

# Statement of Purpose



**Aqueduct House**  
SC398482

# Acorn Education And Care

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## 1. QUALITY AND PURPOSE OF CARE

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Aqueduct House may provide care and accommodation for up to 4 young people, male or female, with emotional behavioural difficulties aged between 7 and 18 years.

Aqueduct House has plenty of communal space to accommodate 4 young people to use.

The ground floor - consists of a large kitchen, dining room, utility room, 2 lounges and a snug area that leads onto the garden, 1 office, sleep room, ensuite, 1 visitor's toilet.

First floor– consists of 4 young people's bedrooms and 1 office, sleep room, all rooms have ensuite, 1 communal bathroom.

Aqueduct House is a delightful home with picturesque views of the canal and boasts a large garden full of wildlife and great for the outdoors. The location is fairly central to surrounding areas, Cannock, Telford, Wolverhampton, Stafford etc this supports young people accessing activities with the local communities.

Due the home being on the main A5, it is a busy road and also adjacent to the canal, Aqueduct Bridge and reservoir and therefore these risks are considered when looking at referrals for the home. The home has electric gates for extra security and to prevent people gaining access to the home without permission.

### Range of needs of the children we accommodate

Here at Aqueduct we believe that every young person deserves a chance to reach his or her potential and take personal control over their lives. Based on our values we provide a range of high quality services to children and young people who require individualised, specialist programmes of support within which their care, educational and therapeutic needs are met in equal measure.

The range of needs of the children in our care vary but some of the more common needs of the children the homes supports are as follows-

- Children and young people who may have suffered trauma and abuse
- Children with emotional behavioural needs
- Children with attachment disorder and difficulty forming and maintaining relationships
- Children who have a diagnosis of ASC or ADHD
- Children with a history of non attendance at school/college and under achievement
- Children who present self harming behaviours
- Children who may present sexualised or sexual harmful behaviours

The home strives on working closely with educational settings and clinic services within the company and this child centred approach supports them to succeed.

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Creating the right conditions including the environment for the young person will ensure they reach their full potential.

## The homes ethos

### Our overall objective...

The overall objective is to create the ideal conditions for each young person to reach their potential and to prepare for a fulfilling life.

### Our aims...

The staff team and young people in the home have worked together to devise a set of core values that we all believe in and want to promote within the service, these are-

**Honesty** - This is important to the young people to have staff with a value of integrity

The young people feel that people being honest with them is one of the most important things to them. It is important to create an environment and relationship built on honesty.

**Trust** – This is another deep meaningful word that means a lot to our young people. They feel they need to be able to trust people who are important to them and make decisions regards to their care and where they live and have some level of control over their lives. Many young people do not trust adults due to being let down at some point in their lives.

**Safety** - The young people feel that this is paramount and a really important value, to be able to feel safe and secure allows young people to grow and develop. They can experience and manage risks and reach their potential when they are feeling safe and part of a family. The staff have created a safe homely environment and everyone works hard together to maintain a safe happy home.

## Responsible bodies-

Registered Manager - Lesley Deam –[lesley.deam@acorneducationandcare.com](mailto:lesley.deam@acorneducationandcare.com)  
Responsible individual – Mark Duckers –  
[mark.duckers@acorneducationandcare.com](mailto:mark.duckers@acorneducationandcare.com)

Hillcrest Shifnal School  
Lamledge lane  
Shifnal  
Shropshire  
TF11 8SD  
01952 468220

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## Ofsted contact details-

OFSTED,

Piccadilly

Gatestore street

Manchester

M1 2WD

Tel – 0300 1231231 Email – [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)

The arrangements for supporting the cultural and linguistic and religious needs of children

The religions and cultural needs of all young people at Aqueduct House will be fully respected during their stay. The young peoples cultural and religious needs will be sought as soon as possible to ensure their needs can be met in the local area. All necessary Arrangements will be made to accommodate the young persons needs, whether it's a dietary requirement or place or worship. All information on different religions, cultures will be available to all children. The home embraces equality and difference and all these are celebrated within the home.

A description of the homes policy and approach to consulting children about the quality of their care

Children views wishes and feelings are always considered at Aqueduct house. All young people have the right to make their view and opinions heard. All young people have the opportunity to contribute to their plans including –

- Menu choice
- Activities choice
- Their view on their feelings
- Comments, compliments, or complaints
- All young people have a young person meeting book which they are supported to complete

They also have group peer meetings where they can discuss things they would like to see in the home.

All young people have a young person meeting book which they are supported to complete, they are asked if they need anything or would like to request something specific.

They also have group peer meetings where they can discuss things they would like to see in the home.

They are also consulted regular in regards to their plans including care plans, placement plans, Individual behaviour support plans, outcomes and planned key

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work sessions in regards to working towards independence, for the older young people.

