



jasmine
MOTHER & CHILD

STATEMENT OF PURPOSE



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1. ABOUT TREVI



Trevi is a registered charity, supporting vulnerable women and their children to move from surviving to thriving, since 1993.

As a women-run charity, we draw on our experience, influence and the voices of the women we support to shape better responses for women in recovery. This includes recovery from addiction, mental health challenges, criminogenic behaviours and domestic abuse. Our aim is to provide safe, nurturing spaces where women and children can heal, grow and thrive.

BESIDE JASMINE MOTHER & CHILD, WE RUN TWO OTHER SERVICES:



Blossom Women's House is a trauma-informed home connected to the Ministry of Justice, providing temporary housing for women with multiple needs for up to 12 months. With capacity for nine residents across three floors and a secure garden, it provides a safe and homely space where women can find peace, stability and support.

On-site practitioners help women to resettle, advocate for their needs, and connect with wider services, including Sunflower Women's Centre.



Sunflower Women's Centre provides medium to long-term trauma-informed support for women with a wide range of needs.

Sunflower offers accredited therapeutic and vocational programmes to help women address trauma, build resilience and move forward in life.

Our team delivers personalised support through accredited training, group work, counselling, creative therapies, fitness, parenting support, peer mentoring and more. Sunflower also runs a Young Women's Outreach project.

2. ABOUT JASMINE MOTHER & CHILD

Jasmine Mother & Child is a truly unique service.

We are a residential family centre based in Plymouth, Devon offering a specialist parenting assessment for mothers with drug or alcohol dependency issues.

Jasmine Mother & Child recognises that for many women, the use of substances has been a mechanism for coping with traumatic life events, including childhood trauma / abuse.

We therefore want to understand the issues underlying the substance misuse whilst building a woman's skills to live free from drugs and alcohol.

The safety and welfare of the child is paramount. Jasmine Mother & Child is a self-contained, secure site, comprised of five houses with a shared garden / courtyard.

Through 24-hour monitoring, Jasmine's multidisciplinary team supports mothers to identify what changes they need to make in order to keep their child safe. Whilst our assessments will address the support needs of the parents, the focus will remain upon the child, with a view to facilitate care planning for the child's longer-term future.





3. OUR AIMS & OBJECTIVES

Our Aim

To provide a safe, supportive environment for the recovery of mothers and their children, enabling fair and transparent parenting capacity assessments that place the child's needs and voice at the centre.

Our Objectives

SAFEGUARDING

To ensure every child is safe, protected, and that their needs and voice remain central to all decisions.

EXCELLENCE IN ASSESSMENT

To deliver timely, robust, and holistic assessments using effective, evidence-based tools.

CLARITY IN GUIDANCE

To provide meaningful insight into mothers' parenting capacity and support informed, longer-term placement decisions.

EMPOWERMENT & PARTNERSHIP

To build trusting relationships with mothers, fostering self-efficacy, while working collaboratively with all professionals involved in the family.

TRAUMA-INFORMED PRACTICE

To deliver a service that is responsive to trauma, embedding the trauma lens in every aspect of our work.





4. OUR ETHOS, VALUES & LEGAL FRAMEWORK

Our assessments are not only guided by our own values of aspiration, tenacity, integrity, compassion, courage, and collaboration, but also by key legislative, professional, and organisational principles and values:



THE CHILD'S RIGHT TO FAMILY LIFE

Every child has the right to be brought up in a family that can meet their basic needs, provide secure attachments, and offer stability, belonging, and permanence.



FAMILY OF ORIGIN PRINCIPLE

In line with the Children Act 1989, the Children Act 2004, and Working Together to Safeguard Children (2018), children should be brought up within their family of origin wherever possible.



RECOGNISING STRENGTHS

Families' positive attributes, including the strengths and proven abilities of young parents, should be acknowledged and built upon throughout the assessment process.



UNMET NEEDS OF MOTHERS

Where unmet needs are identified, it is important to address these, regardless of the overall outcome of the assessment.



HUMAN RIGHTS

Every individual has the right to a private family life, as enshrined in the Human Rights Act 1998.



EFFECTIVE FAMILY ASSESSMENT

Families and their dependants must be assessed effectively to understand their needs and how best these can be met.



TRAUMA-INFORMED VALUES

Jasmine Mother & Child adheres to the five core values of trauma-informed services (Fallot & Harris, 2006).



5. JASMINE'S LEADERSHIP



Responsible Individual & Designated Safeguarding Officer VICTORIA CHANNING

Victoria Channing has been Head of Service at Trevi since 2024 and brings over 10 years' experience in support and homelessness services.

