

OVER THE WALL CAMP

UK Children's Charity

2026 STATEMENT OF PURPOSE **Residential Holiday Scheme for Disabled Children**

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1. Legal Basis and Registration

Over the Wall Camp ('the provider') operates registered Residential Holiday Schemes for Disabled Children (HSDC) in England, under the Care Standards Act 2000 and the Residential Holiday Schemes for Disabled Children (England) Regulations 2013. The scheme takes account of the National Minimum Standards (NMS) for HSDC and Ofsted's Social Care Common Inspection Framework (SCCIF).

We operate for no more than 56 days in any 12-month period, and no child is accommodated for more than 28 consecutive days in any 12-month period. The provider's Ofsted registration certificate is displayed in a visible place at our principal office and at each active camp site.

2. Aims and Objectives

Our aim is to provide transformative, inclusive residential holiday experiences for disabled children and young people, promoting confidence, self-esteem, coping strategies, friendships and a sense of belonging through structured recreational and educational activities delivered within a safe, nurturing environment.

Objectives include:

- (a) enabling children to try new activities and develop skills.
- (b) fostering positive relationships.
- (c) ensuring unobtrusive nurse-led clinical support.
- (d) safeguarding and promoting welfare.
- (e) gathering and acting on feedback to continuously improve.

3. Facilities and Services

We operate from our own dedicated site, which will open for camp delivery in 2026. The site is a former boarding school that has been purposefully redeveloped to meet the needs of children and young people attending our camps. It currently accommodates up to 50 children and young people per camp, with a phased development plan to increase capacity over the coming years.

We provide a comprehensive, fully supported camp experience, including accommodation, all meals, accessible and chaperoned transport, structured and supervised activity programmes, and on-site medical facilities. Appropriately qualified paediatric clinicians lead clinical care.

Transport is provided from key regional cities and is fully chaperoned. Clinical chaperones are allocated based on individual risk assessments to ensure the safety and well-being of all children during travel and camp attendance.

4. Provider, Responsible Individual and Registered Manager

Registered Provider: Over the Wall Camp (Charity no. 1075361 & SC043191; Company no. 3713232).

Principal office: Over The Wall Camp, The Settlement, Ockbrook, Derby, DE72 3RJ

Email: enquiries@otw.org.uk;

Tel: 02392 477 110

Responsible Individual: Alexander James Copeland, Chief Executive Officer.

Email: alex.copeland@otw.org.uk ; Tel: 07345 604 793

Registered Manager: Sally McCluskie, Clinical and Recruitment Director.

Email: sally.mccluskie@otw.org.uk; Tel: 07551 521814.

5. Staffing – Experience, Numbers and Qualifications

We have vetted adult volunteers at every camp, achieving a typical adult-to-camper ratio of >1:2. Roles include Team Leaders/Mates, Activity Leaders, Camp Recorders, and Clinical Teammates. We also have an independent safeguarding advisor on call.

External activity providers are similarly vetted and qualified.

Clinical provision is nurse-led by NHS-qualified paediatric clinicians (Doctors, Nurses, Paramedics).

6. Staff Development, Supervision and Training

Staff have defined roles, line management, and annual PDRs. Training includes safeguarding, behaviour support and interventions (consistent with our Behaviour Support and Intervention Policy), therapeutic recreation (challenge by choice), first aid, clinical competencies (as applicable), and site health and safety/ fire procedures. Volunteers complete pre-camp e-learning and participate in structured onsite training ahead of camper arrival. Daily team and leadership meetings are held; supervision and peer reporting are embedded.

7. Children Served – Age, Numbers, Needs and Sex

We serve children and young people aged 8–17 of all genders living with serious illnesses and disabilities, including complex health needs. Team assignments, program adaptations, and sleeping arrangements are age-appropriate and sensitive to individual needs; bedrooms are single-sex. Annual capacity and team sizes are risk-assessed.

8. Ethos and Therapeutic Model

Our ethos is rooted in Belonging, Authenticity and Growth. We use a Therapeutic Recreation model and ‘challenge by choice’ to build resilience, self-esteem and confidence while promoting inclusion and a sense of belonging. Activities are child-centered and tailored to ability and need.

9. Health and Welfare Arrangements

Nurse-led medical facilities provide routine clinical care, medicine management, and emergency response. Comprehensive pre-attendance medical information is obtained for each child through structured questionnaires and/or clinic correspondence. Each child is allocated a dependency score, which informs individualised care plans and risk assessments. These documents guide supervision levels, participation in activities, and the provision of clinical support throughout the camp.

In addition to clinical assessments, each child undergoes a well-being assessment to identify emotional, psychological, or social needs. Where any wellbeing needs are identified, these are reviewed by the Wellbeing Coordinator, who works in partnership with the child and their family to agree an appropriate plan of care. This plan is integrated into the child's overall support arrangements to ensure a holistic, child-centred approach.

We actively promote good health, balanced nutrition, emotional well-being, and positive lifestyle choices, ensuring that all aspects of care contribute to the safety, welfare, and overall well-being of children attending our camps.

10. Behaviour Support, Control, Discipline and Restraint

We promote positive behaviour through clear expectations, praise and restorative approaches. Where required, interventions are proportionate, lawful, recorded, and consistent with policy and training. Physical restraint is used only as a last resort to prevent harm, in line with training and regulatory requirements.

11. Child Protection and Anti-Bullying

We implement robust safeguarding procedures aligned to local authority arrangements, ensuring prompt referrals, liaison during child protection enquiries, and notifications to Ofsted and placing authorities. We operate clear anti-bullying policies with preventive education and swift resolution of allegations.

