

Glebe House



Friends Therapeutic Community Trust

Regulation 45 Report

Unique Reference Number: SC025733 (OFSTED Children's Home)

Unique Reference Number: 142625 (OFSTED School)

Unique Reference Number: 1-1125427285 (CQC)

Unique Reference Number: Z7271718 (ICO)

'Quality of Service'

June 2021

Background:	
Overview of Service:	<p>Glebe House is a Therapeutic Community. It is part of a Quaker Charity established in 1965. The Trust specialises in therapeutic work with young people with a history of harmful sexual behaviour. Our intake is for young men aged 15-18 at point of referral. Glebe House offers residential treatment to older teenagers usually placed for 2-3 years. We are registered as a Children's Home and registered as an Independent Special School. We are also registered with the CQC for the treatment of disorder and disease. We are inspected by OFSTED and CQC as well as through the Royal College of Psychiatry's Community of Communities as an accredited Therapeutic Community.</p>
Therapeutic Approach:	<p>As a Democratic Therapeutic Community there is a psychodynamic approach and the core model is group work based. This starts from a methodology that suggests understanding relationships and developing positive attachments is central to a positive long-term prognosis, the relationship based foundation supports the young person in developing an understanding of past experiences.</p> <p>During the term time programme there are three daily Community Meetings. These are chaired by residents and use an adaptation of Rapoport's Four Cornerstones model as its central structure (Rapoport, R. Community as Doctor, 1960). This model identifies four Cornerstones to define the operation of a democratic Therapeutic Community:</p> <p>Communalism: the concept that the process of living and working together in a group is itself a potential healing tool.</p> <p>Democracy: the concept that the group making day-to-day decisions about the management of the Community will assist in everyone's personal development. At Glebe House the decision-making forum is the Community Meeting and the decision-making process is through consensus.</p> <p>Tolerance: Although safety is paramount (and therefore illegal and high risk behaviour cannot be tolerated), a degree of challenging behaviour is expected from members of the group during their treatment. Feedback is given and consequences to challenging behaviour decided in Community Meetings.</p> <p>Reality Confrontation: is the concept that all behaviour has meaning and that the Community has a right to speculate as to the meaning of any behaviour within the Community. Understanding is sought and guides responses and consequences.</p>

	<p>These cornerstones steer the Community in its expression of a 'culture of enquiry' where current behaviour is understood within a context of past behaviours and experiences. The process is often challenging for the young men in the Community, and is always placed within a context of understanding and learning about difficulties in order to cope with them better in the future.</p> <p>In addition to the two Community Meetings there are opportunities to attend education, vocational activities and therapeutic groups.</p> <p>There are a number of therapeutic opportunities. In addition to the Community Meetings there is a weekly large group that forms part of every young person's programme (Link Group). This group focuses on using a broad range of creative arts integrated with therapy. The group focus is to explore group dynamics within a context of linking current issues with past experiences.</p>
<p>Intake and Assessment:</p>	<p>Referrals are made into the Intake team who undertake an initial paper based assessment of suitability. An assessment visit is then undertaken to meet the young person. The Clinical Team then undertake a Placement Matching Assessment in order to consider the young person's suitability within the current resident group; this includes highlighting any potential difficulties. Once a placement is offered then young people have a residential assessment which spans a five week period. This is an in depth assessment that considers both contain-ability and prognosis within the treatment model we offer.</p> <p>At the end of the Assessment there is a formal review and assessment report, a placement is offered only if everyone (including the young person) makes that choice.</p> <p>Psychometrics</p> <p>For individual young people there is a programme psychometrics intended to map progress and change. This pilot gives accredited data to supplement and enhance the self-assessment data being gathered.</p> <p>Clinical Risk Assessments</p> <p>Each young person has is assessed using a variety of static and dynamic risk assessment tools, including AIM, J-SOAP II, ERASOR, PROFESOR, J-ARMS, ARMIDILO.</p> <p>Each young person also is assessed using the ABAS adaptive behaviour assessment tool, to assess their everyday skills.</p>

<p>Therapeutic Programme:</p>	<p>The intervention programme that focuses on the harmful sexual behaviours takes the form of weekly 1:1 sessions, and for the majority of a young person's placement weekly small group therapy, which includes an offence focussed group and a social, emotional and welfare group.</p> <p>The 1:1 sessions focus on the four treatment milestones outlined below. They also undertake some areas of work that would not be appropriate for a group setting, (sexual fantasy work for example) and also offer a second forum to explore treatment issues.</p> <p>The four treatment milestones are:</p> <p>Developmental Factors: including work relating to any significant illnesses, any family mental health issues and any developmental difficulties. This treatment milestone offers opportunity (when appropriate) to explore issues relating to family history, attachment, the experience of being parented, experiences of trauma or abuse (resolved or unresolved), cultural factors and previous interventions or contact with other professionals.</p> <p>Emotional/Behavioural Factors: including exploring the individual's emotional vocabulary, their level of self-restraint/impulsivity, and any significant mood disorders. It will assess and address any issues regarding anti-social behaviour, a history including substance misuse and any issues of aggression or self-harm. This will lead to work developing resilience, increasing empathy and psychological mindedness.</p> <p>Identity Factors: including work on sexual identity, the young person's notion of self (and others) and self-esteem. This may include work on family scripts, relationship scripts, cultural identity and the individual's place in groups and society. It may include: the development of hobbies and interests, the building of personal strengths, the creation of a 'safe' identity, and developing a sense of the future and future plans.</p> <p>Sexually Harmful Factors: including developing and recognising their offence profile, their grooming styles and their victim profiles. This will develop an understanding of pathways to offending, motivations to offend, and an understanding of helpful and unhelpful sexual fantasy. It will include: work on the impact of the behaviour, victim empathy, and challenge of cognitive distortions. This is all with the aim of the young person developing a relapse prevention plan and developing their ownership of their risk management strategies.</p> <p>The offence specific small groups use a range of theoretical models, and the young people are matched during the initial stages of their placement to the most appropriate group.</p>

