



CALCOTT FARM  
Statement of Purpose

# Statement of Purpose and Function

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**ACORN EDUCATION  
AND CARE**

Better days, Better lives

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## 1. QUALITY AND PURPOSE OF CARE

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Young people are placed at Calcott Farm for a variety of reasons.

These may include:

- Family and placement breakdown: including birth and adoptive families, foster placements and other residential placements.
- Young people with behavioural and/or emotional difficulties that either makes it very difficult or they choose not to live in a family setting currently.
- Children who display self-harmful behaviours, historically or currently except for children who are deemed actively suicidal.
- Young people who have experienced all/any forms of abuse/childhood trauma.
- Young people who are vulnerable to child exploitation.
- Young people with learning difficulties/disabilities such as autism, GDD and ADHD who also display emotional behaviours that challenge. Depending on the needs of the individual, it may be more appropriate for the young people to reside in the annex only.
- For children who already reside in one of the companies homes and it is felt that they would benefit from a home at Calcott for a variety of different reasons we create bespoke packages and assessment agreed upon prior to admission, for these exceptional circumstances it may be appropriate for the child to maintain education at the main Smallbrook school site as opposed to the onsite satellite provision if they have already maintained a pupil status in that home or Lamledge School.

### **We believe.**

- That every young person deserves to feel valued and to live in a safe, structured, and caring environment.
- Our young people should receive the best quality care from a skilled and committed care team and be protected from abuse and neglect.
- The spirit and intent of our approach is the recognition that we are important influences on the lives of the young people placed with us.
- Care delivered in the home is trauma informed, with this being informed by their history and early years experiences.

We recognise that the most important tools we have to help young people to grow and develop are ourselves. Our ability to relate to our young people in an open, sensitive, caring, and consistent manner is the most important contribution we can make. To maximise the potential for positive outcomes, our staff are all trained in Therapeutic Parenting.

The philosophy underpinning our Therapeutic Parenting approach is to provide all staff with the skills and knowledge to become the conduit through which young people can develop new responses to their environment, thus enabling them to achieve a higher level of social and emotional maturity.

Whatever the reason, young people who come to stay at Calcott are presently unable to cope within a family or group setting. Our priority is to provide therapeutic environment, which is safe, warm, nurturing, and empowering to afford young people the care, and sense of safety to which they are entitled at this stage in their life.

**To achieve this, we:**

- Provide the young person with a living environment which is suited to their individual needs, and which reflects the value we place upon him or her.
- Ensure, through the provision of a safe living environment, that the young person is afforded the opportunity to build or rebuild confidence in their coping and problem-solving skills.
- We focus on the young person's perceived/felt sense of safety through initial/ongoing assessment and observations-affording them the time and space to reconnect with safe adults at their pace.
- Provide the young person with the care to which they are entitled, offering opportunities to relate to adults who can demonstrate emotional commitment combined with professional integrity and safe boundaries to behaviour.
- Recognise that "therapy" extends beyond the therapist's door and employ a culture offering trauma informed therapeutic care that is clinically informed.
- Promote the young person's rights and ensure their views are represented.
- Provide stimulation and opportunity through daily programmes tailored to meet individual needs.
- Carry out effective care planning and reviews through the assessment stages programme and promote partnership with local authorities and those with parental responsibility.
- Commission the services of external consultants as appropriate to meet individual treatment needs where required.
- Ensure that educational opportunities are made available to the young person which considers their current needs and potential to maximise life changes.
- To support the young people and prepare them through practical and emotional preparation for independence.
- To support the young people on their transition from care into the community.
- When supporting young people with mild learning difficulties, where felt necessary additional training will be identified where required and needed to bolster the already extensive training the team holds, to ensure that all on the care team are able to meet the needs of everyone.

**Calcott Farm – Crisis and Assessment Overview**

The home can accommodate four young people aged 8 -18 years of mixed sex. Calcott Farm is an assessment centre, offering clinically informed assessments over the course of a 12-week placement (this can be extended to 16 weeks or exceptional cases 18 weeks to support for the purpose of an agreed transition plan by week 10 of assessment; where it is felt this is within the child's best interest by the manager of the home and stakeholders). **We reserve the right and will not extend on the 12 week placement agreement unless the child has an agreed new home and a full transition plan is in place by week 10 of assessment agreed upon by the manager and stakeholders, if a child does not have set plans it is not in their best interest for extensions to be granted; as this provides a sense of confusion for the child when assessment has been completed.**

Calcott Farm is located in a semi-rural location in Bicton area of Shrewsbury. It offers clinically informed assessments for young people residing there through the model and stages programme- please see appendices.

All residential care team members are trained and qualified in CPI foundation and advanced – an accredited behaviour management model and use it to support the children and young people we work with. This model also uses an approach to de-escalation which helps to reduce the risk of restrictive physical intervention.

Calcott Farm short-term crisis intervention and assessment placement provides time and space for children, families, and local authorities to plan for longer term appropriate placements.

Calcott Farm is situated approximately 4 miles from Shrewsbury town, which is a relatively large town accommodating all major facilities such as shops, supermarkets, a leisure centre, and local clubs which the young people can attend.

Young people placed at Calcott Farm have access to common facilities shared by young people in other homes and are guided by the same principles. All policies and procedures are therefore common to wider group to ensure consistency. Calcott farms legal entity trading name is Bryn Melyn Care, which is part of the Acord Education and Care subdivision owned and operated by Outcomes First Group.

The home is placed in an ideal location to accommodate young people whose behaviour, others may perceive negatively, and young people who may pose a risk to themselves and others from living in a community setting. The house and extensive gardens allow the young people to express themselves without causing a disturbance in the neighbourhood. The care team make good use of the country setting, regularly taking walks in the near-by Shropshire Hills. Although the house is situated in a rural location, the young people are encouraged to socialise with others. Pre-arranged peer activities, local youth groups and leisure clubs are just a couple of ideas the young people are encouraged to partake in when appropriate for the individual.

It is the homes belief that the care team should provide guidance and the right to choose for the young people through appropriate role modelling. The way we interact with each other provides the young people with a sound, stable and consistent environment where the young people feel safe. With the encouragement of the care team the young people feel safe enough to try out new behaviours and coping skills whilst in a supported environment to better aid them for their future. We ensure that the young people are treated with respect and dignity and that their human rights and cultural and religious beliefs are continually promoted. We actively encourage the young people to take responsibility for their own safety, but the care team will endeavour to support them during this process until a time when they are able to do so themselves. When the young person is old enough, they are encouraged to develop their independent skills, this will be part of their pathway plan and care plan. We do this by risk assessing all activities and ensuring the house and environment is safe for all to reside in and those who visit the property.

The team ensures that the young people have options to access additional support from internal professionals and promote the integrated service model within Calcott farm as a multidisciplinary team including care, clinical and education.

The home manager monitors the care team's performance by working alongside the carers with the young people. The team meet once a week with our clinician to discuss our performance with understanding and managing the young person's behaviours and how we can best do this, the approaches, and the interventions we will use. We also discuss the young people's care plans and how we can best continue with their development.

The aim of the placement is to give the young people the tools and experiences to enable them to move on with their life, while removing many of the anti-social and dysfunctional responses they have earlier developed. Progress from this home will be either a more community-based setting such as supported living, a further residential setting, group living residential setting, a foster placement or returning home. This is dependent on the young person and the perceived potential outcome for them. We believe that the strength of the Calcott Farm team is that the placement needs are led by the child. The home is small enough that the young people can get the care, nurture and support they need without seeking to get their needs met in ways that cause them further difficulties, yet at the same time encourages the young people to share without fear of losing out to others. Good outcomes can be achieved by ensuring we tailor our care to each individual young person.

Throughout everything we do we believe the most important message we deliver to the young people, is that we care about them, we are non-judgemental, and we empathise, believing in them and that we will strive to do everything within our power and ability to help achieve positive personal goals and outcomes, which will better aid them through adolescence and adulthood.

Whatever the reason, the young people who come to stay at Calcott Farm are presently unable to cope within a family or group setting, our priority is to provide a safe, warm, nurturing, and empowering environment to afford young people the care and control to which they are entitled at this stage in their life.

We believe that religious observance is an important part of an individual's identity. Telford (20 minutes away) boasts a diverse multi-cultural population and provides places of Worship to meet the needs of several different faiths.

As part of the admission process, we ascertain a young persons religious persuasion to ensure that religious observance is built into their care plan.

We support and encourage all young people to learn about other cultures, religions and countries, working closely with our on-site education team and promoting a monthly culture day where the young people learn about a particular country and culture during education, cooking and trying a typical evening meal from the chosen country as well as trying and sharing a snack box from that country. This snack box contains different snacks from a particular country, each month a snack box is delivered to Calcott Farm from a different country. This helps to encourage young people to enjoy learning about other cultures and countries and try new foods.