The young people are aware that they can approach the staff or homes manager at any time to discuss any concerns they may have.

The details of who to contact if a person has a complaint about the home and how the person can access the complaints policy

When a young person moves into the home they are given a copy of the homes

Children's guide which will inform them of how to make a complaint if they feel they are unhappy with something. The young persons relatives or referring agencies are also encouraged to discuss any concerns at the earliest opportunity with a member of staff, who will do their best to resolve the matter or seek the assistance of a senior colleague. If they are unable to help.

If the individual is not satisfied with the response or feels they would like to escalate the complaint, they can do so to the head of service, who is responsible for the local operation of the complaints procedure.

Registered manager – Lesley Deam  
Responsible individual – Mark Duckers

The Registered provider is Outcomes first group Ltd  
Atria  
Spa Road,  
Bolton, B1 4AG

The CEO David Leatherbarrow  
Tel - 01204 522667

The details of how a person, body or organisation involved in the care of protection of a child can access the homes child protection policies or the behaviour management policies

Organisational policies and procedures including the missing child policy are accessible to all staff on the company secured group resource portal.

The designated safeguarding officer is – Lesley Deam and Mark Duckers

The local safeguarding board is - Staffordshire children's safeguarding board

If you think a young person is in immediate danger call 999

If a child is at risk of risk or significant harm call– First response on 0800 1313126



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They are open Monday – Thursday 8.30 am – 5.00 pm Friday 8.30 am - 4.30pm

Out of hours please call – Emergency duty services – 0345 6042886

In the event of a safe guarding incident the homes manager will report to relevant people however if the incident involves or concerns the homes manager then this will be referred to the Responsible individual is Mark Duckers , Details of how to report allegations or safeguarding are in the homes polices and procedures and flow charts.

Staffordshire safeguarding board. [\\_Email—firstr@staffordshire.gov.uk](mailto:Email—firstr@staffordshire.gov.uk)

LADO [\\_Staffordshirelado@staffordshire.gov.uk](mailto:_Staffordshirelado@staffordshire.gov.uk)

[Mandy.parkinson@staffordshire.gov.uk](mailto:Mandy.parkinson@staffordshire.gov.uk)

Telephone working hours- 0300 111 8007

Responsible Individual and Safeguard Lead-

Mark Duckers –([mark.duckers@acorneducationandcare.com](mailto:mark.duckers@acorneducationandcare.com))

Chief Executive Officer - David Leatherbarrow ([david.leatherbarrow@ofgl.co.uk](mailto:david.leatherbarrow@ofgl.co.uk))

Chief Financial Officer – Jean-Luc Janet ([jean-luc.janet@ofgl.co.uk](mailto:jean-luc.janet@ofgl.co.uk))

Commercial Director – Richard Cooke ([Richard.cooke@ofgl.co.uk](mailto:Richard.cooke@ofgl.co.uk))

Managing Director of Children’s Services education and care – Richard Power ([Richard.power@ofgl.co.uk](mailto:Richard.power@ofgl.co.uk))

Managing Director of childrens services – Dan Cooke –([Dan.cooke@ofgl.co.uk](mailto:Dan.cooke@ofgl.co.uk))

Director of Care – Alison Blyth-Bishop – ([Alison.blythbishop@acorneducationandcare.com](mailto:Alison.blythbishop@acorneducationandcare.com))

The company will not tolerate bullying and fully support the standard that all children should be protected from bullying as a matter of policy

The company operates an anti oppressive child care model

The home works with an anti bullying in place and no child should be subject to this Behaviour. Bullying workshops are completed to educate and prevent this in the home.

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These are our two lounges where everyone can chill and watch TV



One bit of the garden you can sit and enjoy some peace, watch the nature near by



## 2. ENGAGING WITH THE WIDER SYSTEM

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Aqueduct works well with other professionals to ensure all relevant care plans and needs are met for the young people in their care. The home ensures it maintains effective professional relationships with local authorities, health professionals and all other organisations that are involved in the children and young people's care. Where needed the home will challenge placing authorities to ensure the child's needs are met. The home has established good working relationships with other professionals to ensure the outcomes of the children and young people.

## 3. VIEWS, WISHES AND FEELINGS

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- A) Anti discriminatory practice in respect of children and their families; and
- B) Children's rights

Aqueduct house and Outcomes First Group and committed to equal opportunities and anti-discriminative practice. This relates to staff and the children and young people they look after. We encourage open discussion through individual and group sessions where staff support children to treat others with respect and fairness. Staff use plain jargon, free language appropriate to the age and culture of the young people.

Regular children's meetings are held and the children are actively encouraged to participate in all aspects of the running of the home. Their wishes and feelings and continuously considered using this forum.