	<p>The Social, Emotional and Welfare group covers issues such as emotional recognition and regulation, parenting, identity and relationship work.</p> <p>The programme is holistic in its approach, integrating care, clinical and education. As such there are identified treatment milestones but there is not a modular approach, rather progress in each treatment area is monitored through Individual Treatment Plan reviews on a quarterly basis. Work in this part of the programme is strongly linked to the whole living experience and the clinical workers all also undertake some residential shifts.</p>
<p>Independent Special School:</p>	<p>Education at Glebe House is delivered through our Registered Independent Special School, where young people are provided with access to an individualised curriculum, which offers opportunities for both academic and vocational qualifications.</p> <p>Many of our learners have an EHCP as they will have experienced difficulties or disruption within their educational history prior to their arrival here; they may have faced significant barriers to learning because of gaps in education or a diagnosed condition or specific learning difficulty - all of which can impact on a learner's level of attainment, confidence and self-esteem. As part of our efforts to re-engage and stimulate interest in learning our approach to the curriculum is creative and flexible.</p> <p>Our learners have needs that are often multiple and complex, and we have a significant proportion of students with Special Educational Needs or Disabilities (SEND). In order to give our learners the best opportunities for success, our curriculum is tailored towards learners' individual capabilities and interests. Career direction and proposed transitional progression are all taken into account within the curriculum, which is delivered in small group or one-to-one settings.</p> <p>The Staff team are all experienced practitioners and our provision is regularly reviewed in order to ensure that it continues to meet the needs of our students.</p> <p>We currently offer a range of academic and vocational qualifications accredited through various exam boards:</p> <p>GCSE English Language</p> <p>GCSE Maths</p> <p>Level 3 Mathematical Studies</p> <p>Functional Skills Maths - Level 1 & 2</p>

Functional Skills Maths - Entry Level

Functional Skills English - Level 1 & 2

Functional Skills English - Entry Level

ICT - Entry Level, Level 1, Level 2 & Level 3

GCSE Art & Design

Science

Geography

Religious Education

Carpentry Level 1 and 2

Multi Skills Level 1 and 2

Motor Vehicle Studies Level 1

Design and Technology Entry Level 3

BTEC- Home Cooking Skills - Level 1 & 2

BTEC - Catering & Hospitality - Level 1 and 2

BTEC Sports and Active Leisure Level 1 and 2

Arts Award - Bronze, Silver & Gold -(Across Drama, Music, Creative Writing & Pottery)

IOSH Approved Vocational Courses in:

Food Safety & Hygiene - Level 2

Control of Substances Hazardous to Health (COSHH)

Manual Handling

Working at Height

Health and Safety Essentials

Slips, trips and falls

Food Allergy Awareness

Customer Service

The teaching of A Level subjects will be commissioned as required.

The 17-year olds have the opportunity to study for their Driving Theory Test and to drive on our purpose-built track, which allows them to engage with supervised practice of their driving skills.

	<p>Modern Foreign Languages – Conversational French and Spanish tuition is available, with experienced MFL teaching Staff in place, should a learner wish to take this subject further.</p> <p>Physical Education is delivered both on-site and off-site through links with external resource providers; making use of specified hire times at local community sports facilities for such activities as swimming and badminton, etc.</p> <p>Not all the learning taking place at Glebe House is qualification focused. All learners take part in PSHE (Personal, Social, Health and Economic) lessons, which cover a range of relevant, focused activities that help to enrich and inform their understanding of current personal and social issues. This includes Relationship and Sex Education Lessons and Enrichment days on aspects such as Anti-bullying and First Aid Training.</p> <p>In order to support our young people in their preparation for working life, learners are provided with access to a range of Work Experience opportunities both on and off-site, including those involving: administration work, site maintenance, gardening and kitchen experience.</p> <p>Enrichment Activities are designed to help our learners to develop their personal and social skills in a slightly different way to other learning opportunities. They may include taking part in activities that call on team-work or negotiation skills, planning, problem-solving or even a physical activity. Enrichment Days also give our learners the opportunity to take part in activities or educational visits that they might not usually choose to experience; helping them to gain a better understanding of the broad range of options available to them.</p>
<p>Care, Independence and Transition:</p>	<p>The milieu based activities aim to increase the young person's sense of self-worth through personal and group achievement. Social and academic achievements are recognised as positive factors in building resilience. The Therapeutic Programme offers a number of structured activities to support this process.</p> <p>Independence</p> <p>Our comprehensive Independence Programme begins at the time that a young person first visits us for a Residential Assessment. At this point a Needs Analysis is undertaken and each young person will receive a tailored programme designed to enhance and develop their interdependence skills. This includes undertaking an ABAS assessment at the beginning and the end of placement. This assessment directs the focus of the independence programme for each individual.</p> <p>Over time Residents will take more responsibility for their own care culminating in a move to an independence bed-sit where they will cater for themselves. Many of our Residents will then move into the bungalow. This</p>

	<p>building is on site and receives Staff support, commensurate with the ability level of those young people in residence.</p> <p>Outreach Service</p> <p>Glebe House offer an 18 month outreach service, free at the point of delivery. Glebe House is a Circles UK recognised Circles provider. The Quaker roots to both Glebe House and Circles UK mean that there is significant overlap in the underpinning principles behind both organisations.</p> <p>The aim of the partnership is that, where appropriate, young people when leaving Glebe House will have the opportunity to be a member of a Circle enabling them to have support and guidance through this transition phase.</p> <p>The philosophy behind the circles model is one of restorative justice. The focus being that the individual is responsible for their behaviour and the affect their behaviour has on others. The three key principles are on Support, monitoring and maintaining change.</p>
<p>Service Evaluation:</p>	
<p>Inspections</p>	<p>Inspection</p> <p>The children's home received a rating of Requires improvements to be Good in the last full inspection in April 2021. The inspection noted:</p> <p>"A strength of the home is the range of activities and targeted work to develop the children's independence. An outreach programme ensures that children have support for up to 18 months after they move on. The staff link with the</p>