We support the right of any individual to make a complaint. On admission to the home, our complaints procedure is explained both verbally and in the form of a young person's guide with a step-by-step guide on how to do this.

All complaints are taken seriously and are recorded in a complaints log within the home. Dependant on the nature of the complaint it may be necessary to inform an external agency such as the Local Safeguarding Board, Placing Authority or Ofsted.

For complaints that do not fall into this category, we attempt to resolve them informally through discussion and negotiation. If resolution is not possible, we will then move to the formal stage.

If at any stage, the complainant states their wish to have their complaint investigated by someone external to the home we will support them to facilitate this request.

All actions taken and outcomes are recorded, and the complainant is kept fully informed in writing throughout the process. Should the complainant be unhappy with the outcome, they are then supported to access the homes appeals procedure.

As part of the appeals procedure, the complainant is made aware that they may complain to the Commissioner for Social Care Inspection.

Our first steps to protecting young people are taken prior to admission by collating relevant information to determine if we can provide a safe and structured environment.

Once all relevant information has been collated, we complete an impact assessment to determine the severity of any particular risk and to identify a safe risk management plan and ensure the home is right for the child.

Only when we are satisfied that we can safely provide for a young person's care, will we then agree to the placement.

Each young person has an Individual Positive Behaviour Risk Management Plan (PBRMP) to identify risk taking behaviours and best practice to defuse potentially harmful situations. Risk assessments are written to evaluate management plans for all activities both internal and external to the home and all are regularly reviewed throughout the placement.

Should a situation arise whereby a young person alleges abuse, we follow the local safeguarding guidelines in line with our statutory obligations. Furthermore, we have developed comprehensive Child Protection Referral Policies and Procedures that are embedded into the home.

The Young person's bedroom door has an alarm that can be activated once the young person has settled to their own bedroom each night were deemed necessary (through risk assessment). This is to help monitor the movement of the young people throughout the night to ensure their individual safety and wellbeing. There are also alarms on the outside doors which are set at night, this helps the young people feel safe regarding anyone who may try to access the home during the night. A risk assessment will be used to determine the use of the alarms.

The home operates a Whistle Blowing Policy to empower members of the care team to report any concerns they may have regarding a colleague's practice. To enforce the policy further it is a disciplinary offence not to report concerns and failure to do so can lead to dismissal without notice.

As necessary, we will advise Ofsted of any employee dismissed for poor practice and concerns will also be reflected in any future reference requests. Should the concern warrant a referral to the Protection of Children Act List or Protection of Vulnerable Adults List we will not hesitate to do so.

## **2. ENGAGING WITH THE WIDER SYSTEM**

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It is important to recognise that local authorities placing children and young people with the company are in effect our customers, and as such rightly expect from us the highest possible standards of service. They have a duty to their stakeholders and children and

young people to ensure that the company's standards of care are of the highest quality in every area. To reassure them of this we in turn must strive to not only meet but to exceed the quality standards laid down by either legislation or by commonly accepted ideas of "good parenting". If the confidence of local authorities in our ability to provide high quality services is in any way placed in doubt, they will understandably consider withdrawing their service user and seeking alternative provision.

In their dealings with local authority personnel, company staff must present a professional, competent, and courteous manner at all times. It can be too easy either by a careless remark or during a stressful situation, to give an unfavourable impression. Discourteous behaviour, even if unintentional, will leave any outside agency feeling uncomfortable. If an external agency / placing authority raise concerns about any aspect of the home or the staff working within it, this must be investigated as a complaint and a formal response sent. The complaint and its outcome must be in the home's central record.

It is essential to keep Children's Services regularly informed of all developments relating to 'their' child. Frequently, social workers only experience contact when placements are going through a crisis. It is the company's policy to give accurate and concise feedback, both positive and negative, to the child's social worker on a weekly basis. Significant incidents and events will justify written reports, with copies being sent to the social worker for the case file.

All social workers will be offered a login for our online recording system Access. This will enable them to access information about the child that they are responsible for at any time and be notified of all incidents.

Due to the nature of Calcott Farm and the stages model of assessment- social workers and key individuals are invited to attend the 4 weekly reviews held during the duration of the placement (please see model appendices). We appreciate due to the short-term placement the need for commissioners and placing authority to find the young person's new home when leaving Calcott Farm as noted above, at week 8 we aim to share the assessment reports with social workers and commissioners to support their ongoing searches.

Placing authority questionnaires must be given out regularly, providing social workers, IROs and other professionals an opportunity to comment on the quality of care being provided by the home. The findings from questionnaires will be collated as a part of the Regulation 45 six monthly review of quality of care. A record must be kept of the number of questionnaires placing authorities are asked to complete and the number returned. Any negative comments must be followed up by the manager and where necessary treated and investigated as a complaint.

Staff within the company should always work in partnership with all other professionals in a child's life. We are only one component of a total care programme designed to give a child the best possible chance of achieving their maximum potential. We must always view other professionals as allies and work co-operatively together to achieve the best outcomes for children and young people.

### **3. VIEWS, WISHES AND FEELINGS**

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Calcott Farm hold regular keyworker sessions and house meetings in which the young person is invited to discuss the day-to-day operation of the home and agree with carers any changes they may wish to see take place. Feedback will be given by the



management in the home and where requested, changes are not deemed to be in the best interest of the young people, we endeavour to explain the reasons and place the emphasis on negotiation to reach a mutual agreement.

Through the key work sessions every young person that comes to Calcott Farm is asked what they hope to achieve both during their time with us and their hopes and aspirations for the future. We then discuss their immediate short-term needs and help them identify and visualize the necessary stepping-stones to enable them to achieve long-term goals.

Key working is clinically informed – typically we embed regular key working support to staff team to develop:

- Their emotional development/management (session on how to support the young person to regulate)
- Their coping skills (session with carers on the range of coping skills and how to support the young person to improve these)
- Their ability to solve problems and develop their thinking skills (session on how carers can support this aspect of young people's development)

Young people are consulted on their care through the weekly house meetings, and the agenda is in place to discuss rules, boundaries, food, and activities amongst other things. The young people can set items on the agenda that they want to discuss and are encouraged to do this. Carers give immediate feedback when possible and the homes managers' gives feedback through a written response.

Young people are requested to complete questionnaires on the quality of the care they receive and feedback from this is used within the Regulation 45 report to ensure progression and development of the home.

Young people are also involved in their care planning, documenting their views, wishes and feelings within the care plan to go alongside the information inputted by the home. Involving the young people in this process allows them to feel valued and encourages their investment in this. In addition to this, we also ask the young person their thoughts on their care and give them some control regarding behaviour management. This discussion allows the young person to take responsibility for their behaviour management and it is intended to limit the need for physical intervention. The young person will be asked about triggers to their behaviour and what responses they feel would help them manage painful feelings and avoid self-destructive behaviours. This information is then recorded in their Positive Behaviour Risk Management Plan and is reviewed throughout the placement.

Once the young people are settled and ready to undertake preparation for independence work dependent on age and functioning: we will identify what needs the young person is working towards in developing their independence skills and build support steps to aid in achievement of these goals in a safe, structured manner where it is appropriate to do so.

Regarding finances, young people aged 15/16 can be supported with independent living by having money in hand if this is agreed by their social worker through the second or third stage of the assessment programme and is in their best interest to do so balanced against risk and safety. Young people who are subject to an interim care order or section 20, permission from the person with Parental Responsibility will be

required. This is to enable the young people to understand the value of money and to learn how to budget accordingly.

Many children have access to mobile phones and online facilities, we are very clear that upon admission to Calcott Farm for the first stage of assessment they are not permitted to have or access such items, the short-term placement means we need to be able to engage with the child at the beginning of the placement to build a safe base for them to engage in. Within all offers this is clearly outlined for agreement to facilitate this by the placing authority. Through stage 1 and 2 meetings risk can then be assessed as to the appropriateness of the young person having access to either their own mobile or a new device with robust safety measures to monitor usage and risks outlined in agreed contracts with the young person.

### **ANTI-DISCRIMINATORY PRACTICE**

We embrace the right to be an individual.

We do not discriminate on the grounds of race, gender, disability, ethnic origin, sexual orientation, and cultural or religious beliefs.

Our care team receive training and guidance in accordance with Outcomes First Groups Anti-Oppressive Practice, Anti-Discriminatory Practice and Equal Opportunities Policies and Procedures. Our policies are compliant with the requirements of all relevant legislation. (These policies can be seen on request).

### **CHILDREN'S RIGHTS:**

Calcott Farm is committed to promoting the rights of children and young people and this is reflected in our daily practice. In essence, we:

- Encourage the participation of young people in all decisions affecting their lives.
- Actively seek consultation with the young person about their views on service provision and service delivery.
- Ensure that the young person is made aware of and understands their rights under current legislation.
- Seek to ensure that the young person is able to gain access to an Independent Visitor/Advocate scheme via their placing authority.
- Maintain the young person's right to privacy and confidentiality (where safe to do so) thus protecting their right to be treated with dignity.
- Promote and support the young person's right to make a complaint, be it against the home or their placing authority.