She is a Chair of Plymouth's Multi-Agency Risk Assessment Conference (MARAC) for high-risk domestic abuse and contributes to a range of strategic forums on safeguarding, domestic abuse, and substance misuse. She has previously managed hostels, family accommodation, floating support, and women's safe housing.



Registered Manager* HELENA WOOD

Helena Wood is a qualified social worker with over 25 years' experience supporting families affected by substance misuse.

Her career includes roles with children's services, Pause, and Harbour, where she worked intensively with vulnerable women and safeguarded mothers and babies at risk. She holds qualifications in Substance Misuse and Addiction, Social Policy, and Family Therapy.

*Subject to Ofsted process

Chief Executive Officer AMANDA GREENWOOD

Our CEO provides strategic leadership for Trevi, drawing on extensive experience in the charity sector and a strong commitment to safeguarding, recovery, and women's services.

Chief Operating Officer LAURA GRIFFITHS

Our COO oversees day-to-day operations, ensuring services run effectively and to the highest standards, with a focus on quality, compliance, and continuous improvement.



COUNSELLOR AND PSYCHOTHERAPIST

An integrative practitioner with several years' experience, this counsellor focuses on person-centred therapy, building safe and trusting relationships. Their expertise includes domestic abuse, substance misuse, PTSD, complex mental health, criminogenic behaviours, and addiction. They adopt a trauma-informed approach to strengthen resilience and recovery.

Registered member of the British Association for Counsellors and Psychotherapists (BACP).

HIGHLY SPECIALIST COUNSELLOR / THERAPIST

This counsellor has wide-ranging experience with children, young people, and adults across therapeutic and educational settings. They specialise in trauma, abuse, bereavement, anxiety, depression, low self-esteem, and relational challenges, and also support couples and individuals in crisis. Their trauma-informed, safeguarding-focused approach blends evidence-based and creative interventions.

Registered member of the British Association for Counsellors and Psychotherapists (BACP).

CHILD ATTACHMENT SPECIALIST

With over 20 years' experience in child mental health, this therapist specialises in parent-child relationships, attachment, developmental trauma, and adoption. They are skilled in supporting children affected by adverse experiences, including domestic abuse, and provide clinical supervision to other professionals. Their work is firmly trauma-informed, promoting recovery, resilience, and secure attachment.

Registered member of the British Association for Counsellors and Psychotherapists (BACP).



RESIDENTIAL FAMILY CENTRE NURSE

The Residential Family Centre Nurse works to promote effective health interventions and ensure safe medicine management. The role includes administering and auditing medications, undertaking health assessments, and supporting assisted withdrawal in partnership with external health professionals.

Our nurse also delivers staff training and competency checks, ensuring best practice across the centre. With a focus on both women's and children's health needs, the role supports access to external healthcare services and contributes to the safe, nurturing environment where families can achieve positive outcomes.

WOMEN'S RECOVERY WORKER

Our Women's Recovery Worker provides specialist support to mothers with substance misuse issues, and involves completing assessments, developing Recovery Care Plans, and delivering evidence-based interventions, including one-to-one and group programmes.

Working closely with healthcare professionals, partner agencies and other Trevi staff, the Recovery Worker ensures safe, trauma-informed, person-centred practice that promotes positive outcomes for both women and their children.

6. OUR WIDER TEAM

SOCIAL WORKERS

We have two Social workers registered with Social Work England. They are responsible for undertaking the parenting assessment within the timescales directed by the court / local authority.

This includes completing risk assessments, placement plans, providing Court evidence, providing educational activities and feedback to support the child's development, and empowering the parents to create change that is 'safe enough parenting'.

They will be supported in this task by our team of Family Support Workers.

FAMILY SUPPORT WORKERS

Our team of family support workers carry out a range of support-based activities, including modelling parenting tasks and observing parenting both on and off site. They will be part of a wider team aiming to support the child's development and empower the parents to create change that is 'safe enough parenting'.

We do occasionally have volunteers and students on site. All of our staff attend LSCB Child Protection/safeguarding Training via Plymouth City Council.



7. OUR FACILITIES

LARGE SNUG that can be used by anyone living at Jasmine. It's bright and spacious, with conservatory doors opening into an enclosed play area. Not only is it an area where families can relax, it can also be used to provide childcare during workshops or 1-2-1 sessions with mum.

THE DISCOVERY LODGE is our purpose-built wooden cabin, designed as a welcoming space, where we run a variety of workshops for mothers.