	<p>children’s families and wider network of professionals to provide a joined-up approach to preparing children to move on”.</p> <p>Glebe House acknowledge the last 12 months have been an extremely challenging time because of the Covid pandemic and associated resource implications, such as government directed Staff shielding, recruitment difficulties and supply issues. These factors had an impact of the quality of care in relation to monitoring and records. Our focus has been on providing positive experiences and consistent safe care for our young people. Managers were aware of the shortfalls identified in the inspection and had already taken steps to raise standards. There is an action plan in place to respond to the points raised, the points raised have now been responded to and a plan for ongoing monitoring and review is in process. There has also been a strategic review of all aspects of the service and the strategic development plan has been implemented at the end of June 2021, this focuses on strengthening and developing the service.</p> <p>The Service holds registration from CQC for its treatment programme. CQC last inspected in February 2020, they rated the service good.</p> <p>The School had its 2nd Full Inspection in November 2019. The Inspectors notes improvements in the school but the rating continues to be Requires Improvement.</p>
<p>Research</p>	<p>12 year outcome research</p> <p>In 2014 the service completed a 12 year outcome evaluation. This research was undertaken by an independent research team and tracked young people after they completed the Therapeutic Programme. The tracking was for a minimum of 2 years, and up to 10 years post placement. The researchers identified a comparison group for recidivism data. The research is available on the Glebe House website:</p> <p>http://www.ftctrust.org.uk/news_research.php</p> <p>The researchers summarised their findings:</p> <p>“The study has been able to demonstrate that positive change has followed for the majority of those respondents who have completed the therapeutic programme. Not only were most of them not re/convicted, as against a considerably higher-convicted comparison group, the majority also felt their lives had been turned around by the two or more years they had spent at Glebe House and by the commitment of staff who always had time for them. Thus it would appear that an investment in placements at Glebe House is well worth making.”</p>

	<p>Cost Benefit Analysis</p> <p>The service has undertaken a 'Cost/Benefit' /'Social return on Investment' analysis, based on the findings of the longitudinal research. This was presented to Trustees in March 2018. The research highlighted how there is a positive return on the treatment approach when compared against the costs of continued offending.</p> <p>Circles Pilot Project Evaluation</p> <p>The trustee group commissioned an evaluation from Cambridge Institute of Criminology in to the effectiveness of the Circles Model for working with young people transitioning into independence. This evaluation completed in July 2018 highlighted how the Circles Model is an effective model for transition support. The evaluation of the Circles project can be found on the Glebe House website.</p> <p>https://ftctrust.org.uk/glebe_doc.php</p>
<p>Overview of Events since Regulation 45 Report June 2019:</p>	
<p>Legislative Framework for Report:</p>	<p>This document reports to the following inspection frameworks:</p> <p>The Social Care Common Inspection Framework (SCCIF) April 2017</p> <p>The Children’s Home (England) Regulation 2015</p> <p>The Children’s Home (England) (Amendment) Regulations 2018</p> <p>Health and Social Care Act 2008 (Regulated Activities Regulations 2014 (Part 3)</p> <p>Care Quality Commission (Registration) Regulations 2009 (Part 4)</p> <p>Independent School Standards Compliance Record 2015</p> <p>The Education Inspection Framework (published 2019)</p>
<p>Overview since last review:</p>	<p>In the last 6 months Glebe House have continued to respond to the COVID-19 concerns. The community have coped well with the restrictions imposed by the government and over have engaged with the process of gradually reducing restrictions. Glebe House continue to have had no cases of COVID.</p>

	<p>The group work approach we have developed operates best with approximately 12-16 young people, occupancy is currently at 9. It has been important to stabilise the resident group following the previous unsettled 12 months and therefore the reduced number of young people has allowed the service to respond to the concerns raised within the Ofsted Care Inspection report.</p> <p>During the last 6 months the community have been encouraged to take part in various projects, this has included:</p> <p>Inflatable activities onsite- zorbing and football inflatables</p> <p>Assault courses</p> <p>Small mammal finding in the grounds</p> <p>Themed music nights</p> <p>Harry Potter Day</p> <p>University presentation with Young People</p>
<p>Feedback on Performance:</p>	<p>Stakeholder Feedback:</p> <p>All nine residents were interviewed about their experiences of joining the Glebe House Community.</p> <p>They were asked about what had helped, what could have been better, how was the experience of having a link resident and what any other members of our Therapeutic Community did that helped them settle in.</p> <p>All of the young people were keen to engage with this interview. It was clear from the responses that the longer a resident had been here the more consideration they gave to the dynamics of the group at the point they joined our Community. 3 service users referred to an ex-resident who had created difficulties for them settling in as he was behaving a way that was attacking of the Community. They suggested that particularly during more chaotic times that a member of staff is available to oversee a new resident during their first few evenings. This has been responded to and new people entering the service will have a higher degree of staff support during the assessment process.</p> <p>There was a wide range of answers regarding what helped people settle in. A number of young people referred to how useful having the opportunity to visit first was. They talked about this being such a big place with so many staff and other residents that it needs getting used to. One young person who wasn't able to visit said the virtual tour was good as well as having the opportunity to meet key staff via a TEAMS meeting. The intake team ensure that where possible all new residents undertake a day visit, or at least a virtual tour.</p>

A number of residents couldn't think of anything that would have made their arrival better. Those that did mentioned 2 matters. Firstly, as mentioned above, it would have been helpful if it wasn't so chaotic and secondly more consideration about how overwhelming it is to meet so many people, both of these issues have been considered. There has been a focus on stabilising the community to ensure more successful integration into the community.

There was a mixed response to the experience of having a link resident. Again this related to how long the resident had been here. Those who have been here longer were able to reflect on the dynamics their particular link had brought to the relationship. There also may now be a different quality to the relationships as residents become established.

The final question about what other members of the group did in welcoming them generated a range of answers. Some residents referred to particular staff members and others to the range of activities on offer. One resident referred directly to the support he received from senior residents in managing all of the meetings and another to the welcome card and comfort of his room.

Duty Trustee/ Governor Visits:

There are 6 Board Meetings a year, following the departure of the CEO, the Clinical Director/Registered Manager has become Interim COO (Services) and the Head of Business and Operations has become Interim COO (Business). The Board of Trustees are currently in the process of advertising for a Managing Director.

While the recruitment process for the Managing Director is in process all senior managers have been allocated a trustee who meets with them regularly to ensure the safe running of the organisation. From May 2021 trustees have recommenced onsite visits.

There has been an organisational strategic review over the past 9 months; this has now moved to an implementation stage, focusing on strengthening and developing the service.

The trustees are monitoring the development of the educational provision and care home provision against the Glebe House development plans and the regulation standards. The trustees are also focusing on how these aspects of the trust integrate. The trustees note that progress is being made.