### **Countering Bullying:**

Whilst bullying is not tolerated at Calcott, we are acutely aware that the risk of bullying is ever present and therefore, believe that preventative measures are invaluable to counter the threat.

Outcomes First Group has produced comprehensive policies and procedural guidance for carers on Anti-Bullying, Anti-Oppressive & Anti-Discriminatory Practice and Equal Opportunities.

We believe that everyone at the home has the right to be treated with respect and to feel safe in his or her environment.

Bullying is discussed at monthly team and weekly young person's house meetings and is incorporated into conversations within the home and at school. This is especially useful in group discussions around cultural diversity and the need for individuality.

The care team are all trained in Anti-Oppressive & Anti-Discriminatory Practice, Equal Opportunities and Racial and Cultural Diversity. Furthermore, should we identify a young person displaying bullying behaviour we will encourage them to attend training sessions with their care team.

#### 4. EDUCATION

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Calcott Farm delivers independent education through its own company facility, Smallbrook School, registered with the Department for Education (DfE).

For young people at Calcott Farm, we deliver a full outreach education programme at the home that is overseen by our Head Teacher of Smallbrook School. The school promotes a safe and supportive learning environment onsite in which pupils are valued and where we clearly communicate our high expectations.

Where a young person is in a mainstream school, attending and engaging well and it is felt by parents and professionals that it is best for the young person to remain at their mainstream school, Calcott Farm will support this decision to continue a level of consistency for the young person. We will liaise with the young person's school, transport the young person to and from school, attend parents evening and support the young person with homework and extra-curricular activities.

Outcomes first group operates an integrated approach to care, education, clinical and wellbeing for its young people. The parallel use of praise, positive role modelling, CPI (Protecting Rights In a Caring Environment), behaviour management techniques and intervention strategies, provides and promotes consistency in the carer approaches and expectations, whilst enabling young people to work towards specific educational targets and objectives to gain a sense of integrated achievement.

#### **Overview of the Assessment centre**

Calcott Farm is an Assessment centre that offers twelve-week placements for young people in emotional, and or social crisis. Calcott Farm provides accommodation for up to four young people in two separate buildings. They are fully supported with their educational requirements at the home.

There will be a clinical assessment undertaken throughout the placement, with an initial clinical assessment report made available at ten weeks in addition to a planning meeting at eight weeks where the allocated clinician will attend to provide further update regards to the assessment period.

There is a fully functional educational room on site, a range of resources and a computer available as per the young person's risk assessments. Sessions are held on either a group or on a one-to-one basis depending on where the young person is in their placement, the activity or young person's individual needs. Any young people

attending a mainstream school whilst residing at Calcott Farm will still have access to the education room on site if they require this to further help them with their studies as part of the combined package Calcott Farm offers and upholds for any child admitted to the home.

When a young person moves into Calcott Farm from another home within OFG, we will follow the current care plan for that young person, depending on the nature as to why they are being placed at Calcott Farm. Meaning risk assessments, care plans and placement plans will be reviewed for the young person, if the young person has no risks around mobile phones for example, they will be permitted to continue to have their mobile phone from the day they move into the home. Due to this type of placement, we may need to adapt some of our assessment reports, so they are bespoke to meet the needs of why the child has moved to Calcott Farm for assessment.

## **Aims**

The aim for Calcott Farm is to provide the young people with a safe base environment where appropriate clinical and educational assessments can take place.

## **Ethos**

The assessment centres accept young people from different authorities based on the company's admission procedure, as well as on the requirements, of the needs of any young person living at the home. Input is provided from the clinicians and education as to the appropriateness of the placement. The ethos promotes a positive outcome for all young people based on their personal targets.

The needs of the young person are paramount, and a placement plan (personal plan on ACCESS electronic system) is put in place to meet those needs. The home seeks to provide a sense of security which enables young people to begin to consider the possibilities available to them and to and engage with the care team while having a voice to express their wishes.

The young people we provide educational support to are often:

- Disengaged – These young people have had long term, limited or no education, due to social/emotional or a wider combination of influences limiting their ability to engage in education. The educational provision is in place to re-engage the young people by building their confidence and allowing them to access an education. The education is part of their activity plans with limited explicit educational input rather lower-level input where the activities and interests of the young people enable them to access education.
- Young people who have had a consistent level of education but may have had this disrupted by wider social and emotional influences. The aim is to assess educational needs, then provide a level of explicit educational input and re-engagement through appropriate practical and social activities.
- Disempowered - where the young person has had regular and consistent educational input, but an outside influence has interrupted their education. It is then the role of the educational centres to provide continuity of education where possible, covering the core subjects during the placement and an assessment to consider any other support requirements.

The home in all cases will provide an integrated educational programme involving tutor lead sessions as detailed in the timetable. This will cover the core subjects and wider skills through themed work and direct subject work. There are also RCW / LSA lead sessions as directed by the main educational programme alongside baseline assessments- please see appendices for the model/induction to how the home functions.

### **Education at the home:**

- Upon placement young people are provided with an induction into the education programme where an initial assessment is completed. This is completed in discussions with the young person, social worker, and professionals along with information from the young person's educational history. At this point an IEP is discussed and opportunities are given to the young person to help select appropriate activities that interest them.
- If the young person is already attending Smallbrook school or a mainstream school before they are placed at Calcott Farm, they will continue this to continue a level of consistency and will not attend or engage in our on-site education provision.
- The young people will be encouraged to complete a planner each week, which will include the education timetable, any outdoor education, forest school or activities set by the educational programme. Other activities are selected by the care team and the young person.
- An Assessment will be completed throughout the placement. This will be based on educational history and an explicit assessment where appropriate using BKSB tools. Observational input from the clinical and care team is used to present a report covering educational needs and recommendations. Where the young person is to remain with BMC a phased introduction to the school will be planned and where the young person is to move on the report will provide support for a transition.
- Assessment reports may need to be adapted when young people are placed at Calcott Farm from homes within OFG depending on the nature of why they are placed for assessment.

### **Teacher Led Sessions**

The sessions will be timetabled in either the educational room, an appropriate room or in the outside area. Care team support will be provided as required based on the activities, risk factors and the young person. Risk assessments are in place covering the education room, home, activity, and lesson.

### **Care Team Led Sessions**

These are directed by the tutor and arranged through the timetable planner and senior carers. They may involve educational visits, household activities and wider planned events. Evidence will be provided through photos, witness statements and completion of packs provided.

### **Communication**

This is via email and team meetings. This can be done directly or through the management structure if appropriate.

### **Statement**

All areas involved in the delivery and implementation of education and learning at the assessment home are committed to providing a provision that is socially inclusive and affords each young person the opportunity to access learning on the terms that are accessible to all.

The assessment process will actively seek to achieve best-fit opportunities and practice between the needs and aspirations of each young person and the provision they are offered.

### **The Curriculum**

Within Calcott Farm we offer the core subjects of English, Maths, and ICT. Specialist Tutors will attend the home and teach directly and direct work with the care team /LSAs throughout the day. Forest school and outdoor education are provided on a two-week rolling timetable. Educational visits are set once a week and PE is supported by the care team to be included as per the risk assessments for the carers, home, and young person.

Smallbrook school follows the full curriculum with options to a range of vocational studies to help young people build new life and career skills. Specialist Tutors will teach directly and liaise with the care team /LSAs throughout the day. Forest school and outdoor education are provided on a two-week rolling timetable as well as weekly PE sessions.

### **Educational Health Care Plan (EHCP)**

For pupils with an Educational Health Care Plan (EHCP), targets will reflect the specified objectives within their plan. The Educational Health Care Plan (EHCP) Co-ordinator, who is employed by Bryn Melyn Care, will regularly monitor statements.

At Calcott Farm, we value the development of the “whole child” and this is reflected in our philosophy within our registered education facility “Smallbrook School”.

Our individual programmes recognise and build on the pupil’s skills, promote individual achievement and the aim for pupils is to enjoy and feel empowered by their participation in learning activities. We strive to meet individual needs and recognise our role in promoting social as well as educational development.

When leaving Calcott Farm and if a child is placed into one of Outcome First Groups core homes:

Our independent Schools offer a stimulating and challenging environment with which both staff and pupils can grow and learn. Care teams and teaching staff work closely together, and pupils can be supported within lessons by their carers where this reflects the aims emphasised in the young person’s placement plan. Each pupil is appointed a designated teacher who liaises closely with their care team and reports on his or her progress, as well as attending his or her review meetings.