THE STAFF SPACE is located within a single house and comprises The Hub – a spacious ground-floor office for our family support workers – along with the registered manager's office, a meeting room, a dedicated office for social workers, and a staff room.

8. A SEVEN-FAMILY RECOVERY COMMUNITY

ROSE HOUSE - APARTMENT 1

A ground floor, self-contained one bedroom flat that can accommodate one mother with one child. Due to its proximity to the staff office space, this would suit a family with higher support needs. The family have sole use of a bathroom with shower / bath, kitchen and diner. There is a washing machine with tumble drier.

ROSE HOUSE - APARTMENT 2

A first floor flat with room for up to two families or one mother with multiple children. The two families would share a bathroom with shower / bath, a kitchen and diner. There is also a shared playroom and a washing machine with tumble drier

BUTTERCUP HOUSE - APARTMENT 3

A ground floor, self-contained one bedroom flat that can accommodate one mother with one child. The family have sole use of a bathroom with shower / bath, a kitchen and a spacious lounge / diner. There is a washing machine with tumble drier.

BUTTERCUP HOUSE - APARTMENT 4

A first floor self-contained two-bedroom flat that can accommodate a mother with more than one child, or an older child needing their own bedroom. The family have sole use of a bathroom with shower / bath, kitchen / diner and TV room. There is a washing machine with tumble drier.

TULIP HOUSE - APARTMENT 5

This two bed-room flat is spread over two floors. Upstairs contains two ensuite bedrooms (each containing shower and bath) and downstairs hosts a shared kitchen with lounge diner. There is a washing machine with tumble drier.

BLUEBELL HOUSE - APARTMENTS 6 & 7

This contains space for up to two families, with accommodation spread over two floors. Upstairs there are three bedrooms, each with access to private bathroom / toilet. Downstairs, there is a spacious kitchen / diner and a communal lounge. There is a washing machine with tumble drier.





9. CRITERIA FOR ADMISSION

At Jasmine, we work to achieve the best outcome for each child while giving mothers the opportunity to show they can meet their child's needs.

ACCEPTANCE CRITERIA

- ✓ Families where the child is at risk of significant harm
- ✓ Women who are on a methadone or buprenorphine prescription
- ✓ Women who have a recent history of chaotic substance misuse
- ✓ Parents with a learning disability
- ✓ Parents experiencing domestic abuse
- ✓ The parent recognises the concerns of the local authority even if they challenge the significance or extent of those concerns
- ✓ They have taken measurable steps to reduce or minimise those concerns
- ✓ They are not a danger to themselves or others

EXCLUSION CRITERIA

- ✗ People of concern with children
- ✗ History of arson
- ✗ Cases involving non-accidental injury
- ✗ Parents under the age of 18 years
- ✗ Children over the age of 5 years
- ✗ They have not taken measurable steps to reduce or minimise those concerns
- ✗ They are a danger to themselves or others

BOTH GOOD OUTLOOKS & COMPLEX CHALLENGES ACCEPTED

Some families present with a good outlook, having made serious inroads to limiting concerns, and who need a further period of assessment to ensure their parenting capacity is safely embedded.

Some families present with a range of complex challenges, where the outlook is unpredictable, and who need more intensive interventions in order to clarify the future for the child. We are willing to admit families where separation is considered likely.

We believe that it is important that women are given the chance to make changes within an environment that is safe and supportive. Our service will help mothers to better understand the concerns; it also ensures that they remain active participants in the assessment process.

10. REFERRAL AND VIABILITY ASSESSMENT

We require a Letter of Instruction prior to undertaking the assessment. This is to ensure that our assessment fully covers the areas identified by the local authority.

OUR VIABILITY ASSESSMENT USES THE FOLLOWING:

- Court bundle
- Social work chronology
- Viability assessment interview with mother
- Discussion with key professionals, i.e. social worker, guardian for child, support worker
- Our Referral form and Risk assessment form

The written viability report, outlining our recommendations, is forwarded to the referring professional within 7 working days. If the recommendations include a residential assessment at Jasmine Mother & Child, we specify timeframes and areas of assessment.

HOW TO REQUEST AN ASSESSMENT

Please complete an application for assessment form via our website and email to admissions@trevi.org.uk. The admissions administrator will then arrange a viability assessment.





PRE-PLACEMENT PLANNING

Where possible, we prepare families for assessment ahead of admission, including a visit to Jasmine Mother & Child and/or provide a film that gives a virtual tour and a range of information for mums and their children.

As we recognise that this can be an unsettling time, we ensure regular contact with professionals and mum in the lead up to admission. We also liaise closely with foster carers, nursery, school, health visitors, etc, in order to facilitate a smooth transition for children.