Regulation 44 Visits:

	<p>We continue to have monthly Regulation 44 visits, the reports from these visits have highlighted that the service is running effectively. During Lockdown these have been remote, with electronic access to information and telephone calls with staff and young people. The following recommendations have been responded to:</p> <p>January 2021: No recommendations</p> <p>February 2021: 2 recommendations- 1- clarity about financial sanctions, now met. 2- update to resident health and safety assessment, now met.</p> <p>March 2021: No recommendations</p> <p>April 2021: No recommendations</p> <p>May 2021: No recommendations</p> <p>In June 2021 we appointed a new Regulation 44 visitor following our previous visitor being unable to visit in person due to COVID restrictions and the concerns raised by Ofsted in the latest inspection report.</p> <p>June 2021: 11 recommendations, responding specifically to issues raised within the Ofsted Care Inspection Report, the majority of these relate to improving recording and monitoring across the service. An Action Plan supports the regulation 44 report to ensure progress on the actions raised.</p>
<p>Key Indicators from Monthly Data:</p>	
<p>Safeguarding:</p>	<p>Regulations and Standards</p> <p>Childrens Home Regulations- Regulation 7, 10, 12</p> <p>CQC Regulations- Regulation 11, 12 13, 15</p> <p>Independence School Standards Compliance Record- Part 3: 6, 7, 8, 9, 10, 11, 12, 13, 16, Part 5: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31,</p>
<p>Safeguarding:</p>	<p>Safeguarding</p> <p>Safeguarding matters are discussed and reviewed on a regular basis and recorded on the new Clearcare online recording system. A synopsis of the 'Group Safeguarding Analysis' sections follows.</p>

From November 2020 through to February 2021 Glebe House were managing a young person in a mental health crisis, displaying extremely disturbed and challenging behaviour. Despite escalating the matter through Multi-agency meetings this incident took four months for Mental Health Services to provide the necessary support and for the young person to be sectioned. Subsequently mental health services have reviewed the case and acknowledged that their involvement had not gone smoothly, they have agreed to provide consultancy to Glebe House to ensure that this situation does not occur again.

The majority of the information from the beginning of this year focuses on one young person and their sexualised behaviour towards other residents. The dynamics around these sexualised behaviours led to a chaotic time within the service with young people vying for attention from the young person, resulting in one young person physically assaulting the young person in question. Despite a variety of interventions and multi-agency responses, the young person in question was unable to hold appropriate sexual boundaries towards his peers and the impact on the other residents within the group was felt to be to great. This young person has now left the service.

Notifications:

There were 13 referrals to Ofsted and CQC.

6 notifications made were due to missing from care incidents. In line with our protocols, due to both the risk and the vulnerability of the service users, the agreement with Cambridgeshire Police is that if a young person is unaccounted for a period of 20 minutes or more then the police will be called. All 6 incidents were in relation to young people wanting to go into the local town during lockdown restrictions; these missing episodes were brief in duration.

4 notifications were in relation to the young person in mental health crisis, this included police involvement for significant self- injurious behaviour and assault.

2 referrals relate an interpersonal dynamic between two young people, one related to sexualised behaviour then second to a violent incident.

1 referral was made following a staffing matter. This matter has now been formally concluded.

Consequences:

Similarly to the last Regulation 45 report there continues to be a significant number of incidents that have been recorded within our consequence records. In analysing these records it is clear that taking in residents with more complex needs does affect the stability of the group and particular more established residents struggle to not get involved in the chaotic behaviour being expressed by the newcomers. For example the March figures centre around a resident, mentioned earlier, who established an absconding culture as well as heightening levels of aggression. This led to such a significant number of consequences.

January 8 consequences

February 7 consequences

March 30 consequences

April 15 consequences

May 11 consequences.

There is now much more consideration into impact assessments around new residents arriving and considering the impact they are having on the group and the best way to reduce incidents.

Physical Intervention:

Since December 2020 there have been a total of 55 physical intervention. 14 of these instances have been blocking/guiding techniques while 41 have been holds. A high proportion (25) of the physical interventions were during January. This was a particularly difficult time within the community due to a young person being here with profound mental health difficulties. This young person moved to a more suitable service on 12th February, frequency of physical interventions has reduced significantly in the months that followed.

We have recently qualified a new physical intervention trainer and introduced a new training package; along with a 'safety pod' to create a safer environment for restraint should it be needed. This should greatly decrease the risk of injury to both parties while using physical intervention.

The Deputy Head of Care, is due to meet with a bespoke sofa company to discuss new sofas for the main lounge which will also enable staff to safely restrain with decreased risk of injury.

The home has recently implemented more comprehensive behaviour management plans that specifically consider how to reduce negative behaviour for each individual young person and the best approach prior to, during and after restraint for individual young people. These plans are reviewed and reflected on following any negative incident and updated to improve practice. This should, in time, see a decrease in number of restraints and hopefully a decreased average restraint time, due to helping staff better understand the individual needs of the young people here at Glebe House.

Absconding and Absences without Permission:

Missing from care:

Glebe House definition of missing from care is when we have not accounted for a young person's whereabouts for 20 minutes. Due to the forensic nature of the resident group our protocols involve calling the police when a service user is missing from care.

There have been 16 recordings of missing from care. One occasion involved four residents leaving the site together (which counts as 4 recordings) and going to the local town during lockdown. This seems to have been orchestrated by the resident highlighted in the safeguarding as being at the centre of a number of sexual dynamics within the group.

As mentioned above the majority of the missing from care centred around one particular resident who has now left the service.

Unauthorised absence

There has been a change in the culture where residents are leaving the site more often, however these are unauthorised absences where staff follow the young person offsite, these incidents appear to be much more of a communication about their unhappiness with aspects of their treatment work or frustrations due to restrictions. For example one young person's response to being grounded was to leave the site and try to go to a shop in the local town to purchase contraband.

There have been 27 absence without permission incidents recorded since January 2021. The majority of these, as with the missing from care below, were by the same resident. This resident had left the service due to this and other unsafe behaviours.