Each young person has an individual education plan drawn up within four weeks of admission and this highlights specific targets to be achieved during the term. A personal education plan is also requested shortly after the pupil’s admission, and we

liaise with the pupil, their care team, and their social worker to complete this. For pupils with Statements of Special Educational Needs, their targets will reflect the specified objectives within the Statement.

The teachers and carers are all trained in the use of CPI, which allows us to apply consistent boundaries, consequences, and expectations, alongside prompting positive behaviour in young people.

The young person will also have the opportunity to access educational visits, Forest school and outdoor education.

### **Outdoor Education**

The outdoor education is fully licensed through the AALA registration scheme. All young people can engage in activities on a weekly or fortnightly basis, accompanied by their carer's. Adventurous activities are designed to offer challenge and stimulation and increase various skills as well as promoting achievement and building team working and trust. We encourage the carers to take part to develop their relationship through shared experiences.

The main idea behind outdoor education is to increase the young people's knowledge and understanding of the outdoors through various mediums such as rock-climbing, kayaking, open canoeing, mountain biking and gorge walking. However, one of the fundamental objectives is to have fun!

Sessions also increase the young person's confidence, fitness, mobility and knowledge and awareness of the outdoors.

Our instructors all have dual qualifications in a range of outdoor pursuits as well as care. Although they are competent in a variety of outdoor pursuits, they are equally able to understand young person's behaviours and their holistic needs.

## **5. ENJOYMENT AND ACHIEVEMENT**

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When a young person comes to live at Calcott Farm for their twelve weeks (guideline of twelve to sixteen weeks as they can stay longer in some circumstances to support an internal transition), we discuss their preferences regarding hobbies, sports, literature, and areas of specific interest.

Each Friday, our young people are supported to complete a weekly planner to ensure their days are fully occupied. Throughout this process, we encourage them to experience as many different activities as they feel able.

The planner is broken down into mornings, afternoons, and evenings from Monday to Sunday. Personal choices regarding leisure activities are built around their education timetable and any prearranged appointments.

Young people receive a weekly allowance to be spent on their chosen interests and are encouraged to budget appropriately to achieve their wishes, as overseen by the care team.

All activities are subject to risk assessment as to their appropriateness, safety, and legality. Risk assessments always include any concerns highlighted in the young

person's Positive Behaviour Risk Management Plan (PBRMP), supervision requirements, and physical/emotional health issues and how these may impact on self and others.

Dependent on supervision requirements, some young people will not be able to access the community without their care team being present.

Dependent on risk assessments young people can access sporting facilities, youth organisations, cinema, and ice-skating, snooker, bowling, and swimming.

## 6. HEALTH

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Within the first 7 days of the placement, our young people are registered on a temporary basis with a local General Practitioner, if the young person is placed from a home within OFG we will try to keep their original General Practitioner to continue a level of consistency but may be required to move them to our local General Practitioner due to location. Our young people are encouraged to take a holistic overview of their lifestyle and the impact that risky behaviours may have on long-term health. They are supported to pay attention to their daily diet, regular exercise and where applicable consider how, alcohol and substance abuse, smoking, and anti-social behaviours impact on their emotional well-being.

Each young person's Health care plan contains details of their medical history, and any current concerns are addressed through their individual health plan.

A member of the care team within the home undertakes the role of Keyworker in order to insure the young person enjoys full access to all relevant local health service provision.

Clinical Team Supporting the home.

Emma Jackson-Terblanche Clinical Psychologist (maternity leave) this is being covered by Dr Michelle Hopkins and Jasmine Hare - Assistant psychologist.

Our therapeutic model recognises that all the people we support are individual and our provision is tailored to meet their needs and wishes from the point of admission and throughout their journey with us.

Clinical support is led by the Regional Heads of Children's Clinical Services and is delivered by a core team of clinicians to include Clinical Psychologists, Forensic Psychologists, Psychotherapists, Occupational Therapists and Speech and Language Therapists.

Each service's designated team will reflect the needs of the children and young people that live within the homes, however additional support can also be accessed from other specialists within the wider Clinical Team across the group. This enables us to be responsive to any newly identified, time limited or changing needs of an individual throughout their placement with us.

Offering highly specialised assessment, consultation, reflective practice, supervision and bespoke training, the Clinical Team work directly with care staff teams to develop a shared understanding of the children, the resources and the practices needed. This



ensures that we deliver the highest quality provision which maximises each person's quality of life and personal achievements.

When a young person arrives at Calcott Farm, they will meet with the professionals who comprise their wellbeing and clinical team. An assessment of need will be completed based on the young person's existing paperwork, discussions with important people in their life and the young person's own wishes and goals. This assessment to contribute towards the creation of a bespoke multi-disciplinary formulation at week 10 and agreed targets for the young person and the team around them to work towards.

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 universal level (represented by the yellow stripe of the rainbow) ensures that every young person is supported by a staff team, who are nurturing and have a compassionate approach.

Our young people spend the majority of their daily lives with their care team, so OFG understand the importance that these members of staff:

- 1) Are trained to consistently deliver a therapeutic parenting approach
- 2) Are aware of neurodiversity
- 3) Adhere to each young person's behaviour support and educational plans.

In addition to our core care staff, there are members of our Wellbeing & Clinical services, who have specific training and supervision to deliver interventions and this is reflected in the green stripe. For example, a Wellbeing Practitioner who delivers a group-based intervention on topics, such as emotional literacy.

The blue stripe represents the services delivered by our qualified allied health professionals, who are trained in clinical disciplines which focus on increasing wellbeing through communication (Speech and Language Therapists), movement/environment (Occupational Therapists) and mental health (Psychologists and Psychotherapists).

The violet stripe is our smallest stripe, and therefore represents the most specialised group of highly skilled clinicians whose primary job is to support the wellbeing of our most complex young people through evidence-based psychological intervention/assessment and holistic consultation. Calcott Farm has an allocated lead for the home which falls in line with the homes model outlined in the appendices.

#### Therapeutic Approach

The therapeutic approaches within Acorn Education and Care are underpinned by a strong evidence base as well as a theoretical understanding of child development, complex trauma, attachment, childhood mental health and neurodiversity. Many of the children and young people living and learning with us have experienced adverse childhood experiences (ACEs) which have impacted upon typical childhood development. The concept of a child's 'internal working model' (a cognitive framework of mental representations for understanding the world, self, and others) is considered throughout the development of formulations.

Working with a 'bottom up' developmental approach and utilising the principles within the framework of Playfulness, Acceptance, Curiosity and Empathy (PACE), our Therapeutic Parenting approaches initially focuses on developing safety and containment for the child or young person; feeling safe is an essential pre-condition for

new relations to be explored, attachments developed and engagement in therapeutic and educational tasks.

The teams within the homes develop and maintain a safe and secure base for all the children and young people living there; the importance of the therapeutic value of the environment is essential. Creating a child centred nurturing home with clear, reliable, predictable provision, as well as routines and boundaries, is the building blocks for bespoke interventions and ensures our young people are cared for in an emotionally attuned environment.

Having experienced a sense of safety and containment the child or young person will over time have less need for their primitive defensive/survival behaviours; fight/flight/freeze. The goal is for our children and young people to begin to explore the possibility of new relationships and ways of viewing themselves and the world around them. Through new attachments and relationships, the child or young person's ability to self-regulate and process their emotional world will grow; in time they will begin to be able to access and develop their potential for learning and achieving.

The Wellbeing and Clinical teams can support the home through a variety of approaches. For example, the development and maintenance of a therapeutic culture within the homes through the facilitation of reflective practice sessions for the teams. These sessions recognise the emotional impact that living and learning with traumatised children and 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 children and 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 thoughtfully and therapeutically in line with the core practice models.

Multi-disciplinary child and young person focussed meetings, attended by the clinical, residential and or education team, are held regularly. These meetings provide a space to consider each child or young person individually. The meeting will review the current therapeutic care plan, analyse data from outcome measures and behaviour trackers, identify growth, development, and what has worked well for the child or young person as well as considering areas that remain a concern and a barrier to the child or young person's quality of life and achievement.

The outcomes of these meetings inform the development of goals for the children and young people which are worked towards within the home and school environments. Progress towards meeting these goals is tracked and recorded.

Due to the specialist nature of Calcott Farm the three areas of care, education and clinical well-being work closely to provide a safe base and assessment of need to inform future plans for the children who reside here.

The teams work closely with clinical colleagues in our local communities and ensure that our children and young people also access statutory services such as CAMHS as necessary including out of area if the plan is for the child to return to that area.

Members of the Clinical Team receive supervision from the Clinical Lead and /or from an appropriately qualified external professional. The Clinical Lead receives supervision from Hillcrest Head of Clinical Services.

## 7. POSITIVE RELATIONSHIPS

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We are committed to supporting all contact with family and significant others and believe it to be of vital importance that the family remain central to the young person's life according to the homes model.

