports operational continuity and acts as Deputy Designated Safeguarding Lead, with Senior Shift Leaders and Residential Childcare Workers providing consistent daily support.

Uvedale House is committed to a workforce whose skills reflect the children's needs. Recruitment and deployment take account of safeguarding suitability, relevant qualifications, experience, communication competence, learning-disability knowledge and the ability to support children respectfully. The home's staffing model includes individualised support across the day and night, with waking-night cover and additional support aligned to assessed needs.

Uvedale House is committed to structured induction, regular reflective supervision, performance appraisal and a needs-led workforce training programme. The arrangements below describe the home's expectations; the detailed schedules, records, competency assessments and escalation processes are contained in the Staff Induction, Training and Development, Supervision and Appraisal, and Safer Recruitment policies.

15.1 Qualifications and professional expectations

Uvedale House expects the Registered Manager to satisfy the applicable experience, fitness and qualification requirements of Regulation 28, including the relevant Level 5 leadership and management qualification or accepted equivalent within the prescribed timescale. Residential childcare workers will meet the relevant Level 3 qualification requirements or accepted equivalents under Regulation 32, within applicable timescales. The Deputy Manager and Senior Shift Leaders will demonstrate supervisory capability, safeguarding competence and appropriate

experience of supporting children with learning disabilities. The provider will maintain the Schedule 1 description of staff experience and qualifications alongside the role expectations set out here.

15.2 Induction and the Care Certificate

Uvedale House is committed to a structured induction before staff undertake unsupervised responsibilities. Induction will cover the home's ethos, children's rights, safeguarding and whistleblowing, the Children's Guide, care planning, communication support, behaviour support, medicines, emergency arrangements, information governance and individual children's needs. The home will use relevant Care Certificate standards as a foundation for assessing essential care knowledge and practice, adapted to children's residential care. The Care Certificate is not a substitute for the required residential childcare diploma or evidence of competence in specialist tasks. New staff will receive supported practice, observed assessments and sign-off before working independently in duties for which competence must be demonstrated.

15.3 Mandatory core training

Uvedale House will require all relevant staff to complete and refresh core training appropriate to their duties. The home's mandatory programme includes safeguarding children and child protection; recognising exploitation and child-on-child harm; Prevent awareness where relevant; equality, diversity and children's rights; health and safety, fire safety and evacuation; first aid appropriate to the role; infection prevention and control; safe moving and handling; medication awareness and administration competence for authorised staff; food safety where relevant; data protection, confidentiality and information sharing; complaints and whistleblowing; missing-from-care awareness; and positive behaviour support, de-escalation and lawful restrictive practice. Frequency and level will follow legislation, current guidance, the provider's training matrix and assessed risk, rather than an arbitrary single renewal interval.

15.4 Oliver McGowan training and learning-disability competence

Uvedale House adopts the Oliver McGowan Mandatory Training on Learning Disability and Autism as a core organisational training requirement for relevant staff, selecting the appropriate tier according to their role and level of contact with children. This commitment supports reasonable adjustments, accessible communication, recognition of diagnostic overshadowing and better understanding of autistic children and children with learning disabilities. Completion of this training will be supplemented by practical competence in communication passports, augmentative and alternative communication, sensory support, epilepsy and dysphagia awareness where relevant, and person-centred care. The home recognises that training alone does not establish competence; learning must be demonstrated in practice.

15.5 Specialist and child-specific training

Uvedale House will commission additional training before staff undertake specialist responsibilities or support children whose assessed needs require it. This may include autism-informed approaches, communication systems, trauma-informed practice, Positive Behaviour Support, approved physical intervention, epilepsy and rescue medication, dysphagia and safe

eating and drinking, enteral feeding, intimate care, mobility support, self-harm prevention, online safety and exploitation prevention. Where clinical tasks are delegated, the home will obtain appropriate professional instruction, individual competency assessment and ongoing review. Staff will not undertake tasks beyond their training, authority or assessed competence. Training in restrictive interventions, where required, will be selected with reference to the RRN Training Standards and relevant BILD guidance, with role-specific competence assessment, refresher learning and management oversight. Any external training-provider certification will be described accurately and not assumed. The training and supervision programme will also draw on relevant NICE recommendations, particularly NG11 and NG93, to strengthen staff understanding of behaviour that challenges, preventative support and multidisciplinary working.