Boundary testing:

We have a new category under the absconding and absence without permission which is 'boundary testing'. This refers to when residents walk

	<p>along the periphery of the grounds. They may however not wander off but walk along the border of our property and then back on site. This does not warrant us having to inform referrers however is important to monitor in relation to risk management. There were 13 incidents like this since January involving 4 different residents. One of whom boundary tested on 5 occasions.</p>
<p>Medication:</p>	<p>Medication is audited regularly within the home, to monitor stock levels and highlight any issues such as recording errors, instances of missed or refused medication and pending medication reviews.</p> <p>Day to day issues are still dealt with using the anomaly log, allowing prompt responses to any problems raised.</p> <p>The temperature of the medication room continues to be monitored daily to ensure medication is stored at a safe temperature.</p> <p>Training is completed during induction to include online medication administration training along with face to face competency based assessments for all staff working in the home. This is followed up with yearly refreshers and regular supervisory input from the Head of Medication. The yearly refresher has recently been improved to include an 'observation' section, where staff are able to be observed by senior staff administering medication and be given appropriate feedback.</p> <p>Since December 2020 there have been:</p> <ul style="list-style-type: none"> • 7 instances of missed medication (all of which have been addressed with individual staff in supervision) • 15 instances of refused medication (predominantly one young person that struggled during March to take his medication, he has since managed to take his medication regularly) all instances were recorded correctly by staff. • 1 instance of recording errors which have since been rectified • 8 instances of medication given late. These instances have predominantly been due to young people initially refusing to take their medication or due to difficult behaviours in the home preventing staff from being able to administer medication on time. 7 of the 8 instances have been for a multivitamin and vitamin D supplement taken once daily by one of the young people. After consultation with a pharmacist there is no concern around this and the young person in question will be starting a process whereby he takes responsibility for his own medication.

Health and Safety:

The Friends Therapeutic Community Trust's ACOO's, Registered Manager and Trustees acknowledge and accept their statutory responsibility under the terms of the Health and Safety at Work Act 1974 for securing the Health, Safety and Welfare of its Young People/Learners, Employees and Visitors. Health and safety at work can only be protected by organising and operating a management system designed with this objective in mind. The Registered Manager at Glebe House has delegated responsibility for Health, Safety and Welfare of the Glebe House Community.

The Health and Safety Policy is:

1. To ensure all the organisation's activities are planned and run in as safe a way as can reasonably and practicably be achieved.
2. To provide Young People/Learners, Employees, Contractors, Visitors and the Public with a safe environment in which to work or visit, where hazards have been foreseen, risk assessed and minimised, and are adequately controlled.
3. To ensure the safe transport, storage, handling and use of hazardous substances.
4. To ensure Young People/Learners and Employees are competent, providing them with sufficient information, instruction, supervision and adequate training to allow them to understand the way in which each task is to be completed with greatest regard for safety.
5. To provide and maintain facilities for the wellbeing and convenience of Young People/Learners, Employees and Visitors.
6. To make Young People/Learners, Employees and Visitors aware of their responsibility for their own safety, and for the safety of others, and of the consequences of disregarding these responsibilities.
7. To consult with Young People/Learners and Employees on health and safety issues affecting their wellbeing, giving them necessary information, instruction and supervision.
8. To work, through continuous improvement, to prevent accidents and work-related ill health.
9. To review and revise the safety policy annually or at intervals as necessary, ensuring effective communication of any such revision.

The Management System is designed:

1. To provide a concise and clear management structure.
2. To provide written instructions in a Health and Safety Policy Manual showing how legislative requirements are to be met by staff with management responsibilities, and other personnel.

	<p>3. To arrange the annual planning of Health and Safety objectives, the means by which they are achieved, and the resources required for achieving these.</p> <p>4. To use routine monitoring, plus audit and review procedures to check the efficient operation of the Management System.</p> <p>The Registered Manager, Finance and Business Planning Director and Trustees will ensure that in the annual operating budget, sufficient resources are allocated to allow the Health Safety and Welfare Policy to be achieved.</p>
<p>Suitability of Premise:</p>	<p>An annual review will be undertaken (in consultation with relevant bodies) by the Registered Manager of the appropriateness and suitability of the location of the home. The purpose of this review is to ensure that the Young People/Learners cared for in the home are effectively safeguarded and able to access services as identified on their Care Plans/Placement Plans.</p> <p>This locality assessment will be kept under review and amended to take into account any new risks as these are identified.</p> <p>Where unable to secure information from the relevant partners the use of 'soft' information (i.e. knowledge of the area, verbal feedback from local neighbourhood policing teams or community safety partnership wardens etc.) to form the basis of the assessment.</p> <p>Considerations to be taken into account in carrying out a location assessment may include:</p> <ul style="list-style-type: none"> • Whether the location of the home influences the potential for an already vulnerable Young Person/Learner to be a victim of crime, such as being targeted for sexual exploitation; • Whether there is a likelihood of Young People/Learners placed in the home becoming drawn into gang crime or anti-social behaviour in the local area; • The suitability of the local neighbourhood as a location to care for Young People/Learners who may have already been victims of abuse and neglect; and • Whether there are environmental factors that would represent a hazard to Young People/Learners, such as locations near rivers, level crossings or busy roads. <p>Location assessments may also identify factors that would positively contribute towards a Young Person/Learner's well-being e.g. leisure activities or services to support the Young Person/Learner's ethnic or religious identity.</p>

	<p>Environment- There is a plan in place to undertake a comprehensive survey of all the buildings to clearly identify a structured plan for development of the site in the next 5 to 10 years. Lighting improvements for the landings are now planned for 2021, along with further enhancement of the ground floor corridors. New Hot Water Calorifiers, plus reconfiguration and Building Management System will be installed during the summer break. A full inspection of the main buildings electrical system and sub-mains will also take place during the summer. Bedroom 4 Top Floor is in process of being refurbished.</p> <p>The suitability of the site is also regularly reviewed and monitored through frontline managers meetings, this ensures that any issues are identified quickly and responded to.</p>
<p>Care, Treatment and Welfare</p>	<p>Regulations and Standards</p> <p>Childrens Homes Regulations- Regulation 6, 10, 11, 14</p> <p>CQC Regulations- Regulation 9, 12, 14, 16</p> <p>Independent Schools Standards Compliance Record- Part 1, 3 , Part 2, 5</p>
<p>Quality of Care:</p>	<p>Quality of care remains central to the practice and working of the Community. We have recently introduced behavioural management plans for each resident. These plans specifically focus on the following areas and the specific interventions that help</p> <ul style="list-style-type: none"> • Impact risk assessments • Missing episodes • Self-harm • Aggression • Sexualised behaviour • Physical intervention • Family contact <p>In addition to this behaviour management plans have been improved to ensure that the young peoples needs are being responded to regularly, these are reviewed following incidents, in the frontline managers meetings and within each young persons individual treatment plan.</p> <p>Indicators of Group Stability:</p>