Children have the right to raise complaints in regards to their own care and all those involved in their lives. Aqueduct House follows Outcomes First Group policies and procedures regards to complaints made and these are dealt with within a timely manner.

## 4. EDUCATION

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Aqueduct House is part of an organisation that has its own SEMH education provisions.

Lamledge school is where most of the young people attend. It is approximately 15 minutes drive from the home and is successfully dfe Registered independent day special school for children and young people aged 5 - 19 who social , emotional and mental health that may hinder their ability to learn in a mainstream environment. There is also Glebdale that is in the Stoke area and can also be accessed by children if they are unable to attend the school in Shifnal. The home will support young people attending mainstream education provisions in the local area.

Each child has an IEP, PEP, and personal attainment on their file. This is regularly updated in line with statutory reviews. An educational statement review is also held annually or as and when details change.

Keyworkers are identified to support each child; this will include attending meetings on a regular basis with tutors to discuss their development within the school. Attendance is on a full time basis, which commences after a part time introductory period.

Attainment targets are achievable with the correct help and support in place by education and care staff working together.

All children and young people will have access to support learning at home with resources being provided to help them with homework. This will include access to a computer and other learning materials needed. They will have access to the internet monitored by staff.

The arrangements for enabling children to take part in and benefit from a variety of activities that meet their needs and develop and reflect the creative, intellectual, physical and social interests and skills.

Once the young person has settled into the home they will be asked about their hobbies and interests and devise a plan of activities they would like to participate in. The home strives on supporting young people to join clubs within the local community. The activity planner is completed weekly and the young people can do other activities as and when they like to. Some of the community clubs in the area may include, cadets, football, rugby, scouts, cubs, brownies, swimming, rock climbing, skiing, ice skating etc. There are also local trampoline parks, go kart tracks, cinema, and local rural walks. Aqueduct house staff believe in building children and young peoples confidence, self esteem and self worth as part of their journey with us. Promoting young peoples interest and skills helps them find their own natural abilities to strive.

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Staff support the young people to be able to join the clubs in the community this includes their travel there and any specialist items of clothing or equipment they may need.

## The arrangements for children to attend schools and the provision made by the home to promote children's education achievement

Young people living at Aqueduct House will have access to the appropriate education. Most of the young people residing at the home will attend Lamledge school in Shifnal or a local mainstream college or school.

The school provides individualised education programme, access to national curriculum and a wide range of vocational subjects. The school divides teaching year into eight terms of similar length with frequent breaks to help the young people remain focused on their learning.

Our detailed assessment and induction process enable us to assess students individual learning styles and plan their learning targets in partnership with them. As well as offering nationally accredited courses such as GCSE, AQA entry level certificates and unities, ASDAN, CLAIT, and BTEC vocational skills qualifications, we run practical activities on site that promotes the development of life skills.

Aqueduct House will work closely with whatever school the young person attends and staff will attend SEN and PEP meetings and support the young person to attend school and complete homework and reach their full potential.

Staff will transport the young person due to the location of the home. There are many OFSTED rated 'Good' schools and colleges in the surrounding areas.

## 5. ENJOYMENT AND ACHIEVEMENT

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Aqueduct House promotes young people to participate in their hobbies and interests. All young people are encouraged to join community groups and attend other activities that promotes health and wellbeing and a healthy lifestyle. The home also provides a range of activities within the home and around the extensive grounds. The home focuses on young people enjoying and achieving and covers all areas to develop and reflect their creative, intellectual, physical and social interests.

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## 6. HEALTH

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A) Details of the qualification and professional supervision of the staff involved in providing any healthcare or therapy and

B) Information about how the effectiveness of any healthcare or therapy provided is measured, the evidence demonstrating effectiveness and details of how the information or the evidence can be accessed.

Aqueduct House is supported by the in-house clinical team that provides therapy and/or assessment based upon each child's individual needs based on the Wellbeing Rainbow Strategy Model. Members of the clinical team receive supervision from the clinical lead and /or from an appropriate qualified external professional. The clinical lead receives supervision from Head of Governance & clinical services.

## 7. POSITIVE RELATIONSHIPS

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Aqueduct House promotes positive contacts with family or friends at the home or in the community or at the family home. Family time will need to be in the child's care plan and agreed by the placing authority. Staff are always available to family members for support and discussion. Should young people have arrangements to go home or to a relatives for overnight family time there will be a member of staff on standby for support if needed

Individual arrangements for family time are in each young persons care plan and care staff will accommodate supervised contacts where needed.

Aqueduct care staff will provide transport to and from family homes or agreed venues, but will also encourage (where safe to do so) for the young person to develop their own independence by helping them to travel on public transport. This will be individual to the young person and their ability.