15.6 Supervision, appraisal and professional support

Uvedale House is committed to regular, planned and recorded individual supervision for all staff, provided by a suitably experienced supervisor. Supervision will address children's experiences and outcomes, safeguarding and professional boundaries, reflective practice, workload, wellbeing, learning needs, conduct and the quality of care. Newly appointed staff and staff requiring additional support will receive more frequent supervision. The Registered Manager will receive supervision and oversight from the Responsible Individual or another suitably qualified person; the Deputy Manager and Senior Shift Leaders will provide supervision only within their competence and delegated authority. Staff will receive an annual appraisal and an individual development plan, supported by team meetings, practice observations and access to additional support after significant incidents. The home's Supervision and Appraisal Policy sets out frequency, confidentiality, recording and escalation arrangements.

15.7 Training planning, assurance and continuous improvement

The Registered Manager will maintain a rolling workforce training and competency plan aligned to children's needs, regulatory obligations, staff roles and service development. A training matrix will track induction, qualifications, required learning, refreshers and competence sign-off. The Responsible Individual will oversee compliance, workforce capacity and training effectiveness through supervision, audits, feedback from children and families, incident learning and Regulation 44 and 45 quality monitoring. Uvedale House will respond to gaps through targeted development, additional supervision or changes to staff deployment, ensuring children are cared for by staff with the required skills at all times.

Uvedale House maintains a controlled staffing information schedule describing the relevant experience and qualifications of the staff employed, including management and supervisory staff, in accordance with Schedule 1. This forms part of the Statement of Purpose documentation; personnel files, certificates and individual training records remain separately controlled.

16. Complaints, advocacy and access to policies

Uvedale House is committed to an open complaints culture. Children and others may raise concerns in accessible ways, without reprisals, directly or through advocates and external bodies. The Registered Manager will ensure complaints are considered fairly under Regulation 39 and learning informs service improvement. The Children's Guide will explain how to complain and access advocacy. The complaints procedure and child protection and behaviour management policies, together with relevant safeguarding policies, are available on request from the Registered Manager or provider using the contacts on the cover.

Uvedale House is committed to ensuring that complaints are welcomed as opportunities to put matters right. Children will be able to express dissatisfaction through speech, writing, signs, symbols, communication devices or a trusted adult. They may also contact their social worker, Independent Reviewing Officer, advocate, Ofsted or other appropriate body directly and privately.

The home will make information about complaints, safeguarding and behaviour support accessible to children and those acting on their behalf. Concerns will be treated fairly and without retaliation, with safeguarding allegations addressed through the appropriate safeguarding route rather than delayed by an ordinary complaints process. The Complaints and Representations Policy, Children's Guide and Advocacy arrangements provide detailed information about access, handling and escalation.

17. Governance, leadership accountability and organisational oversight

Uvedale House acknowledges that effective governance requires more than reporting lines. Significant decisions about admissions, compatibility, restrictions, safeguarding, resources and service change will be informed by the child's assessed needs, their views, professional advice and the interests of other children living at the home. The Registered Manager will escalate material risks and resource concerns to the Responsible Individual and provider. The provider will respond to emerging risks, monitor whether agreed action is effective and ensure that commercial considerations do not override safe matching or children's welfare.

Uvedale House is committed to a culture in which children, staff, families, advocates and professionals can question decisions and raise concerns without retaliation. The home's Whistleblowing, Safeguarding and Child Protection, Complaints, Professional Boundaries and Staff Code of Conduct policies support openness, challenge and accountability. Safeguarding allegations and serious incidents will be referred and notified to the appropriate agencies in accordance with the applicable statutory duties, including Regulation 40.

17.3 Organisational risk, continuity and information governance

The governance framework encompasses safe staffing, financial and operational resilience, premises safety, business continuity, recruitment assurance, information security and the effectiveness of specialist support. Uvedale House will maintain oversight of risks that could compromise children's care, including disruption to staffing, education, health provision,

community access or essential services. The Business Continuity, Health and Safety, Fire Safety, Safer Recruitment and Data Protection and Confidentiality policies contain the corresponding operational arrangements.