	<p>There are a number of indicators of group stability contained within the regular monthly analysis and other records. These include the analysis of:</p> <ul style="list-style-type: none"> • Number of Young People admitted to Service- There have been three young people admitted to the service since the last Regulation 45 Report. • Number of Planned leavers from the Service- There have been no planned leaving from the service since the last Regulation 45 Report. • Number of unplanned Leavers- <p>There has been three unplanned leaver since the last regulation 45 report. One young person left following mental health crisis, one following continued sexualised behaviour towards peers and one who did not successful complete his 5 week assessment period, he was moved to a solo placement.</p> <p>Complaints by Young People –</p> <p>There has been one complaints received towards our service by the young people since the last Regulation 45 Report. This complaint was resolved informally.</p> <p>Recording and Monitoring-</p> <p>Glebe House moved to an electronic recording system in January 2021, with young people’s files now being held on Clearcare, this system allows for more consistent and robust records to be maintained and for trend analysis to be undertaken.</p>
<p>Care Planning, Assessment of Need, Risk and Progress</p>	<p>All young people have had placement planning meetings and undertake a six week initial assessment period. This assessment feeds into directing the goals for the first three months of treatment, care and education. The progress in these areas is reviewed within the three monthly Individual Treatment Programme Review process.</p> <p>The young people’s progress is also monitored through the young people’s progression in the independence programme. The independence programme has been strengthened by the introduction of the ABAS assessment framework and a tailored life skills programme.</p> <p>The young people’s progress is also monitored through the young people’s progression in supervision offsite. Young people have to manage their behaviour appropriately and complete their own risk assessments in order to progress and have less supervision offsite.</p>

<p>Understanding the Meaning of Behaviour</p>	<p>The Therapeutic Community model is designed to focus on understanding the meaning of behaviour, the importance of understanding how behaviour impacts on and affects others and forming links between past experiences and present behaviour.</p> <p>This exploration and reflection of behaviour is embedded within the daily Community meetings, therapy and group work spaces and within the elements of the programme that focus on risk management, such as supervision reviews and proposals. Young people are encouraged in the development of internal inhibitors as opposed to implementing external controls as a means of managing behaviour. Young people within the various therapeutic spaces are encouraged to consider the implications of boundary violations and develop moral reasoning.</p>
<p>Healthy Living and Wellbeing</p>	<p>Glebe House are committed to helping the young people within our care develop healthy lifestyles, this includes having fresh healthy homemade meals, snacks and drinks. Glebe House have a developing orchard of fruit and allotments where fresh vegetables are grown, young people are encouraged to become involved in growing produce.</p> <p>Young people are up to date with their medical appointments.</p> <p>As stated within this report Glebe House experienced difficulty accessing mental health services for one young people, this matter was escalated by Glebe House through Multi-Agency Management meetings and has resulted in Mental Health Services reviewing this case and acknowledging that the system had not responded as 'smoothly' as it should have done. Mental Health Services have offered consultation support for Glebe House in the future to avoid a recurrence of this situation.</p>
<p>Positive Relationships</p>	<p>Glebe House is a relational based service where the young people are encouraged to develop positive trusting relationships. All young people when they arrive are allocated a keyworker, therapist and a link resident to help them settle into the community, the keyworker and therapist generally work with the young person until the end of their placement.</p> <p>The quality and meaning of relationships are explored within individual therapy sessions, group work and in community meetings. When young people have the opportunity to build relationships, repair relationships and learn how to hold personal responsibility within relationships.</p>

Education	<p>Regulations and Standards</p> <p>Childrens Homes Regulations- Regulation 8,</p> <p>CQC Regulations-</p> <p>Independent Schools Standards Compliance Record- Part 1, 2, 3, 4, Part 2, 5, Part 3, 15</p>
Quality of Education	<p>Since the last Regulation 45 report the school has been inspected by OFSTED – 10 February 2021. The school was reported as meeting all the Independent School Standards that were inspected.</p> <p>The inspector commented on the School's literacy drive:</p> <p>“Encouraging pupils to read has a high priority across the school. Leaders have invested in further improvements to the library book stock. Reading for pleasure is widely promoted. The school's records show that more pupils are now borrowing books and enjoy speaking about what they have read.”</p> <p>The inspector was able to recognise the improvement in the quality of education at Glebe House being driven by “A programme of lesson visits and information-sharing helps leaders to identify good practice in teaching and learning, as well as any further training required.”</p> <p>The report notes that “Leaders have also ensured that there is a clear progression within the curriculum for their intended increase in the pupil age range if their request for a material change is granted.”</p>
Provision information	<p>The website is updated when policies are reviewed.</p> <p>The Department of Education has changed the status of the school from Independent School to Independent Special School and the school's information has been updated on the GIAS.</p> <p>The material change request to change the age range for the school was granted by the DFE on the 19th April 2021. The school age range is now 15-19.</p>

	The teacher assessed grades and the associated evidence has been submitted for a cohort of learners. Results will be available on request when appropriate.
Spiritual, Moral, Social and Cultural Development	Enrichment activities in this reporting period include a successful Maths enrichment day. Some Easter enrichment activities also took place in the lead up to Easter Holiday period. We are looking forward to a digital enrichment day and a healthy lifestyles enrichment day.
Assessment and Monitoring	<p>Arbor (a school information management system) has been implemented. We are using it to track attendance and behaviour as well as summative and formative assessments.</p> <p>Registers are taken every lesson so that patterns of attendance can be detailed and more informative.</p> <p>Behaviour is tracked in every lesson and rewards are issued at the end of every week.</p> <p>Formative assessments are being completed as the learning objectives are being completed and half termly dates have been agreed for the submission of summative assessment data. End of year school reports will be sent out during the month of July.</p>
Additional Support	Additional external support has mostly been suspended during the lock down and the period following that. We have re-engaged with external professionals in preparation for assessments for the young people who have arrived since the last Regulation 45 report.
Management of Suspension and Exclusion	This is detailed in our behaviour policy which is available on our website.
Link between Home and School	<p>Work experience is done in the kitchen, garden and around the site – this is supported by non-teaching members of the community.</p> <p>Swimming/Fitness – as part of the school programme for physical education the boys go to the swimming pool in Newmarket every Wednesday – this is supported by the care team. During the national lockdown the trips to the Leisure centre pool had to be suspended and the care team organised a fitness programme in its place. The swimming lessons have now resumed and take place every Wednesday morning.</p> <p>Intervention – some interventions and behaviour management strategies have included activities in the house kitchen and activities in the sensory room. These have been supported by the clinical and care team.</p>