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## 8. THE PROTECTION OF YOUNG PEOPLE

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The children at Aqueduct House are usually placed 1-1 staffing ratio, however this maybe increased 2-1 if deemed necessary to keep the young person safe or can be managed 3 staff to 4 young people at times. This is usually with a core staff team of 3 with a Team leader or shift leader working. Regular consultation will take place with the placing authority.

Door alarms are fitted on the young peoples bedrooms however these are not always used unless it is deemed appropriate or to keep the young person or others safe. Reasons these would be activated would be, entering other bedrooms during the night, unauthorised absence/missing's or the young person requesting this to be turned on. This would be individual needs and risk assessed and permission gained from the child's social worker or parent. The bedroom door alarms can be omitted individually for each room. The home has external door alarm fitted to act as a security alarm due to the rural location. These can also be omitted to a particular door. The use of young people's bedroom door alarms are reviewed regular and individual RA are changed when necessary to prepare for independence

The homes approach to behavioural support including information about;

A) The homes approach in relation to children

B) How persons working in the home are trained in physical intervention and how their competence is assessed

Outcomes First Group aim to provide a high standard of individual behaviour management support within all of the homes. Our young people are encouraged to actively participate within their behaviour support profiles, respecting their choices, wishes and experiences.



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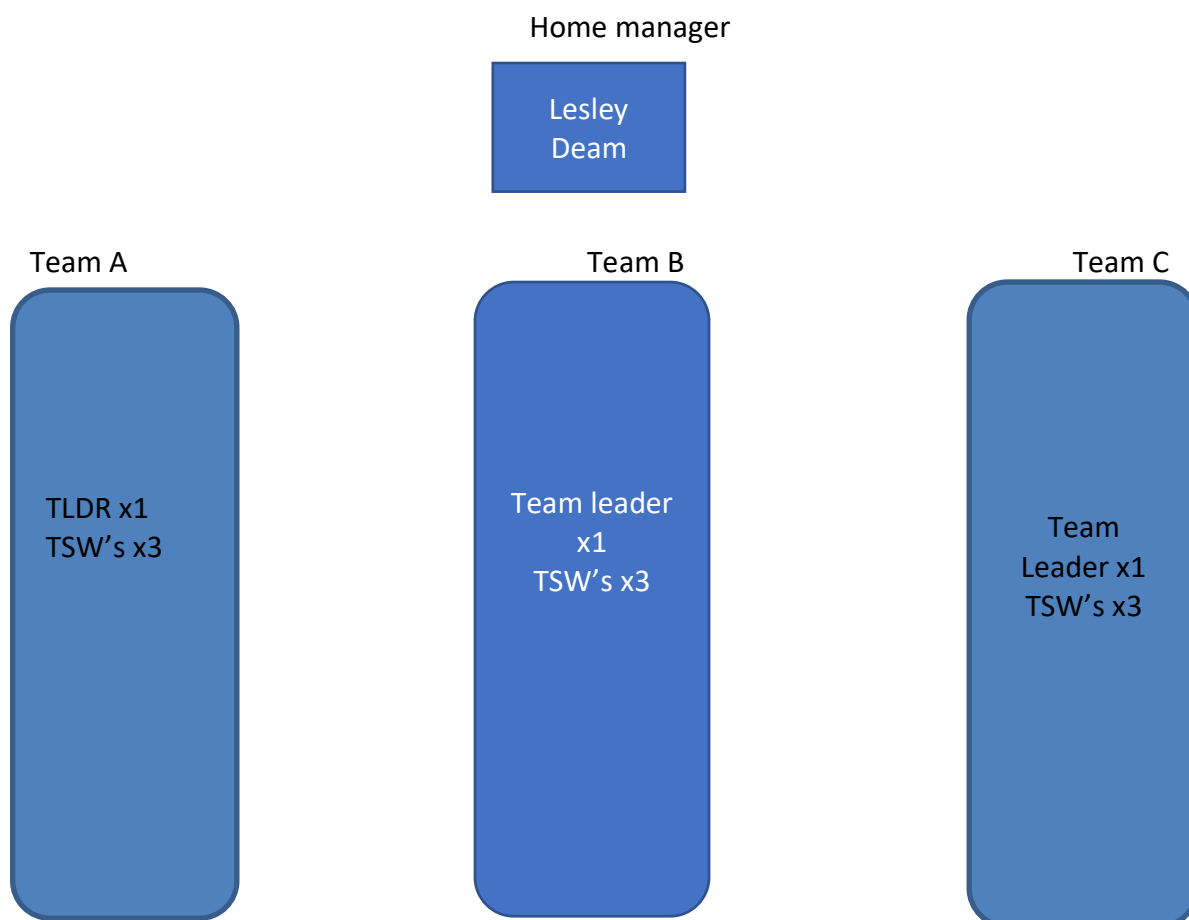
## 9. LEADERSHIP AND MANAGEMENT

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Aqueduct house has a manager that inspires and leads an ethos and culture to ensure that all young people aspire to fulfil their potential. The home uses good monitoring and reviewing systems to make continuous improvements. The staff child focused approach ensures that staff promote the welfare of the young people.