Uvedale House recognises the need to protect confidential and special-category information about children and staff. Governance oversight will include lawful, proportionate information sharing, secure record keeping, access controls, retention and breach response under the UK GDPR and Data Protection Act 2018, without compromising appropriate safeguarding information sharing. The home will maintain clear accountability for privacy and information-governance decisions.

17.4 External accountability and partnership

Uvedale House will engage constructively with Ofsted, placing authorities, Independent Reviewing Officers, the host local authority, safeguarding partners, education and health professionals, and independent visitors. The home recognises Regulation 5 as requiring effective engagement with the wider system around each child. External scrutiny, professional disagreement and children's feedback will be considered as sources of assurance and improvement, not simply compliance exercises.

18. Quality management and assurance

18.1 Quality framework and measures of success

Uvedale House is committed to a coherent quality management system centred on the nine Quality Standards in Regulations 6–14 and the leadership and management expectations of Regulation 13. The home will judge quality by children's lived experiences, safety, dignity, stable relationships, education, health, participation, enjoyment and progress towards individual goals. Progress will be interpreted in the context of each child's starting point, communication needs, disability and aspirations, rather than by uniform targets.

Quality assurance will bring together direct observation of care, children's feedback, care-plan and outcome reviews, safeguarding intelligence, complaints and compliments, staff supervision, incident learning, professional feedback and independent scrutiny. Uvedale House recognises that a low number of complaints or incidents does not, by itself, demonstrate good care; the quality of listening, reporting, response and learning is equally important.

18.2 Routine management oversight and improvement

The Registered Manager will maintain oversight of care planning and placement stability; safeguarding and missing-from-care concerns; behaviour support and restrictive practice; health and medication; education and attendance; participation and advocacy; staff competence and continuity; and premises and environmental safety. Trends, recurring concerns and differences between recorded practice and children's experiences will be examined and escalated as necessary.

The Responsible Individual and provider will scrutinise management information, challenge exceptions and review the delivery and impact of agreed improvements. Uvedale House will maintain clear ownership of improvement actions and check whether changes have improved

outcomes for children. Detailed audit tools, frequencies, action trackers and reporting templates are set out in the Quality Assurance and Governance policies rather than reproduced in this Statement.

18.3 Independent monitoring and statutory review

Uvedale House will arrange independent visits at least monthly in accordance with Regulation 44, by a person meeting the applicable independence requirements. The independent person's scrutiny of children's safety, wellbeing and the conduct of the home will complement, not replace, the registered person's own management assurance. The registered person will complete a review of the quality of care at least every six months under Regulation 45, taking account of the views of children and relevant stakeholders, and submit the report to Ofsted within the statutory timeframe.

The home will review the appropriateness and suitability of its location at least annually and when material risks change, in accordance with Regulation 46. The separate Location Risk Assessment informs that review. Findings from Regulation 44 visits, Regulation 45 reviews, Ofsted inspection, placing-authority feedback and internal quality monitoring will be integrated into service development.

18.4 Participation, learning and accountability

Uvedale House acknowledges that children with learning disabilities may need additional time, communication aids, trusted relationships or independent advocacy to express their views. Children will be enabled to influence everyday life and service development through accessible conversations, reviews and feedback. Families and placing authorities will be consulted where appropriate to the child's wishes, legal status and safeguarding needs. The Children's Guide, Participation, Complaints and Advocacy arrangements explain the routes available.

The home is committed to reflective practice, proportionate learning from incidents and a workforce culture that supports speaking up. Quality findings will inform supervision, training priorities, care-plan changes, resource decisions and revisions to relevant policies. The Statement of Purpose describes this assurance framework; operational audit methods and investigation procedures remain in the supporting policies and records.

19. Statement of Purpose Review

The Statement of Purpose will remain aligned with the actual service delivered and with the Children's Guide, Business Plan, Location Risk Assessment and relevant operational policies. Uvedale House will seek children's views when reviewing the document and provide accessible explanations of material changes. The registered person will make the document available as required and notify Ofsted of revisions within the applicable statutory timeframe.