	<p>Community support remains an important link between the school and home. The care team provide information from the community meetings and act as attendance mentors for the young people.</p>
<p>Engaging Young People</p>	<p>Regulations and Standards</p> <p>Childrens Homes Regulations- Regulation 7, Regulation 9,</p> <p>CQC Regulations- Regulation 11,</p> <p>Independent Schools Standards Compliance Record- Part 1: 2, 5,</p>
<p>Young People's Views and the Culture of Communication and involvement</p>	<p>There is a significant focus within the programme on developing the young people's skills to voice their views. The community meetings that the young people attend are designed to encourage the young people to take personal responsibility for their behaviour and choices and also develop skills at appropriately giving feedback to others, including other young people, Glebe House staff, families and their professionals.</p> <p>In addition to these therapeutic spaces the young people are encouraged to join working groups to have their say about Glebe House, work groups such as recycling, home-making and environment.</p> <p>There are also more formally recorded opportunities for young people to have their say through annual stakeholder feedback and also through their Individual Treatment Plan Reviews, where the young people are directly asked about their views on the placement.</p>
<p>Enjoying and Achieving</p>	<p>The young people are encouraged and supported to be involved in choosing the activities available during weekend and off programme times. There are regular activities that occur within the community, including evening Quiz nights, annual Glebes Got Talent, gym trips, shopping, fishing and snooker trips.</p> <p>In the last 6 months this has focused on communal themed events. All young people got involved in a Harry Potter day, making death-eaters, Owls, Dobby and the large spider out of chicken wire and papier-mâché</p>
<p>Supporting Transition through the Service</p>	<p>Entry into the service:</p> <p>The intake team ensure that thorough assessments are undertaken prior to a young person arriving at Glebe House to ensure that young people are</p>

appropriately placed, where possible young people are encouraged to undertake a day visit to Glebe House prior to admission.

When a young person starts a placement they undertake a 6 week assessment period, they are supported through the transition into the service by a Clinical Practitioner, Keyworker and a Resident Chairman. The young people also receive a welcome card and a welcome pack that details aspects of the programme.

Consent for treatment and assessment:

The five week assessment period is an opportunity for young people, their family, professionals and Glebe House to make an informed decision about undertaking the full treatment programme. During this time young people consent to treatment and assessments. At the end of this 5 week period there is a formal meeting where there needs to be agreement by all parties to undertake the full therapeutic programme. This initial assessment period allows the young person to make an active choice to commit to the programme. Often young people in care have limited choices available to them about their placement options and this degree of control is crucial to providing a solid base from which to start therapy.

Transition from the service:

In the 6 months prior to a young person leaving Glebe House they move to work with our Transition Team, this team work with the young people, their family and professionals to co-ordinate and plan the young person's move on plans. In this 6 month period the young people also undertake transition work to help prepare them for leaving, this includes familiarising them back into their home area, undertaking an independence week away and helping them develop practical skills for transition, such as independent travel, budgeting, managing tenancies and helping them understand any legal restrictions they may need to manage in the community.

Formal Outreach support:

Young people receive 18 months of outreach support; see section above for full details.

Informal Support:

Glebe House provide an informal support network for any young person that enters our service, young people can phone in at any time and speak to a member of our staff team.

<p>Independent Advocacy</p>	<p>Independent Advocacy Reports:</p> <p>Covid 19 has had an impact on our advocate visits. These have been continually risk assessed and now we are at a point where the advocate can visit our site and meet young people either outside or in a large communal room wearing a see through face mask.</p> <p>We have had good communication with our advocate and she has managed to meet regularly with the young people. All the young people who wish to talk with the advocate have been able to do so. New residents are encouraged to meet with the advocate so she can explain her role.</p> <p>We have undertaken our annual review with the advocacy service and a positive working relationship is established.</p>
<p>Access to and Involvement in their records</p>	<p>Young people are encouraged to make comments in their ITP review reports; they are also actively involved in the development of their achievement files. The young people are also encouraged to comment on any consequences/sanctions given or incidents of physical intervention.</p>
<p>Engaging with Wider Systems</p>	<p>Regulations and Standards</p> <p>Childrens Homes Regulations- Regulation 5,</p> <p>CQC Regulations-</p> <p>Independent Schools Standards Compliance Record- Part 1: 2, Part 2: 5</p>
<p>Engagement with Families</p>	<p>Stakeholder feedback is sought annual from families, where appropriate.</p> <p>Young people are supported in maintaining contact with their families and developing healthy pro-social relationships with family members.</p> <p>Family work is undertaken between the young person and their family, where appropriate. Where a victim may be within the family Glebe House can be involved in restorative work.</p>
<p>Involvement with LA</p>	<p>Glebe House work in partnership with Local Authorities in order to support placements at Glebe House. Glebe House ensure that young people, keyworkers and clinical practitioners are in regular contact with Social Workers and PA's.</p>

	<p>In addition 6 months prior to leaving the service Glebe House Transitions Team work alongside the Local Authority in order to ensure a smooth transition from the service.</p>
<p>Engagement with the Community</p>	<p>Glebe House work with the local community, we are a member of the local neighbourhood watch scheme. We also maintain the church yard in the village.</p>
<p>Effective Multi-Agency Working</p>	<p>Due to the nature of the service Glebe House work with a range of different agencies, including police, youth offending service, probation, legal services and health.</p> <p>The Clinical Director/ Registered Manager is also a member of the Local Level 2 Multi-Agency Public Protection Arrangements (MAPPA).</p> <p>Following the concerns in relation to accessing Mental Health Support Services for one service user, Glebe House have established more robust consultancy links with Mental Health Services.</p> <p>Glebe House staff also present at a range of conferences in relation to therapeutic community principles and harmful sexual behaviour. The clinical team also deliver a lecture on working with Harmful Sexual Behaviour as part of the Lincoln University's Postgraduate Forensic Child Psychology Module.</p>
<p>Leadership, Management and Staffing</p>	<p>Regulations and Standards</p> <p>Children's Homes Regulations- Regulation 13,</p> <p>CQC Regulations- Regulation 5, Regulation 7, 8, 16, 17, 18, 19, 20, 20A</p> <p>Independent Schools Standards Compliance Record- Part 3: 14, Part 4: 17, 18, 19, 20, 21 Part 6: 32, Part 7: 33, Part 8: 34</p>
<p>Staff Cohesion and Stability:</p>	<p>There are a number of indicators of morale and staff team stability. As noted in Boswell's Outcome Research staff satisfaction is a strong indicator to the effectiveness of residential services.</p> <p>Staffing Issues:</p> <p>1 member of staff was dismissed in March due to high absence level (included in figures below)</p> <p>1 member of staff was dismissed in May due to gross misconduct (included in figures below)</p> <p>Staff Sickness Records:</p>