The home ensures that all staff have the experience, skills and qualifications to meet the needs of the children and young people. All staff have monthly supervisions, unless they are on probation then they will have 2 each month. The staff also benefit from monthly development upskilling sessions to develop knowledge and skills. The home has a good understanding of the impact it has on the quality of care and development of the children and young people. The home has robust systems in place in regards to reflective practice, models of practice and this improves the young people's outcomes. The staff all work as a team to ensure they deliver the high standard of care to the young people. The home has predominantly a female team with only a few males however this does not impact the young people and they are able to use each staff member appropriately to meet their needs. Good role modelling is encouraged from all staff male and female within the home

### Aqueduct House staff structure



## 10. CARE PLANNING

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Any criteria used for admission of children to the home, including any policies and procedures for emergency admissions.

Where possible admissions will follow a clear defined procedure which will include;

- Young people will usually be aged between 7-18 years
- On the basis of the full referral process where the manager will meet with the child and receive full detailed information. A visit to Aqueduct House will be arranged and a home visit may be made.
- Consideration of peers including discussion with the current residents in order to be better match the referral child.
- Introduction process with the Childs social worker and family (if appropriate) visiting the home.
- An impact Risk assessment will determine if the child is a good match to the home and current young people in residence.

Emergency admissions-

Aqueduct House will consider emergency placements subject to an appropriate Impact Risk assessment being completed, and sufficient information is shared from placing authority. Staff are aware and trained in emergency placements and can welcome young people into the home as and when the need arises. In the event of a vacancy, the bedroom is fully refurbished to a high standard and all relevant administrative requirements are in place. The homes manager will make every effort to have phone contact with the young person to have

an introduction to the young person if there has not been an opportunity for visits. This may help reduce the possible anxieties of the new young person moving into the home.

Young people in residence are made aware through key working sessions, there maybe occasions that a young person maybe placed without full consolation if it under emergency situation. Staff will explain the situation to young people so they fully understand who and when will be moving

## Appendix A – workforce experience and qualifications

Staff member Name	Start date	Job Role	Experience	Qualifications
Lesley Deam	01.04.2009	RHM	14 years working with children and young people previous experience as a supervisor with transferrable skills in managing staff	level 3 and 5 diploma in leadership and management. Youth work level 3 diploma, advice and guidance level 4 diploma All mandatory training
Clare Jones	10.11.2014	TLDR	8 years working with children and young people previous experience working with people in the community with personal care	level 3 diploma enrolled onto level 5 All mandatory training
Chloe Gumbley	21.03.2016	Team Leader	7 years working with children and young people previous experience working with young people in the community , leaving care and with disabilities	level 3 diploma All mandatory training
Denise Hopkins	02.03.2020	Team leader	3 years working with young people Previous experience working as a volunteer in a primary school and s a brownie leader Also worked as a civil servant – dealing with the public , transferable skills dealing with difficult situations. Some skills from starting nursing degree but did not graduate.	All mandatory training  completed level 4 diploma

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Staff member Name	Start date	Job Role	Experience	Qualifications
Don Burke	10.01.2022	TSW	over 18 years' experience with children and young people in residential care Don has a wealth of experience and knowledge and a passion to care.	Level 3 children and young people diploma, all mandatory training completed
Alice Powell	23.05.2022	TSW	previous experience working in bars and restaurants and also a volunteer for the NHS trust as a support worker for young adults who have needed counselling – transferable skills in the home	completed induction and mandatory training and probation and enrolled onto level 3 diploma
Sharon Johnson	13.03.2017	TSW	6 years' experience working with young people, previous experience-supporting the elderly in their own homes within the community	level 3 diploma All mandatory training
Derrick Foster	11.07.2016	TSW	Over 6 years' experience working with young people, previous experience working with people with disabilities, mental health and also a foster carer	level 3 diploma All mandatory training
Karen Harper	06.03.2023	TSW	Over 10 years' experience working within children's homes with children with complex needs or ASD.	Level 3 diploma All mandatory training

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Staff member Name	Start date	Job Role	Experience	Qualifications
Georgia Jones	07.12.2020	TSW	2 years' experience Previous experience as a waitress and a crew member, shift manager at Mc'donalds.	Completed level 4 Diploma Degree in SEN education All mandatory training
Matthew Salter	26.06.2023	TSW	4 years' experience previously worked for the home and had 6 months working for a different provider before coming back to the home. Experienced chef in previous roles.	Completed level 3 diploma All mandatory training
Elizabeth Parry	16.11.23	TSW	Completed a degree in psychology. Previously worked in a restaurant.	Completed mandatory training Completing probation
Adam Tatton	27.11.2023	TSW	Previously worked as a life guard and for the police	Completed mandatory training and completing
Temporary Staff member Name	Start date	Job Role	Experience	Qualifications