PARENTS WITH LEARNING DISABILITIES

We follow The Good Practice Guidance on Working with Parents with Learning Disability 2007. Social Workers are trained to use the Parent Assess assessment tool which is specifically designed for Parents with Learning Difficulties.

PARENTS EXPERIENCING DOMESTIC ABUSE

We recognise that women experiencing domestic abuse may have some additional support needs. Trevi's IDVA works across our services, liaising with the local domestic abuse service to support women who need safety planning, including non-molestation orders.

Women can also attend our in-house domestic abuse programme to raise their awareness and equip them with the skills to identify abusive behaviours.



11. THE ASSESSMENT PROCESS

We take a trauma-informed approach in everything we do. This means we see and support the whole person, recognising the impact of past experiences and the coping strategies that may have developed as a result.

We understand that entering a residential family centre can feel overwhelming and stressful. Our team works hard to create an environment where every woman feels safe, respected and able to take part in a fair assessment. All staff receive trauma-informed training to ensure our practice is consistent, compassionate and rooted in understanding.

When assessing parenting skills, we look at the mum's history of drug and alcohol use and how this has disrupted safe parenting in the past. We support her to build insight into substance use and to strengthen her commitment to change. We also begin to assess her ability to sustain recovery from mood-altering substances.

LENGTH OF STAY

A typical stay lasts between 12 and 18 weeks. We recognise the tension between the time needed for adult change and the child's need for stability. Our aim is to provide purposeful assessments that keep the child's timescales at the centre.

We wait until six weeks after birth before beginning a formal parenting assessment. Where parents have learning disabilities, we allow a longer assessment period if needed.

WE ACTIVELY ASSESS:

- How she creates and follows daily routines
- Her level of emotional warmth
- The quality of responses to her child's needs, and her ability to anticipate those needs with empathy and awareness
- How she provides stimulation and learning opportunities
- Whether her behaviour is consistent and predictable
- Her understanding of encouragement and positive behaviour management
- How she manages stress for both herself and her child
- Her ability to support her child's growing independence and autonomy
- How she provides and maintains a safe environment
- Her ability to provide good nutrition
- How she meets her child's health and medical needs



NEUTRALITY

Neutrality means we approach each case individually and without pre-conceptions. The pre-admission history is vital in highlighting problem areas, and likely causes of failing parenting.

TRANSPARENCY

Transparency is demonstrated by our sending out our weekly running records, as they happen.

FAIRNESS

Fairness we ensure by listening to the resident and their perceptions and incorporating these into our interactions.

BALANCE

Balance reflects the living reality of residents. Almost no resident is so totally hopeless and bereft of any redeeming features that a wholly negative assessment is the outcome.

We strive to achieve the above 4 principles in all our assessments

Our reports will identify positive aspects where they are seen. We will intervene where parental capacity is lacking, addressing areas of concern and safeguard risk.

We will provide our own view, based on the evidence in Jasmine. We do not act as rubber stamp for the position of any of the Parties in the Proceedings.

The purpose of our assessment is to assess, with neutrality, transparency, fairness, and balance. Any placement carries the risk that it will confound a pre-existing view, as well as finding that a pre-existing view may well be confirmed.

Only in this way can we be of proper service to the investigations of the court, or any pre-court investigations. We will always sift our evidence, giving recommendations on our belief in the way the evidence favours what decision for the paramount welfare of the child, but also the totality of our assessment will also note out our evidence which could challenge that recommendation.

Ultimately the evidence and our recommendation is a matter for the Court to decide on the balance of what is in the best interest of the child.



JEFF FOWLER ASSESSMENT MODEL

This tool is both child-centred and family-focused.

The assessment collects and processes data related to a range of topics which includes (but is not limited to) risk, chronology, employment, perception of self, self-esteem, thinking and behaviour patterns, substance use, previous and current relationships, parenting knowledge and style, parenting skills and abilities and living arrangements

THE ROLE OF ATTACHMENT

We will observe the extent to which a child appears psychologically secure and safe in their parents' care.

Alongside meeting a child's basic care needs, we will assess parental capacity to attune to their child's emotional needs.

We will observe how parents manage potentially stressful moments (such as bedtime/mealtimes) and how the child responds to their parent.