Changes in the nature of care, admission profile, staffing structure, facilities, monitoring arrangements or the home's approach will be reflected promptly in the controlled document. Uvedale House will not use a policy amendment to alter the fundamental service offer without considering whether a corresponding Statement of Purpose revision is necessary.

Uvedale House will keep this Statement accurate and accessible, review it at least annually and whenever material changes occur, and consult children using suitable communication methods. The Registered Manager will coordinate revisions, the Responsible Individual will oversee them, and the provider will approve the controlled version. The registered person will notify Ofsted and provide revised copies within the period required by Regulation 16. The current version will be made available to the people specified by that Regulation and aligned with the Children's Guide and other service documents.

20. Statement of Purpose Approval

Designation	**Signature**	**Date**
Director/Responsible Individual	_____	_____
Registered Manager	_____	_____

21. References: Principal Legislation, Statutory Guidance and Professional Standards

21.1 Primary Legislation and Regulations

1. Great Britain (1989). Children Act 1989. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/1989/41/contents

2. Great Britain (2000). Care Standards Act 2000. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/2000/14/contents

3. Great Britain (2004). Children Act 2004. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/2004/31/contents

4. Great Britain (2014). Children and Families Act 2014. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/2014/6/contents

5. Great Britain (2015). The Children's Homes (England) Regulations 2015, SI 2015/541, as amended. Particularly Regulations 5–16, 19–24, 35, 39–40 and 43–46, and Schedules 1–2. Available at: https://www.legislation.gov.uk/uksi/2015/541/contents

6. Great Britain (1998). Human Rights Act 1998. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/1998/42/contents

7. Great Britain (2005). Mental Capacity Act 2005. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/2005/9/contents

8. Great Britain (2010). Equality Act 2010. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/2010/15/contents

9. Great Britain (2018). Data Protection Act 2018. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/2018/12/contents

10. United Kingdom (2018). UK General Data Protection Regulation (UK GDPR), as incorporated into and amended under UK law. Available at: https://www.legislation.gov.uk/eur/2016/679/contents

21.2 Statutory Guidance and Regulatory Frameworks

11. Department for Education (2015). Guide to the Children's Homes Regulations, including the Quality Standards. London: Department for Education. Available at: https://www.gov.uk/government/publications/childrens-homes-regulations-including-quality-standards-guide

12. Department for Education (current applicable edition). Working Together to Safeguard Children: Statutory Guidance. London: Department for Education. Available at: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

13. Department for Education and Department of Health (2015). Special Educational Needs and Disability Code of Practice: 0 to 25 Years. London: HM Government. Available at: https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

14. Ofsted (current applicable edition). Social Care Common Inspection Framework (SCCIF): Children's Homes. Manchester: Ofsted. Available at: https://www.gov.uk/government/publications/social-care-common-inspection-framework-sccif-children-homes

21.3 National Institute for Health and Care Excellence (NICE) Guidelines

15. National Institute for Health and Care Excellence (2015). Challenging Behaviour and Learning Disabilities: Prevention and Interventions for People with Learning Disabilities Whose Behaviour Challenges. NICE Guideline NG11. Available at: https://www.nice.org.uk/guidance/ng11

16. National Institute for Health and Care Excellence (2018). Learning Disabilities and Behaviour That Challenges: Service Design and Delivery. NICE Guideline NG93. Available at: https://www.nice.org.uk/guidance/ng93

17. National Institute for Health and Care Excellence (2021). Looked-after Children and Young People. NICE Guideline NG205. Available at: https://www.nice.org.uk/guidance/ng205

21.4 Professional Standards and Practice Resources

18. British Institute of Learning Disabilities (BILD) (n.d.). Positive Behaviour Support: Professional Resources and Guidance. BILD. Available at: https://www.bild.org.uk/

19. Restraint Reduction Network (RRN) (n.d.). Restraint Reduction Network Training Standards and Restrictive Practice Reduction Resources. Available at: https://restraintreductionnetwork.org/