In cases where contact is restricted for whatever reason, we will ensure that the young person understands the reasons why and is supported to cope with their feelings on the situation.

Young people are encouraged to make regular telephone contact to family and friends where appropriate and agreed upon at point of placement and through assessment. Where welfare is a concern, contact may need to be supervised and this is agreed prior to admission to the home. We also have a SKYPE facility for some young people which can be accessed through the home's internet, under full supervision of the care team and with the correct permissions from parents and Local Authority.

We will facilitate transporting young people to and from home visits and provide supervision where required and agreed upon as part of the child's relevant plans.

Family members are welcome to visit the home, but this must be planned and agreed in advance due to the nature of the home and other children residing there with the impact this can have. However, we expect all visitors to behave in a responsible manner and reserve the right to ask visitors to leave the home should their behaviour be deemed detrimental to the young person or others present.

Where appropriate, families are kept informed of any significant events and can receive monthly or weekly reports (discussed with social worker).

## 8. PROTECTION OF CHILDREN

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Each young person is treated individually and will require different levels of supervision within the home and when out in the public. Within the home, young people are allowed time to themselves to watch television, take part in crafts etc. or spend time in their own bedrooms. The care team remain near where the young person is, in case they require any help for any reason. When more than one young person is in the home at least one member of the care team will be present in a room with the young people to mediate any disputes and ensure they are socialising appropriately. Young people are not permitted into other bedrooms and are not allowed to be in a closed room alone together in order to maintain their protection and safety.

When young people arrive at Calcott Farm, they will be cared for on a higher staffing ratio, however after four weeks and depending on their presenting risks they could possibly be reduced ratios and cared for 1:1 we assess this on an individual basis throughout their placement at Calcott.

Where a young person is placed at Calcott Farm from another home within OFG and is currently cared for 1:1, this will be risk assessed and continue if deemed safe to do so, depending on the nature of why the young person is being assessed.

## **Care and Safe base**

Our approach to care and safe base is underpinned by our basic belief in the equal value of everyone at the home. Therefore, young people have the right to be treated with dignity and respect irrespective of their behaviour. Equally, adult carers have the right to expect that they will be reasonably safe in their work.

Young people need a framework of acceptable standards in which they can find safety and security. The rules that define socially acceptable ways of living together are an essential part of role modelling to help young people achieve social integration.

An atmosphere of mutual respect between both carers and young people helps to develop relationships based on positive experiences empowering young people to develop self-control, thus minimising the potential for incident.

Care and control are underpinned by the CPI Intervention principles, and the techniques taught through training, provide the skills, knowledge and confidence to safely manage young people in moments of crisis.

## **Consequences**

As previously mentioned, socially acceptable behaviour is paramount to the goal of social integration. Whilst our aim is to achieve this through role modelling, we accept that at times young people need to experience the consequences of anti-social behaviours as part of the learning process.

Expectations in respect of socially acceptable behaviour are discussed with young people and the likely consequences in the form of sanctions are part of this discussion. We believe that to gain self-discipline young people need to develop ownership of both the positive and negative aspects of their behaviour.

Consequences are only imposed as a last resort with the intention of encouraging socially acceptable behaviour and are limited to loss or postponement of an activity or in the form of a monetary reparation towards the cost of repairing damage to the home and property. We promote natural and logical consequences in line with Therapeutic Informed Practice to help the young people understand cause and effect without being punitive in approach.

Any consequence will always be commensurate to the incident in question and young people are always encouraged to earn back sanctioned activities through the negotiation process.

## **Restraint and Effective Intervention**

CPI Intervention focuses on safe intervention of unacceptable behaviours by diffusing the potential for violent outcomes. This is assessed on an individual basis and dependent on the young person's PBRMP. However, as a last resort, young people may have to be physically restrained for their own safety, or for the safety of others.

Young people in distress often experience very frightening feelings of panic, fear, and despair, sometimes resulting in a loss of control. At these times, by utilising a safe physical intervention, we can empower young people to regain control of themselves.

Physical Intervention is only used as a last resort to safely take control of a situation when all other attempts at diffusion have failed to lessen the risk to the young person or others. Once the young person has regained control of him or herself, the letting go process is essential to allow the young person dignity and to reaffirm the respect and mutual trust between young person and carer.

After a restraint, the carer will conduct a debrief with the young person. (This may not be appropriate for all young people due to their cognitive abilities or engagement but will be attempted) This debrief is an important part of the learning process and allows the young person to not only connect their feelings to behaviours, but also to discuss and agree the required support to develop more appropriate coping skills when faced with similar distress.

Calcott farm staff are trained in advanced CPI to ensure they are better equipped to safely support a range of children due to the nature of short-term placement. Any use of restrictive intervention whereby staff need to support transition onto the floor and safe release from the child's own movements; are promptly shared with the internal restraint reduction network team for overarching review and oversight alongside the home manager. We also have a trainer from a sister home who typically reviews any such use of advanced methods used in the home.

### **Missing from Care Procedures**

A vital component of keeping a young person safe is to recognise what level of risk they present to themselves and others. This determines the level of supervision required and the reporting procedure for each individual young person.

In accordance with the West Mercia Protocol for absent children, our young people are assessed as being of HIGH, MEDIUM or LOW risk at point of contacting them and sharing information of the event at hand.

The criteria for deciding the level of risk presented is not only determined by their age & level of understanding, number of absences and previous behaviour when absent, but also by the circumstances on the day in question.

Calcott farm works closely with the community police coordinators, completing Philomena profiles for children (associated risks for the child and their descriptions using the police proforma) upon arrival at Calcott Farm.

Each child will also have a missing form home protocol developed and reviewed for the duration of their placement which details the individual protocols in place and agreed for that child with the placing authority.

In all situations, the initial procedure remains as follows:

The Care team will conduct a search of the home and immediate area, paying particular attention to known haunts and favoured locations. If the young person cannot be found, the identified level of risk will determine at what stage the relevant agencies are notified within agreed timescales.

If a young person is of high risk, the police and placing authority will be notified immediately.

Upon returning to the home when located, we will ensure that the young person is well and attend to any immediate needs such as nutritional and hygiene needs. Once the

young person is rested, we then concentrate on performing a key work session/debrief with them to try and ascertain their reasons for running away.

**It remains the placing authority responsibility to ensure a return home meeting is completed and shared with eh the home within 72 hours of return.**

## **Fire Procedures**

There are hard-wired smoke alarms in every room and emergency lighting to all exits. In accordance with legislation, the home is subject to regular inspections by the fire service, and the fire extinguishers, smoke detectors and emergency lighting are serviced every six months.

All our care team are trained in fire safety and are responsible for checking the operation of fire safety equipment on a daily/ weekly basis. All checks are recorded, and any faults are rectified immediately.

Young people and carers new to the home are provided with fire evacuation information. An external fire risk assessment is completed annually, and individual Personal Emergency Evacuation Plan are in place for each young person which is reviewed, should they fail to respond safely to practice drills or if they have any impairments meaning their evacuation method is compromised. Fire evacuation drills are conducted regularly and within 72 hours of a young person moving into the home.

## **9. LEADERSHIP AND MANAGEMENT**

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### **Registered provider**

Bryn Melyn Care, Part of Outcomes First Group  
Atria,  
Spa Road,  
Bolton,  
BL1 4AG

### **Director of Care**

Alison Blyth-Bishop ([Alison.Blyth-Bishop@acorneducationandcare.co.uk](mailto:Alison.Blyth-Bishop@acorneducationandcare.co.uk)).

### **Regional Manager / Responsible Individual (Calcott)**

*Eleanor Brammer*

Eleanor has a degree in Criminology from Nottingham Trent University and has 14 years' experience in residential children's homes and specialist education services. Eleanor was a registered manager from 2019 to 2022, prior to this she was part of the Senior leadership team for two separate organisations in pastoral management for specialist education settings.

Eleanor holds a Diploma level 3 in Health and Social Care for Children and Young people and a level 5 Diploma in Management.

## **Home Manager**

*Vicky Kirkham*

Vicky has worked in children's services for 8 years; she has previously worked at BMC and Calcott 2016 – 2020 as a carer and then a teacher 2 years in crisis and assessment residential homes as education teacher and 6 years in crisis and assessment residential homes as carer; the last 2 being at deputy manager level. Vicky has Level 3 Diploma Children and Young People in the Workforce and Level 3 Diploma in Education and Training. Vicky has a wealth of experience with working in crisis, and assessment centres with education and care for young people with complex needs throughout her career.

Vicky joined as the deputy manager of the home in September 2022 and promoted to home manager in April 2023. Vicky is currently working towards the Level 5 Diploma in Leadership and Management and is in the process of applying to be Registered with Ofsted as the manager of Calcott Farm.