NSPCC REUNIFICATION TOOL

We use this to consider the risk of future harm to the child if she were to remain in the mother's care

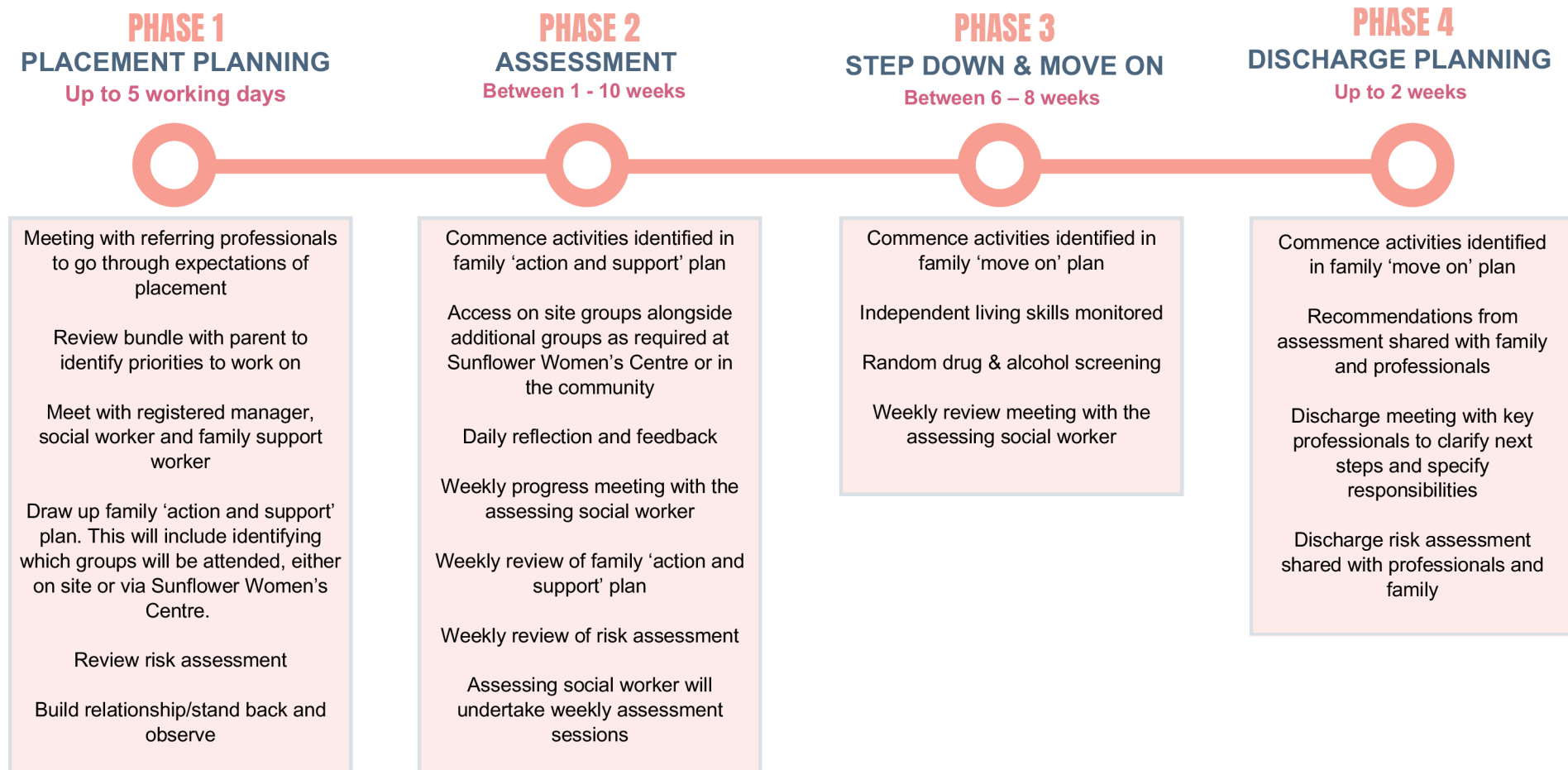
OUTCOMES STAR/RECOVERY STAR

The Outcomes Star is grounded in a trauma-informed, strengths-based methodology, emphasising the importance of relationships and collaboration in the support process. It is designed to be both a practical keywork tool and a reliable outcomes measurement instrument, with ongoing research supporting its effectiveness and validity.





12. ASSESSMENT PHASES





Building Blocks of Parenting Capacity and Healthy Parenting Brain Systems as tools to understand parenting capacity.