	<p>The staff sickness records since the last Regulation 45 Report highlight how in the last 6 months there has been a significant reduction in the average number of days the staff have had off sick, from 8.2 in the same period last year to 5.9 for this period.</p> <p>Staff Turnover:</p> <p>Clinical</p> <p>2 Clinical Practitioners have joined</p> <p>1 Clinical Practitioner has left</p> <p>Milieu (Care Staff)</p> <p>2 Milieu Project Workers have joined</p> <p>3 Milieu Project Workers have left, one of which joined the Locum Team</p> <p>3 Locums have joined</p> <p>Education</p> <p>1 Teacher has left</p> <p>Business Ops</p> <p>1 Part-Time Administrator/Receptionist has joined</p> <p>1 Marketing & Communications Manager has joined</p> <p>Staff Supervision</p> <p>Individual supervision is a regular occurrence. There is close managerial monitoring of its frequency. Group supervisions remain a regular part of the programme activity. Those that supervise receive in-house supervision training. Records of Staff Supervision are monitored through frontline managers meetings.</p>
<p>Staff Training, Skills and expertise</p>	<p>Staff Training – see Training Plan.</p> <p>Care staff who do not have Level 3 when joining are required to start the qualification and complete it within 18 months.</p> <p>Training and development are discussed during supervision and appraisal and the Trust supports employees through continuing professional development.</p> <p>The staff team have been provided with additional training in relation to working with the specific young people within our service, this has been to</p>

	<p>upskill staff and reduce negative behaviour. This training has included Autism Training, Self- Harm Training, Working with Challenging Behaviour and Attachment training. All staff are also specifically trained in understanding and working with Harmful Sexual Behaviour.</p>
School Leadership and Governance	<p>The use of Arbor to manage the school information is now being imbedded. Progress and impact are being monitored and will be reported on in Education sub-committee meetings and board meetings with the trustees.</p> <p>The assessment framework has been implemented and has now been in use for a school year.</p>
Management and Monitoring of Performance and Risk	<p>Performance and accountabilities are discussed and noted in the following ways:</p> <p>Induction including Induction Evaluation Meetings</p> <p>Regular supervisions</p> <p>More frequent supervisions during six months probationary period</p> <p>Annual appraisal</p> <p>Group supervision – monitoring performance of each team</p> <p>Management and monitoring of risk:</p> <p>Safer Recruitment policy in place</p> <p>All staff complete Safeguarding training and have either read the KCSIE guidance or completed a training module on the guidance.</p> <p>Designated Lead Safeguarding staff onsite</p> <p>Return to work interviews are completed for all sickness related absences,</p> <p>Ongoing risk assessments completed and occupational health referrals made if required following illness or injury</p> <p>Referral to external Employee Assistance Programme if applicable</p> <p>Exit interviews are completed and analysis fed back to the Senior Management Team.</p>
Management of Information	<p>We continue to manage Subject Access Requests (SAR) within timescales. This is around ex-service users having access to redacted documents as well as other professionals for safeguarding purposes. The only record regarding SAR since the last Reg 45 report pertains to an ex-resident who was unhappy that the documents he received had been redacted. The Data Protection Officer took advice from our Data Protection Advisor who supported Glebe House in the response to this person.</p>

Managers Response:	
Registered Managers Summary of Analysis:	<p>The last six months has continued to be affected by the Covid pandemic, however restrictions have eased. The community have worked hard to create activities onsite to keep morale up and young people engaged.</p> <p>The focus of the last 6 months has been to stabilise the group and improve standards. The impact of the young person in mental health crisis on the group, both staff and young people was significant and the community have needed time to reflect and recover from this experience.</p> <p>The service has implemented a number of new systems to ensure that the service develops and improves, this has particularly focused on ensuring there is adequate record keeping, that are reviewed and monitored ensuring issues are responded to effectively and efficiently. This has included the introduction of an electronic recording system and clearer lines of managerial accountability.</p>
Responsible Individuals Comments (OFSTED CHILDRENS' HOME) Peter Sorrell	<p>At the time of completing this report the Responsible Individual was having a period of absence due to personal issues.</p>
Responsible Individuals Comments (CQC) Paul Hodgkin	<p>The Trust recognises the issues raised by our recent Ofsted assessment and trustees are actively monitoring the plans that are now in place to improve relevant aspects of the service we offer.</p> <p>Trustees also recognise that this has been an exceptionally difficult time for both our young people and our staff and want to recognise the skill and commitment of the staff over this time.</p>
School Governors (Chair of	<p>I would like to pay tribute to the sustained flexible response by the whole Trust staff team following the implementation of the first national lockdown for Covid19, when a third of the employees were supported to shield. Although the regular school timetable was suspended, in meeting the obligation to support vulnerable children, the school staff ran a varied programme of</p>

<p>Education Sub Committee)</p> <p>Carole Thomas</p>	<p>activities to encourage the learners to continue to participate in educational projects through normal school time. Participation rates were really positive with recognition and rewards given to learners to sustain this. Clinical and milieu staff shift patterns were rescheduled to cover the rest of the time in a covid resilient way.</p> <p>The Trust strongly values the thorough work undertaken by the school staff team with the Education Adviser to bring the school to the point where at the last Monitoring Inspection the Ofsted Inspector was content to report that all requirements of the statutory framework had been met.</p> <p>The implementation of the Arbor MIS has provided a strong evidence based vehicle for demonstrating progression by the learners.</p> <p>The delivery of the Careers Education curriculum has been strengthened with the development of a new policy with the goal of meeting the Gatsby benchmarks of good practice. It is delivered in a carefully braided manner by staff from the school, the transitions team and the clinical team to recognise and manage the individual risks and restrictions of the learners when looking to plan for future training and employment.</p> <p>Similarly, the re-formulation of the Sex Education policy, the delivery of the curriculum is also delivered by staff from across the trust. This recognises the very specific context of Glebe House and the vital contribution it brings to breaking the cycle of abuse and offending.</p>
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