12. Missing Child Procedure

We have a written procedure for missing children, including immediate search/ site sweeps, escalation to police, notifications to Ofsted/ placing authorities, and post-incident review.

13. Surveillance

We do not use electronic or mechanical surveillance to monitor children. Any temporary use of systems such as site CCTV is strictly limited to premises security and site management and is never used to observe or monitor children in accommodation areas.

For clinical safety and welfare purposes only, assistive alert and monitoring systems may be used to support individual children with an identified medical or mobility need. This

includes the use of bedside call bells in accommodation for children with limited or no mobility, enabling them to summon support at night. In addition, baby monitors may be used overnight for children with seizure disorders, with the receiver located in the appropriate staff or volunteer room to enable a timely clinical response.

The use of all such equipment is agreed in advance with families, documented within the child's individual care plan and risk assessment, and used solely to promote safety, dignity, and well-being. These measures are not used for surveillance purposes and are regularly reviewed to ensure they remain necessary and proportionate.

14. Fire Safety and Emergency Procedures

For all residential camps, we conduct site inductions, drills, alarm tests and equipment checks. Emergency procedures cover evacuation, medical emergencies, severe weather, and critical incidents; deficiencies are recorded and remedied.

15. Contact with Parents

Children are not permitted to have mobile phones during camps to protect the program structure; essential contact is facilitated via camp phones as needed (e.g., homesickness). Parents/guardians receive pre-camp briefings and, where appropriate, daily updates.

16. Complaints

We have a clear complaints procedure accessible to children, parents, staff and volunteers. Complaints are acknowledged, investigated, outcomes recorded, and learning implemented. Serious complaints are reported to Ofsted in accordance with regulatory requirements.

17. Accommodation, Grouping and Sleeping Arrangements

Accommodation is of a high quality, accessible and appropriate. Children are grouped by age; bedrooms are single-sex with appropriate adult supervision nearby. Adjustments are made for disability and medical needs.

18. Camp Sites and Contact Details

All England camps will be held at our Ockbrook Site.

Dates of Residential Camps are:

Returner Camp 1 (Siblings and HC)	Friday 31st July - Sunday 2nd August
Health Challenge Camp 1 (8-12 years)	Sunday 9th - Thursday 13th August
Health Challenge Camp 2 (13-17 years)	Sunday 16th - Thursday 20th August
Returner Camp 2 (Siblings and HC)	Friday 28th - Sunday 30th August
Home Educated Camp (HC & Sibs)	Sunday 18th - Thursday 22nd October
Health Challenge Camp 3 (13-17 years)	Sunday 25th - Thursday 29th October

19. Transport and Chaperoning

We provide chaperoned transport from designated cities. Clinical chaperones are assigned based on individual risk assessments. Safe arrival/departure protocols ensure a secure handover to and from parents/guardians.

20. Admission, Assessment and Exclusion Criteria

Admission is via an open application process (including a noted interest form and a full medical questionnaire/clinic letter). Clinical assessment determines suitability, dependency and support needs. We seek to be inclusive but cannot cater for specific conditions (e.g., severe communication difficulties, recognised behavioural conditions requiring specialist settings, cystic fibrosis, primary ciliary dyskinesia, non-weight-bearing wheelchair users). Decisions may confirm attendance, place on the waitlist, or advise on alternative provision.

21. Records and Information Governance

We maintain case records and other statutory records, including accidents, medicines, fire drills/tests, staff rosters, visitors, and safeguarding allegations. Data is handled in accordance with UK GDPR and other applicable regulations; retention schedules and secure storage apply.

22. Monitoring, Reporting and Quality Assurance

The registered provider conducts at least one annual visit to an active holiday (Regulation 29) to speak with children and staff and evaluate care; the report is sent to Ofsted. We maintain a system for annual review and improvement of care quality (Regulation 30) and submit our report to Ofsted. We notify Ofsted and others without delay of Schedule 5 events (e.g., serious incidents, missing child, serious illness) and monitor Schedule 6 matters (e.g., accidents, complaints, restraint, fire drills) to drive improvement.

23. SCCIF Inspection Readiness

We prepare for inspection by focusing on children's experiences and progress, safety, and the impact and effectiveness of leaders and managers. We maintain up-to-date evidence and records.

24. Key Policies (publicly available)

Privacy Policy; Behaviour Support and Intervention Policy; Missing Camper Policy; Fire Safety & Procedure Policy; Grievance Policy; Equality, Diversity & Inclusion Policy; Critical Incident Policy; Complaints Policy; Safeguarding Campers Policy; Sexual Harassment Policy. Current versions are available on our website and upon request.

25. Equality, Diversity and Inclusion

We uphold children's rights, anti-discriminatory practice, accessibility, and tailored support for cultural, linguistic and religious needs. We make reasonable adjustments and consult children and families.

26. Data Protection and Confidentiality

Personal data is processed lawfully, fairly and securely. Staff and volunteers receive data protection training; information sharing is controlled and logged, with particular attention to safeguarding and medical needs.

27. Display of Registration Certificate

The registration certificate is on display at the principal office.

27. Consultation, Research & Evaluation

Over the Wall Camp has an ethos of continuous improvement, driven by staff and, just as importantly, by service users. We use a range of data collection methods to inform our future practice, including independent surveys, university research, and camper consultations.

Alex Copeland
CEO
February 2026