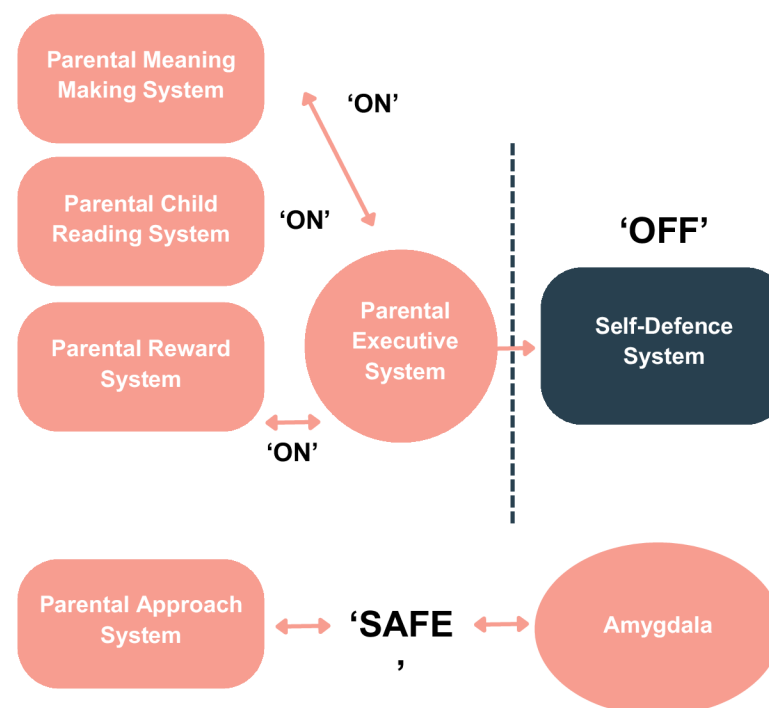
On arrival, we observe basic care tasks – such as bottle making, bathing and baby changing – to assess a parent’s capability. This creates opportunities for support and for staff to role model good practice. The length of this period is tailored to each family and reviewed weekly. Over time, we step back to allow the family to demonstrate their full capacity, while continuing to observe.

We promote parental change through a structured programme that includes workshops, regular feedback sessions, one-to-one work, and access to groups at our Sunflower Women’s Centre.

BUILDING BLOCKS OF PARENTING CAPACITY



THE FIVE PARENTING SYSTEM



13. RIGHTS & EXPECTATIONS

We believe that our residents have the following rights and responsibilities:

RIGHTS

- To receive considerate and respectful care from all staff at all times
- To live in an environment free from abusive, threatening or unpleasant language and behaviour
- To have your privacy and individuality respected
- To receive clear and appropriate communication about your care plan

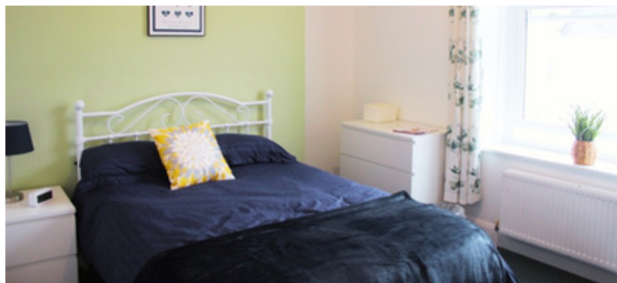
RESPONSIBILITIES

- To treat staff and other families with respect
- To help maintain an environment free from abusive, threatening or unpleasant language and behaviour
- To respect the privacy and individuality of others





14. HOUSE RULES



GENERAL RULES

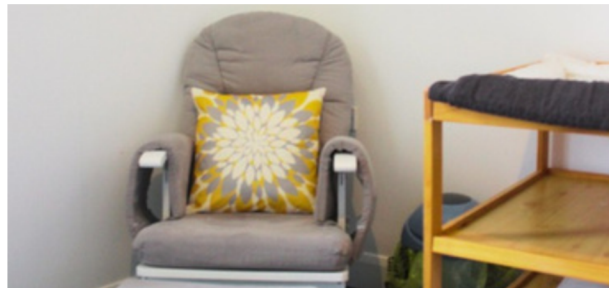
- No alcohol or illicit substances permitted on site.
- If a urine screen is not provided within one hour of request, it will be recorded as a refusal.
- When unsupervised time is permitted (after the mid-point assessment), residents must inform a staff member before leaving, and return at the agreed time.

CHILD-RELATED RULES

- Residents are responsible for keeping their accommodation clean and tidy.
- Residents must not look after other people's children.
- Babies must never be carried in baby bouncers.

HOUSE RULES

- Smoking and vaping are only permitted in designated areas.
- Only staff are allowed in residents' bedrooms.
- Bedroom doors must not be locked.