## Appendix B - Wellbeing and Clinical Service

### Who Supports the Home and Young People

Wellbeing and Clinical Service support is available for all of our young people, residential teams and school teams, and is provided by a team of clinicians which serve a 'hub' of residential care homes and schools, and includes a range of clinical professionals. Each residential setting's designated clinical support will reflect the strengths and needs of the young people that live within the setting, however additional support can also be accessed from other specialists within the wider clinical services across the group where required. This enables us to be responsive to the needs of an individual throughout their placement with us.

Please find below a list of clinical members of the Athena Hub Clinical Team, together with their professional qualifications. These clinicians may support any of the residential settings within the Athena Hub Clinical Team

Athena Hub Wellbeing and Clinical Service		
Clinical Employee Name	Job title	Qualifications
Dr Katie Caddick-Eardley	Wellbeing and Clinical Locality Lead  and  Senior Specialist Educational Psychologist	BSc Hons - Psychology Degree PGCE - Post graduate Certificate in Education QTS - Qualified Teacher Status MSc - Education Psychology Master's Degree DEdPsy – Professional Doctorate in Educational Psychology HCPC - Registration No. PYL00044 AEP Member - Association of Education Psychologists
Michelle Hopkins	Wellbeing and Clinical Services Coordinator and  Senior Specialist Art Psychotherapist	BA Hons Art Degree MRCC (level 4- Managing residential children's services) MA Art Psychotherapy HCPC - Registration No. AS13975 BAAT member – British Association of Art Therapy
Dr Linda Sunday	Wellbeing and Clinical Services Coordinator and  Drama Psychotherapist	BA Hons Drama and Performance. MA in Dramatherapy PhD in Philosophy HCPC Registration – AS15028

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Athena Hub Wellbeing and Clinical Service		
Clinical Employee Name	Job title	Qualifications
Dr Yuvender Prashar	Wellbeing and Clinical Services Coordinator and Senior Educational Psychologist	BSc Hons (Biomedical Science) MSc (Psychology) Professional Doctorate in Applied Educational and Child Psychology HCPC Registration – PYL35660
Katie Brereton	Occupational Therapist	BSc Hons (Psychology and Sociology) BSc Hons Occupational Therapy HCPC
Joanne Pearson	Psychotherapist	MSc Integrative Psychotherapy Post Graduate Diploma Integrative Psychotherapy Post Graduate Certificate Integrative Psychotherapy BSc (Hons) Psychotherapy BACP Registered Member
Janet French	Drama Psychotherapist	Masters – Drama Therapy
Sarah Baker	Counselling Psychologist	BSc Hons – Psychology City and Guild– Teaching Certificate for Adult Learners Masters – Counselling Psychology Post-Masters Diploma – Counselling Psychology HCPC Registration – PYL06692
Helen Sim (contractor)	Contractor - Speech and Language Therapist	BSc Speech Pathology and Therapy
Benjamin Howells	Therapies Assistant	BA Hons- Education Studies Degree MSc- Psychology in Education Degree Current- Pre-clinical Psychotherapy Training
Jasdeep Kaur	Assistant Psychologist	BSc Hons - Psychology & Criminology Degree
Jasmine Hare	Assistant Psychologist	BSc Hons – Psychology with Sociology Degree
Priya Khutan	Assistant Psychologist	BSc Hons - Psychology

*NB. list is live as of January 2024*

## Appendix C – Wellbeing Model

### How The Home and Young People Are Supported

Our therapeutic offer is informed by the OFG Wellbeing Rainbow; this strategy places wellbeing at the core of everything we do. The rainbow represents a tiered approach to wellbeing support at a multi-professional level:



The overarching red and orange stripes apply to every OFG employee

### **Wellbeing and Clinical Approach**

The yellow stripe represents our core care and education teams, and how they ensure a young person's wellbeing through their nurturing and compassionate approach during every hour of a young person's day. The teams around each young person are trained to have the knowledge and skills to create inclusive communities and cultures which:-

- 1) Consistently deliver trauma informed practice (please see TIP leaflet available at request)
- 2) Use a Neurodivergent Affirmative approach (please see AAD leaflet available at request)
- 3) Adhere to each young person's individual support plan.

Our goal is to create inclusive communities within our residential settings to ensure young people are engaged in their development and increasing independence and have a sense of belonging in their home that will have either a primary focus based in the neurodivergent affirmative approach (Options Autism) or Trauma Informed Practice (Acorn Education and Care). These approaches are seamlessly blended to meet the specific needs of each home's individuals. As part of meeting the needs of individuals, we have developed two core clinically informed strategies – one focused on Autistic/Neurodiverse individuals (Ask, Accept, Develop) and the other focused on those with lived experience of trauma (Trauma Informed Practice principles of Co-reflect, Connect, Co-regulate). Both strategies are based on clinically informed, evidence-based practice and the most up to date research base.