## **Supervision & Appraisal**

We believe that regular supervision is an essential part of the support process and helps our staff to remain focused and enthusiastic. By utilising the supervision forum, we can monitor best work practice, identify, and address issues around staff performance and ensure that capable and motivated members of staff care for our young people.

In line with company policy staff receive regular supervision. For Calcott Farm we aim to complete fortnightly supervisions for staff on probation with minimum expectations of once a month, for staff who have passed probation we expect a minimum of 10 supervision including a yearly appraisal to be complete per year.

In addition, monthly team meetings are conducted and are utilised as group supervisions to enhance team performance alongside reflective Group practice facilitated by the clinical team.

The young person is invited to contribute prior to the meeting taking place to discuss home and relationship issues, which encourages the development of teamwork towards agreed goals.

Appraisals are conducted annually and are linked to development to determine progress to date and developmental needs for the next twelve months. (Please see training and development below)

There are currently two Deputy Managers within the home. One Deputy works 9-5 Monday to Friday in line with management, as well as the other deputy who works on shift. This provides the home with management availability more frequent for the home to remain structured.

## **Training and Development**

As a home we believe that our greatest resource to effect change in young people's lives is our staff. To this aim we provide an impressive training package to our entire staff complement that far exceeds the requirements of the Children's homes regulations and quality standards.

The company has developed a comprehensive 6-month induction package for all new starters that includes classroom studies, work-based practice, written tests, written observation reports on work practice and all the relevant foundation training.

Furthermore, we are committed to the development of all our staff and invest heavily in the continuous learning process. In addition to Level 4 Diploma awards, we promote career advancement, through a foundation degree in therapeutic care.

At Calcott Farm we also have training included in our home mandatory training that seeks to further exceed base line training due to the nature of the home and children we seek to care for- this is contained in our matrix and workforce development plan available upon request.

## 10. CARE PLANNING

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### **REFERRAL and ADMISSIONS PROCESS**

Our policy is to consider young people of either gender who are aged between 8-18 yrs. and having trouble in their life that would, in our opinion, benefit from the placement.

Unfortunately, we are unable to care for young people with severe physical disabilities, severe learning difficulties or a diagnosed mental illness that if untreated could place the young person and others at risk.

We will require all relevant background information to enable us to make an informed decision as to whether we are able to offer the appropriate support.

Calcott Farm offers a unique level of commitment to our young people, and we believe that if we make an informed decision to care and support a particular young person, we have a responsibility to see that work through to the very best of our ability, by all involved to be in their best interests.

We work closely with our internal referral team to initially determine whether there are any vacancies at the home. We focus on the premise of the right home for the right child, the manager and team will read through the received referral documents and express interest if it is felt they can be potentially offered and request further discussions with stakeholders. If the initial conversations indicate that the young person meets our admission criteria, we always aim to complete a visit to the child to help them initially invest in the home and what it sets out to support them with, if this is not possible we will make further enquiries with those closest to them to ensure we are robust in gaining initial information to assess for suitability of matching against other residents at that particular point in time. Once this has been completed a formal offer is made alongside request for Supporting documentation which should include but not limited to:

- Referring social worker's assessment report (initial and or core assessment/referral document/internal group proforma)
- D.O.B
- Legal Status
- Social History/chronology



- True and accurate details of previous placements and why they may have ended with associated risks.
- Psychological / Psychiatric reports
- Court Proceedings, (past and outstanding) also previous convictions list-copies of any DOLS orders where applicable to ensure we are able to meet these and risk assess accordingly.
- Medical History
- Risk Assessment/risks presentation
- Previous care plan
- Outcome goal set/purpose of referral

It will be the decision of the manager at Calcott to decide if the referred young person would be a suitable match to the current young people and if the home can meet the needs of the referred young person.

### **PLANNED ADMISSIONS**

The homes manager will visit the young person at their current placement before making a final decision on admission. The young person will then be invited to visit the home where applicable or requested. They will receive a young person's guide to help answer any questions they may have. It is an expectation that the placing social worker and where appropriate, significant others will accompany the young person on the day they move in and also the day they leave the home.

Dependent on timescales, the young person may have overnight visits prior to moving in if this is deemed to be in their best interest.

Every young person is encouraged and supported to personalise their bedroom either before or immediately after moving to the home.

### **SAME DAY ADMISSIONS**

If a referral supports a need for a same day admission, we will still require the same relevant information before the home's manager can make any decision to ensure robust and careful consideration is taken to ensure it is the right home for the right child.

**APPENDIX A: Care and clinical Staff Qualifications and Experience List**

Staff member Name	Start date	Job Role	Experience	Qualifications
Simran Singh	2014	Senior Care Practitioner	<p>BMC Induction completed.</p> <p>Simran completed his CWDC.</p> <p>Completed QCF Level 3 Health and Social Care Children and Young People</p> <p>Sim has worked at Calcott since it opened in 2014- with this long-standing commitment to the home he holds a wealth of skills and expertise for the home</p>	<p>Simran completed his CWDC.</p> <p>Completed QCF Level 3 Health and Social Care Children and Young People</p>
Jordan Pinnock	2018	Deputy care manager – on shift	<p>BMC induction completed.</p> <p>Induction Standards Booklet completed.</p> <p>Level 3 Diploma in residential childcare- prior to working for the group Jordan has some transferable skills working for security at a large complex often engaging with youngsters</p>	<p>Level 3 Diploma in residential childcare</p> <p>Working toward his level 5 in management and leadership</p>

			to ensure safety. Jordan has worked at Calcott for many years gaining invaluable experience and skills for the model	
Yash Garcha	2016	Senior Care Practitioner	Completed BMC induction and work standards booklet. Yash has developed long standing experience and knowledge in the home.  Level 3 Diploma in residential childcare.  BA Hons Early Years Educations	Level 3 Diploma in residential childcare.  BA Hons Early Years Educations
Gillian Jones	2020	Care Practitioner	Apricity Support worker at Derwen School prior to moving to Calcott Farm	Working towards level 4 diploma.
Jordan Sewell-Julye	2020	Acting senior	Prior to joining Jordan has transferable skills but no prior experience	Working towards Level 4 diploma.
Victoria Gilbert	21.11.2022	Qualified Care Practitioner	Completed QCF Level 3 Diploma.  Previously worked at Calcott Farm for 4 years	Completed QCF Level 3 Diploma.
Jack Oliver	2021	Care Practitioner	OFG induction completed.  Started in post August 2021.	Working towards Level 4 diploma

Owen Morris	2022	Care Practitioner	Completed OFG induction. Started in post February 2022.	Working towards level 4 diploma
Sonya Barzan	09.01.2023	Qualified Care Practitioner	Started in post January 2023. Sonya has worked in Childrens residential care prior to joining Calcott Farm  Working through OFG induction.	Completed QCF Level 3 Diploma
Elle-Ann Rowley	21.11.2022	Care Practitioner	Started in post November 2022.  Completed OFG induction.	Working towards the Level 4 Diploma
Georgia Fletcher- currently on Maternity leave	01.02.2023	Care Practitioner	Started in post February 2023 for Dint hill, now remaining at Calcott Farm.  Working through OFG induction.	
Matthew Haigh	19.05.2023	Care Practitioner	Started in post October 2022 for Preston Springs, now remaining at Calcott Farm.  Completed OFG Induction	Working towards level 4 diploma
Jamie Price	20.05.2023	Care Practitioner	Started in post in September 2020 at Preston Springs, now remaining at Calcott Farm.  Completed OFG Induction.	Working towards level 4 diploma
Ahmed Elshikh	09.07.2023	Senior Care Practitioner	Ahmed has worked for the company since 15.07.2019 so	Level 3 Diploma in residential childcare.

			has a wealth of knowledge and experience.  Level 3 Diploma in residential childcare.	
Malachi Joudain	16.10.23	Care practitioner	Malachi has worked with youth groups prior to beginning his career in this sector at Calcott Farm He has completed his induction and will be on probation whilst completing all required mandatory training, enrolling onto the level 4 diploma at month 3 with positive probation reviews.	

Temporary Staff member Name	Start date	Job Role	Experience	Qualifications

Please find below a list of clinical members supporting the Calcott Assessment home, together with their professional qualifications.

Athena Hub Clinical Team		
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 - 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
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
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

Victoria Jones	Peripatetic Psychology Team Lead – North/Senior Specialist Forensic Psychologist	BSc (Hons) Psychology Dip Psych (Open) – Psychology MSc Criminological Psychology Registered Practitioner Psychologist HCPC (Health Care Professions Council) number PYL28966
NB. list is live as of November 2023 – additional employees to be added to reflect expansion and vacancy filling.		