PROHIBITED AND RESTRICTED ITEMS

The following items are all strictly prohibited

- Illicit substances
- Non-prescribed medicines
- Alcohol
- Legal highs
- Weapons

If a resident is found in possession of one or more of these items, and/or is intoxicated, or if illegal drugs are found on the premises, it may lead to the police being notified and their placement will be terminated.

Medication is stored and administered throughout placement or at least until interim point in placement.

For more information about how we handle medicines, please request a copy of our medications policy from admissions@trevi.org.uk



PRIVACY AND DIGNITY

We recognise the importance of protecting each family's privacy and dignity, especially during what can be a stressful time.

Our approach balances respect for privacy with our duty to safeguard the welfare of children. At times, this may involve the use of cameras for observation.

We always use the least intrusive methods possible, and we do not carry out covert surveillance.



15. USE OF SURVEILLANCE TECHNIQUES

We use video footage both for safeguarding and to provide mums with feedback on positive parenting moments, such as successful routines. This helps build confidence and self-efficacy, supported by staff trained in Video Interactive Guidance (VIG).

INFORMING PARENTS ABOUT SURVEILLANCE

- Parents are never placed under CCTV surveillance without their written consent.
- Consent is obtained during the placement planning process, and parents are fully informed.
- CCTV is located in bedrooms and communal areas.
- Baby monitors with audio are provided so parents can monitor their child's welfare when in their cot.

PURPOSE OF CCTV RECORDINGS

Recordings are used only for:

1. Safeguarding children and others in the centre, including child protection.
2. Assessing and monitoring parental capacity under regulation 13A, to safeguard the child and inform the assessment outcome.

Recordings are not used for monitoring staff or for general behavioural monitoring. They are only used for the specific purposes agreed in each family's plan.

PROTECTING PRIVACY

Our CCTV Policy explains how recordings are stored and who can access them. All CCTV recordings are automatically deleted after 13 weeks.

BASIC SAFEGUARDING

We observe mum's ability to care for her child appropriately. We monitor any activities that might put the child at risk, such as:

- Co-sleeping
- Laying baby on its front
- Attempting to feed baby from a bottle whilst baby is lying in its cot

RESPONSE TO CHILD

We observe how mum responds to her child, documenting whether it is timely and the tone soft and comforting. We also consider their capacity to adhere to advice and work with our professionals.

In addition, we observe how parents respond to the advice and guidance of professionals. Where concerns have been raised, parents are given education and advice to support improvement.

Our observations show whether parents are able or willing to follow this guidance. We record any concerns, share them with the parent and inform the referring social worker. If staff have immediate concerns for a child's welfare, they intervene without delay.



16. DRUG AND ALCOHOL USE

Jasmine Mother & Child carries out assessment where substance misuse is the main area of concern in regards to mum's parenting.

We do not permit any drug or alcohol use during assessment.

Abstinence from all substances is a requirement that we will ask parents to adhere to.

We will be able to discuss this during the viability assessment process.

We will carry out a drug or alcohol test if we suspected a parent of drug or alcohol use and a positive screen may lead to the placement being terminated.

No drugs or alcohol are permitted on the premises and in the event that staff suspected a parent had brought substances on site, a room search would be conducted with the parent present.

16. confidentiality

We recognise the importance of mums feeling confident that their personal information is handled with sensitivity and care.

At the start of placement, mothers sign a form setting out the parameters of information sharing.

Residents are advised that, for effective assessment, any information they disclose may be recorded and shared with professionals. They can access their daily logs at any point during placement.

Person-identifiable information is anonymised wherever possible without compromising the usefulness of the data.

Access to staff spaces where confidential information is stored is controlled. Doors must be locked and secured with keys.

At the end of each day, staff must clear desks and store all records containing confidential or person-identifiable information in locked, recognised filing or storage systems.

A copy of the confidentiality policy is available on request.

ALL STAFF TAKE THE FOLLOWING STEPS TO PRESERVE CONFIDENTIALITY

- Staff must not hold sensitive or personal conversations with residents in communal areas.
- Staff must not share information about an individual or family with other residents.
- All requests for information must be managed in line with our data protection procedures.
- Staff must handle and process all data, including written documents and emails, in accordance with our data protection procedures.





17. SAFEGUARDING

At Jasmine Mother & Child, the welfare of every child is paramount. This includes parents under the age of 18.

Promoting children's welfare and protecting them from harm is everyone's responsibility, in line with Working Together to Safeguard Children (HM Government, 2018).

All children and young people under 18 have the right to protection from abuse, without exception. This applies regardless of sex, age, ethnicity, disability, sexual orientation, gender identity, religion, beliefs, parental or pregnancy status, or cultural background.