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Our homes embed, implement and take ownership of the concepts of AAD and CCC through training and the accreditation process. This allows us to plan, consistently deliver training and monitor best-practice in collaboration with care governance processes. The homes will self-review to identify areas for development. Homes are able to achieve a quality standard assurance rating of Bronze, Silver or Gold according to their current level of delivery. Further information on the AAD and CCC strategies are available on request.

## Universal Offer

The green stripe reflects the OFG Universal Offer. This is where the clinical service can support further around the creation and maintenance of a therapeutic environment and staff approach.

The clinical service will facilitate regular 'reflective practice' for the whole care team. These sessions recognise the emotional impact that living with traumatised young people can have on the team members' own sense of emotional and physical wellbeing. Colleagues are supported to express, reflect upon and process their thoughts and feelings in relation to their roles with the young people, their colleagues and of events and incidents. Processing in this way enables the team to continue to provide a milieu which can respond to a child or young person's communications and presenting needs therapeutically.

The clinical service will support residential settings to become TIP and AAD accredited: this may be via contribution to care staff training, offering of supervision to TIP and AAD champions, and monitoring to ensure that TIP and AAD are at the centre of the homes practice.

The clinical service might provide further targeted and bespoke training or resources to the care team at this level.

## Enhanced Offer

The blue stripe reflects the OFG Enhanced Offer. This is where the clinical service is involved with individual young people, primarily indirectly, through working closely with the team around the young person to develop a shared understanding their needs. The TIP and AAD approaches are used to inform thinking and practice at this level.

When a young person arrives in our residential settings, an initial assessment will be completed based on the young person's existing paperwork, discussions with, and information gathered from, key adults and the young person's views. This aids the creation of a clinical overview, which includes a formulation, recommendations and agreed targets to work towards. Following the initial clinical overview, the young person may move to the universal or specialist offer.

Multi-disciplinary team meetings, attended by the clinical, residential and education team, are held regularly for all residential young people. The meeting will review the therapeutic care plan, analyse outcome measures, identify what has worked well and consider areas that remain a barrier to the young person's quality of life and achievement. The outcomes of these meetings inform relevant goals for the young people and progress towards meeting them.

At this level of offer, clinicians may also attend other professionals' meetings e.g. 'LAC Reviews'. They will also be involved in supporting the development of that young person's communication profile and sensory profiles, all in line with AAD and TIP approaches.

The enhanced offer may also involve programme led group or individual interventions, co-delivered by supervised members of the clinical service and supporting care or education staff. The clinical service might also supervise or coach care or education staff to deliver specific interventions.

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## Specialist Offer

The violet stripe represents the most specialist support provided to our most complex young people. This is where clinicians have identified the need for direct involvement with a young person. This will be in addition to involvement described above.

Individual or group-based evidence-based interventions are delivered by our clinicians, who are trained in disciplines which focus on increasing wellbeing through: communication (Speech and Language Therapists); enabling access to/improving independence with functional skills (Occupational Therapists); and mental health (Psychologists and Psychotherapists). Clinicians may need to work closely with clinical colleagues in our local communities and ensure that our young people also access statutory services such as CAMHS as necessary.



## Appendix D – Crisis Prevention Institute Safety

All members of the care teams within the home are trained within Crisis Prevention Institute Safety Intervention Foundation level training (CPI).

This first tier training incorporates trauma-informed and person-centred approaches integral to the application of the model. CPI focus on prevention through de-escalation techniques through to non-restrictive and restrictive intervention.

If a child in the home demonstrates increased extreme risk behaviours, the home can increase this training to the advanced and emergency training model highlighted below - this is assessed through behavioural observation and assessment of risk and tailored to the individual needs of the child. Outcomes First Group (OFG) have set a clear procedure to follow in times where a service feels there is a justified need for Advanced and Emergency Disengagements and/or Holding Skills. This procedure requires services to make an application to the Reducing Restrictive Practices (RRP) Board. CPI will then be commissioned to complete a validation visit and compile a report that is then presented to the board for authorisation.

Each level of training will then be refreshed every 12 months as part of mandatory training. Also covered as part of the training will be the law around physical interventions, including any changes/updates to legislation, (DFES & DOH) and regulations such as the Children's Homes (England) Regulations.