## APPENDIX B: The Calcott Farm Model-3 stages programme

### STAGE 1: YOUNG PERSONS ADMISSION TO 4 WEEKS

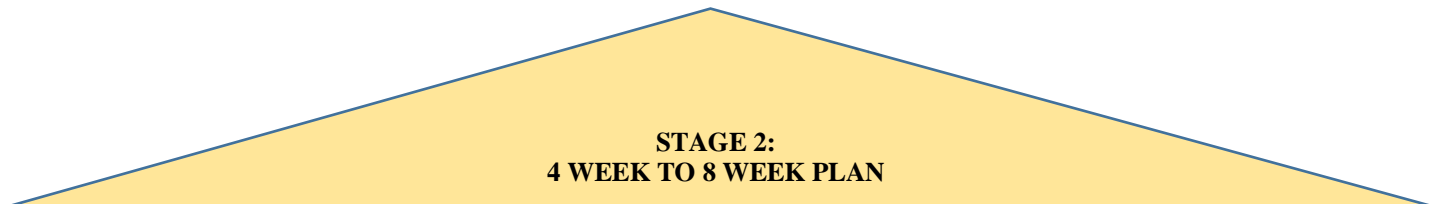
Care	Education	Wellbeing and Clinical assessment
<p>Young people will be supported with high staff ratios initially to support developing routines and boundaries and stabilising behaviour</p> <p>All young people will be supported into the home whether as a same day placement or planned to follow a robust impact risk management process ensuring we gather as much information as is available prior to admission to allow us to support young person through their placement. Ideally due to the nature of the home the management team seek planned admissions which then allows for an assessment visit to the child prior to them moving in to introduce themselves, the home and help prepare the child to move into the home if it is felt following</p>	<p>If a child moves in who is already in mainstream or alternative local provision that can be maintained this can be continued if and where appropriate.</p> <p>Complete Pupil Passport with pupil (Establish attitude to education, like and dislikes/strengths/difficulties and aspirations/future goals)</p> <p>Introduce Code of Conduct and Rewards System – set targets. Reward system monitors and rewards attendance, learning and conduct</p> <p>Maths and English diagnostic assessment</p> <p>Reading assessment</p> <p>Work towards accreditation where appropriate</p> <p>Soft skills assessment</p>	<p>Stage 1 is considered as, primarily, an information gathering stage. This is used to inform the assessment and recommendations.</p> <p>Prior to admission/week 1, clinical team to receive all referral paperwork. Any referral paperwork required following admission to be provided to clinical team via care manager.</p> <p>Focus/goals for placement to be discussed e.g., understanding emotional regulation.</p> <p>Allocated clinician/s to visit home once per week.</p> <p>Allocated clinician/s to gather initial data in line with requirements of multi-agency report.</p> <p>Contact to be made with the social worker/parents if relevant. Home manager and clinician to have a 30-minute consultation weekly.</p>

<p>the visit that the home can meet their needs.</p> <p><b>Arrangements around family contact will be agreed as part of placement admissions process as a multi-disciplinary team, if there is a clear reunification plan in place careful consideration of agreed family time will be agreed upon for suitability- it is important for children to invest into the home to allow for a supportive assessment process.</b></p> <p>Initially on admission young people are not permitted to have free time, mobile phones or visits to large towns and cities (dependent on known risks), this allows young person to settle into the home and assessment process to begin without external distractions, this is then regularly reviewed as a multi-disciplinary team to allow young people to progress and prepare for their long-term placement. If children gain access to mobile phones during the first 4 weeks they will not be permitted- this is clearly outlined within the homes SOP and expectations clear with placing authorities.</p> <p>If there are continued concerns regarding investment this needs to be clearly outlined to the placing authority at stage 1 assessment as it is likely to impact the ability to complete meaningful assessment for the child for the remainder of the placement.</p> <p>Initially all young people will be supported on a 2:1</p>	<p>Introduce timetable and discuss options if appropriate (on site) and review by the end of stage 1 – possible may access main school site or off-site providers/activities</p> <p>Review Risk Assessments will be completed weekly in conjunction with the multi-agency team</p>	<p>-Asst Psych to set up all files, paperwork, standardised assessment tools (BYI and ABAS) etc.</p> <p>Introduce self-soothe box to care staff/young person directly, if appropriate.</p> <p>-Clinician and Asst Psych introduce themselves to YP.</p> <p>-Gain any additional information gathered from care and education staff.</p> <p><b>Week 2</b> Consultation with key staff to identify key areas of difficulties and strengths observed in initial week. Consider agreed SMART targets to work towards and strategies required.</p> <p>Clinician to identify any bespoke assessment measure/s for YP (in addition to BECK and ABAS). This may include a psychometric measure (or bespoke strategies and targets identified in consultation); dynamic assessment; play based assessment etc.</p> <p><b>Week 3</b> Consider carrying out bespoke assessment measure for young person. Where appropriate clinician will work directly with young person and/or with education/care staff to carry out the assessment.</p> <p>Where necessary additional consultation with key staff to identify key areas of difficulties and strengths observed in initial week. Consider agreed SMART targets to work towards and strategies required.</p> <p>Contact/discussions with parents/previous carers if required.</p> <p>Placement planning MDT meeting with a representative from care, education and clinical to discuss placement suitability and needs of the YP.</p> <p><b>Week 4</b> Introduce ABAS to care and education staff. Review data required</p>
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<p>Staffing ratio. This is again regularly reviewed and reduced as agreed as part of the multi team approach in week 4.</p> <p>On admission each young person will have a positive behaviour support management plan and a personal plan based on information from the admissions process, this will then be reviewed regularly and where needed by the care team using information from observations and assessments to allow the young person to progress through the stages and prepare for transition to their long-term home</p> <p>The multi-agency team of care, education and wellbeing will meet weekly to review each young person, their progress, risks and assessments to support building from the baseline assessment at stage one to stage 3 where the type of long-term placement may be identified</p>		<p>for ABAS completion (at week 8): identify observation points for staff.</p> <p>Continue to complete any bespoke assessment measure for young person (as above), either directly with young person and/or with education/care staff.</p> <p>Clinical team to facilitate monthly reflective practice for care staff.</p> <p>Clinical team to contribute to the end of stage 1 document (28-day feedback for the Local Authority). This document will be collaborative with input from care, education and clinical.</p>
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**At the end of week 4 a multi disciplinary meeting is arranged in line with the completion of the stage 1 assessment report- childrens views for this should be captured- this week 4 meeting can be combined in the LAC review where appropriate.**



<b>Care</b>	<b>Education</b>	<b>Clinical assessment</b>
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<p>Stage 1 assessment has now concluded a stage 1 meeting will have taken place with all relevant parties to review progress and identify plan for the next 4 weeks. Implementation of Stage 1</p> <p>Specific key work sessions held regarding risk factors for the individual child's needs</p> <p>During stage 2, free time is still prohibited however will remain under review with multi agencies to allow the young person to be safeguarded but continue to progress within placement.</p> <p>At stage 2 the care team as a multi-agency approach will review use of mobile phones and where appropriate to do so will be given back with a clear contract in place.</p> <p>Young people will now be risk assessed to visit more off-site areas including towns and cities so we can observe young person's ability to manage social situations and ability to keep themselves safe.</p> <p>Behaviour risk management and support plans will be reviewed weekly (or upon incident)</p> <p>Family contact plan where appropriate will now be drawn up and agreed as a multi-agency approach and agreement with social worker</p> <p>We will now look to start to review staffing ratios, does the young person require 2:1 always, just when off site or at certain times of the day- this will be defined within the stage 1 assessment meeting and move forwards between weeks 4-8.</p> <p>Through weekly meetings with the multi-disciplinary team we will continuously review the</p>	<p>Review Pupil Passport with pupil</p> <p>Review rewards targets</p> <p>Track Maths and English progress</p> <p>track reading</p> <p>Access 1 to 1 targeted intervention SEMH where appropriate</p> <p>Review timetable and implement changes (Smallbrook/Off-site)</p> <p>Work towards accreditation – where appropriate</p> <p>Review Risk Assessments</p> <p>Identify if any further assessments are needed (additional needs)</p>	<p>Stage 2 provides some initial recommendations via a clinical assessment and support plan, based on information gathered in stage 1. The remainder of stage 2 is considered as an information gathering and assessment stage, contributing to the formulation. This is used to inform the assessment and recommendations.</p> <p>Week 5 Allocated clinician/s to produce initial clinical assessment and support plan based on information gathered to date. This will include some initial guidance around the young person's clinical needs.</p> <p>Weeks 5-8 Clinician/s to analyse information and data gathered during assessment placement including: 1. Significant incidents that might have occurred in the home/school. 2. Outcome of key work sessions. 3. Review child's response to targets and strategies identified by home (via consultation with care team where relevant).</p> <p>Clinician/s to commence scoring, collating, analysing and formulating findings from assessment and psychometric tools.</p> <p>Clinician/s to start to commence producing clinical section of multi-agency assessment report.</p> <p>Beck's and/or other measures to be completed or re-administered with YP if appropriate at week 6-7.</p> <p>Week 7 Placement planning MDT meeting with a representative from care, education and clinical to discuss placement suitability and needs of the YP. Review and update end of stage 1 document with any new/significant information about the YP. Clinician/s to advise on child's placement needs at this stage.</p> <p>Clinical team to facilitate monthly reflective practice for staff.</p>
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<p>needs of the young persons support and gather information to formulate recommendations around long term care needs.</p> <p>At the end of stage 2 a meeting will be held with all parties to present findings from assessment in stage 1 and 2 to review long term needs which should then begin search and planning ready for transition support at end of stage 3</p>		
<p><b>At the end of week 8 a multi disciplinary meeting is arranged in line with the completion of the stage 2 assessment report- childrens views for this should be captured. (this links into stage 3 below) Feedback from the clinical team to be provided by the end of week 7, including initial recommendations and future placement needs. The assessment will not be complete, as the ABAS is only valid to be administered at week 8.</b></p>		