Every child and young person has the right to grow up in an environment that is safe and free from violence, fear, abuse, bullying and discrimination.

SAFEGUARDING AT JASMINE MOTHER & CHILD

Jasmine Mother & Child is committed to safeguarding and promoting the welfare of all children and young people. We will:

- Act promptly and appropriately on any suspicion of abuse, always in the best interests of the child.
- Proactively promote the welfare and protection of all children.
- Prevent unsuitable people from working with children through robust safer recruitment procedures.
- Respond to concerns raised by residents, staff or volunteers appropriately and sensitively.
- Never tolerate harassment of anyone who raises concerns about abuse or neglect.
- Work in partnership with Plymouth City Council under the Children Act 2004 and follow recommendations from the Local Safeguarding Children Board (LSCB).
- Prevent abuse by applying good practice, creating safe environments and reducing opportunities for abuse or allegations.
- Monitor and oversee children's welfare through care and risk management plans, reviewed weekly by the multi-disciplinary team.
- Notify the placing social worker (or the duty team out of hours) immediately of any safeguarding incident.

Copies of our full safeguarding policies and protocols are available on request.



18. FIRE SAFETY



FIRE PREVENTION

To keep residents safe, we do not offer placements to anyone with a history of arson.

Due to the nature of the facility, and the fact we are actively assessing parenting capacity, staff are on site 24/7, regularly accessing all parts of the site. As health and safety is part of the parental assessment process, staff are vigilant in checking for potential fire hazards.

STAFF TRAINING

All staff undertake fire training during induction. The registered manager is the fire warden; in her absence, a senior staff member is asked to deputise.

RESIDENT FIRE SAFETY

All families are given a fire safety induction upon admission, including a personal evacuation plan, taking into account any specific needs.

Fire drills are carried out twice a year, and alarms are tested each time we admit a new family.

We enforce a strict no-smoking policy in our accommodation, and provide a covered shelter in the garden. Residents are not allowed to use candles, incense burners, or any other naked flame. All electrical items are PAT tested.

FIRE SAFETY SYSTEMS

The following are installed throughout:

- Mains wired smoke detection and alarm system
- Fire extinguishers
- Fire blankets
- Fire doors

FIRE EXITS

Each house has a fire exit, and every family is advised of their individual escape plan.

FIRE ASSEMBLY POINT

The fire assembly point is located outside our main gates.



19. WHAT'S INCLUDED IN OUR FEES

FAMILY SUPPORT WORKERS ON SITE 24/7

always with at least three staff on duty. They model parenting tasks, observe and support families both on and off site, and provide day-to-day care and guidance.

TWO QUALIFIED, REGISTERED SOCIAL WORKERS

who work directly with families. They complete all required parenting assessments, including viability and risk assessments, placement planning and court reports. They also support child development through education, feedback and direct work with parents.

A QUALIFIED LEAD who manages all medication, including controlled drugs. They work closely with a specialist GP to support detox and manage any medical needs.

SUPERVISED OUTINGS supported by our Family Support Workers to ensure safety and wellbeing.

WEEKLY CASE NOTES provided to Local Authorities to support transparent, joined-up working.

MIDWAY & FINAL ASSESSMENT REPORTS, shared at the key stages of each placement.

COURT SUPPORT, including sitting with the parent during online hearings (where agreed).

ACTIVE ATTENDANCE AT KEY MEETINGS, including Child in Care Reviews, Core Groups, Placement Planning and Child Protection Reviews.

REGULAR CONTACT with the placing Local Authority, including meetings at the start and end of placement, and at any other time as needed.

ONSITE DRUG TESTING, with access to lab-based follow-up testing if required.

HEALTH VISITOR PROVISION, ensuring all statutory checks are completed with a local assigned Health Visitor.

GP REGISTRATION, with all families registered at our local surgery.

A FEMALE COUNSELLOR who provides weekly one-to-one sessions for mothers. She brings specialist knowledge of trauma and works from a fully trauma-informed perspective.

A CHILD PSYCHOTHERAPEUTIC COUNSELLOR with expertise in parent-child relationships, attachment and developmental trauma.

A FULL TIME RECOVERY WORKER who offers one-to-one drug counselling and facilitates group sessions, including:

- Trauma and the Brain (by Psychology Associates)
- Solihull Parenting
- Recovery Capital
- SMART Recovery
- Own My Life

TO FIND OUT MORE ABOUT OUR FEES, contact admissions@trevi.org.uk



20. HOW TO REFER TO JASMINE MOTHER & CHILD

For more information or to make a referral, please contact us:



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