The CPI ethos is to ensure physical intervention is used as a last resort except in circumstances of immediate risk, threat of danger or serious harm as per company values and legislation. Care teams, where possible, are to communicate to all children before physical intervention is initiated as a possible measure to ensure they remain safe, giving an opportunity to co-regulate. After any physical intervention, this will be revisited to communicate why this was an appropriate measure – for example, to prevent serious harm to themselves or someone else. Relationships can be fractured during any incident, especially those of a physical nature, and an opportunity will be given within a reasonable amount of time for all parties to co-connect and co-reflect, re-attuning the relationship by talking through incidents, via debriefs, key working and/or mediation group work.

OFG is an affiliate member of Crisis Prevention Institute (CPI), and services subscribe to either one of the below Safety Interventions (SI) packages – Foundation, Advanced or Advanced and Emergency. The arena of education also covers residential services and health/human cater to the group's adult division. The benefits of the CPI model are that it has a tiered approach based on the needs of an individual. CPI has 3 levels - this also sits in line with the organisations well-being model.

# Acorn Education And Care

## Safety Intervention - Foundation™



Table 1: Disengagement

Name & Sequence	Strike	Wrist	Clothes	Hair	Neck	Body	Bite	Interventions (1 staff)		
								Low	Medium	High
Market										
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Timings (minutes)	90									

KEY
Green ✓ = Foundation Safety Interventions included
Red x = Skills not included

Table 2: Holding

Name & Sequence	Seated			Standing			Team Interventions (2 staff)	Transitions (2 staff)	Children Holds		
	Low	Med	High	Low	Med	High			Seated (chair)	Seated (floor)	Standing
Market											
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Timings (minutes)	150										

As noted, CPI SI Foundation Training is our core training that all care team adults are trained within, which incorporates trauma informed and person-centred approaches. The programme has a focus on prevention, it also teaches de-escalation skills as well as non-restrictive and restrictive interventions. The programme is Restraint Reduction Network (RRN) certificated training curricula.

## Safety Intervention - Advanced™



Table 1: Disengagement

Name & Sequence	Strike	Wrist	Clothes	Hair	Neck	Body	Bite	Interventions (1 staff)			Neck (high risk)
								Low	Medium	High	
Market											
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Timings (minutes)	90										15

KEY
Green ✓ = Foundation Safety Interventions included
Red x = Skills not included
Yellow ✓ = Advanced Skills included

Table 2: Holding

Name & Sequence	Seated			Standing			Team Interventions (2 staff)	Transitions (2 staff)	Children Holds			3 <sup>rd</sup> Person		Advanced Team Interventions (3 staff)	Transitions (3 staff)	Standing to floor transitions (Slips, Trips and Falls)		Standing to floor transitions (Slips, Trips and Falls)	
	Low	Med	High	Low	Med	High			Seated (chair)	Seated (floor)	Standing	Seated	Standing			Standing to Seated	Standing to Seated	Standing to Seated	Standing to Seated
Market																			
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x	✓	✓	✓	✓	✓	✓	✓
Timings (minutes)	150											30	20	15	35	35	35	35	



## Appendix E – Outcomes First Group

### Who are we?

In 2016, NFA Group combined forces with Acorn Education and Care to create the UK's leading and largest Children's care provider. With over 2 decades of experience and a positive reputation as a specialist, multi-divisional organisation, the NFA Group provided high-quality Education, Care and Fostering services to vulnerable children and young people, offering them a safe and nurturing environment in which to learn, grow and succeed.

2019 saw this position further strengthened by the alliance of the NFA Group and Outcomes First Group creating the unified Group you see today – a Group which has become a vital part of local communities in England, Scotland, Wales and Northern Ireland with a renowned reputation for quality and positive outcomes for the people we care for.

The children's and young people's part of the organisation is divided into 2 clear areas.

1. **Acorn education and care** – this is our universal offering of SEMH care made up of 35 children's homes, 2 residential Schools and 32 schools. Our services support young people with emotional behavioural difficulties, young people diagnosed on the ASD spectrum, emerging mental health, 12-week assessment and homes that specialise in pathway to fostering and transitions to adulthood. (These services include homes under the following legal entities Bryn Melyn Care, Pathway Care homes, Hilcrest children's services and ECS homes)
2. **Options autism** – this is our specialist services for young people with complex learning disabilities including autism and social, emotional, and mental health needs made up of 20 services. (These services include homes under the following legal options autism, underlay gardens, Acorn Park, Falklands House and Holistic Care)

Within the group we have homes that are specialists under the above bracket however we understand that young people may move in and out of higher and lower acuity need based on their behavioural responses to their trauma and attachment needs so we have developed well-being and CPI models that are able to adapt to the needs of the young people in our care.

For example, a home may sit under acorn education and care with a young person under a universal package, they may then hit a period of crisis and the needs of that child may escalate. Rather than destabilising the child further and moving the young person we are able to bolt on additional training, advanced CPI needs, and additional packages of clinical investment based on the needs of the child to support that young person.