**STAGE 3:  
8 TO 12 WEEK TRANSITION PLAN**

Professional meeting to be set for week 8 to include placing authority, home, education and clinical- stage 2 assessment report must be completed and shared prior to this meeting- check if commissioning teams wish to be invited by the social work team- at this point verbal recommendations can be made relating to the type of placement and searches that need to be completed by the placing authority.

**Recommendations and stage 2 report to be shared with placing authorities commissioning team to ensure they are aware searches need to begin and the current recommendations for long term placement**

Care	Education	Clinical assessment
<p>Implementation of stage 2</p> <p>As we move into stage 3, young people are now beginning to prepare for their long-term home, so risks being kept under constant review and dependent on each child individual need restrictions will reduce and young people may be permitted to have Monitored free-time, Mobile phone with staff routine monitoring reviews. Visits to towns/cities and Defined family contact</p>	<p>Review Pupil Passport with pupil - will contain information for future settings on how best to support the pupil</p> <p>Re-assess English, Maths and reading – produce detailed report on what a pupil can do</p> <p>Review timetable and identify suitable appropriate provision</p> <p>Review Risk Assessments</p>	<p>Week 8</p> <p>Care/education staff to return completed assessment tools to clinical team during week 8 to be scored. Contributions from other parties who know the child can be utilised.</p> <p>Please note: “All respondents [completing the ABAS] should have had frequent, recent, prolonged contact with the individual (e.g. most days, of the last few months, for several hours each day. These contacts must have offered the respondent an opportunity to observe the various adaptive skill areas measured by the ABAS-3)” ABAS-3 manual.</p> <p>Weeks 8-12</p>

<p>1:1 Staffing ratio (reviewed to group living)</p> <p>Working in conjunction with the local authority we will support the referral process both internally and externally using information from the assessment to support identifying a good long-term home.</p> <p>The care team will support transition planning and visits in conjunction with local authority social workers and commissioning teams</p>	<p>Produce Rewards report – information on conduct, learning and attendance.</p>	<p>Clinician/s to advise on child’s placement needs if there are changes/additions/new information.</p> <p>Clinician/s to score, collate, analyse and formulate findings from assessment measures.</p> <p>Formulation could be worked collaboratively with YP if they are able to do so and to be discussed with the staff team/management.</p> <p>Clinical team to facilitate monthly reflective practice for care and education staff.</p> <p>Clinician/s to support child’s transition out of home/into new provision e.g. attend relevant multi-agency meeting and verbally share initial recommendations (re: YP’s ongoing need and transition needs) with relevant professionals.</p> <p>Ad hoc consultations can be requested by the care or education team to support final stage of placement and transition.</p> <p>Attend transition planning meeting with Local Authority at week 8.</p> <p>Week 10 Clinician/s to complete clinical section of MDT assessment report, including collaborative recommendations from care and education. Please note: clinical recommendations are NOT a replacement for expert witness reports which can be commissioned during family court processes in some circumstances.</p> <p>To attend an MDT meeting with care, education and clinical to agree final recommendations and sign off final version of MDT assessment report.</p>
<p><b>Multi-disciplinary report to be collated and finalised by the end of week 10 – each discipline must be responsible for their contribution and collaboratively sign off the final report.</b></p>		

**The role of Clinical team in the home:**

Role includes:	Qualified clinician	Assistant psychologist
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Clinical consultation	<p>Attendance and contribution to weekly meeting with RCM and teacher (MDT) to discuss young people</p> <p>Attendance and contribution to end of stage meetings 1 and 2 for each young person with manager and teacher</p> <p>Some formulation and reporting at end of stages.</p> <p>Attendance to professionals meetings as required</p>	<p>Attendance and minute taking within weekly meetings and end of stage meetings</p> <p>Scheduling and sending out calendar notifications of the stages to MDT attendees.</p> <p>Supporting clinician with recording of end of stage reporting</p>
<p>Assessment – direct and indirect with children</p> <p><b>This may include psychometric measures, use of direct observation, use of structured interview.</b></p> <p><b>These methods of assessment may be completed with the young person (direct) or with adults around the young person (indirect); this will be based upon the clinicians view of what would be most appropriate and helpful for the young person with the purpose of the assessment in mind.</b></p>	<p>Decision upon method of assessment to be used</p> <p>Use of variety of assessment methods to inform clinicians formulation and clinical recommendations within the assessment report at the discretion of the qualified clinician.</p> <p>Reporting on findings and evolving formulation</p>	<p>In supporting the qualified clinician in completing the assessment. The assistant psychologist may carry out a psychometric test under supervision of the qualified clinician.</p> <p>Scoring/reporting on the psychometric under supervision of qualified clinician.</p>
Training/workshops – capacity building within the team	<p>Facilitation of training for the staff team as indicted by clinician identifying an outstanding need</p> <p>Requested by RCM and agreed with qualified clinician</p>	<p>Supporting the qualified clinician to deliver training which may involve preparation of resources</p> <p>involvement in delivery of training as guided by the qualified clinician.</p>
Clinical Supervision of assistant psychologist and RPG for team	<p>Supervision of assistant psychologist</p> <p>Staff support for key working using a clinical supervision model (TBC if agreed this process would need to be developed and overseen by qualified clinician).</p>	Attendance to clinical supervision facilitated by the qualified clinician.

RPG	Qualified clinic to facilitate monthly RPG for the Calcott team	-----
Report writing	Completion of clinical formulation and recommendations within a multidisciplinary assessment report that will inform next steps for the young person.	Contribution to the assessment report template in terms of collating information from background information, previous assessment stage reporting and psychometrics under supervision of qualified clinician.

## APPENDIX C: 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.

### 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, who commit to the OFG vision, mission, and promise:

## Our Vision



We will build incredible futures by empowering vulnerable children and adults in the UK to be happy and make their way in the world.

## Our Mission

Every day we improve the lives of those we educate and look after, their families and communities through a relentless focus on learning and caring.



## Our Promise

We are kind to ourselves and each other...

we work together...

and we make things happen.

Outcomes First Group.

## 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 on request)
- 2) Use a Neurodivergent Affirmative approach (please see AAD leaflet available on 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 during the assessment period. Teams will tailor their approach to the young person in their care. This will include Trauma Informed Practice and, where necessary and relevant, a neurodivergent affirmative approach.

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.

Calcott assessment home embeds, implements and takes 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 is 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 at Calcott assessment home. 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, as required.

### **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.

The clinical service might also supervise or coach care or education staff to deliver specific interventions.

### **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.

For Calcott Assessment home, this would involve engaging the young person in the assessment process.



## Assessment process

Calcott is an Assessment home comprising a 3 stage programme of assessment over a time period of 12 weeks. The team working with the young person meet weekly to develop the assessment together, also involving the young person in the process as much as possible.

### *Stage 1*

This stage (weeks 1 to 4) consists of welcoming the young person, engaging with them and gathering information to inform the assessment, as well as developing the beginnings of the assessments and formulation of behaviours.

### *Stage 2*

This stage (weeks 4-8) consists of further information gathering, carrying out and refining assessments undertaken and making some initial recommendations within the 'Stage Two document'. This process contributes to the final formulation – a bringing together of all aspects of assessment to develop a understanding of the young person.

### *Stage 3*

This stage (weeks 8-12) consists of finalising assessment information, formulation and making recommendations about future needs, risks and placement needs for the young person. A thoughtful, supportive ending to the placement and the assessment is put in place for the young person to enable a positive transition.

Please see above for a more detailed summary of the 12 week assessment process/model.

## APPENDIX D: Restrictive Physical Intervention model - Crisis Prevention Institute (CPI)

All are trained using CPI. The CPI package encompasses proactive strategies such as primary prevention, de-escalation and diffusion techniques and reducing the likelihood of occurrence. All staff within 3 months in post within the home are trained within CPI (Crisis Prevention Institute) safety Intervention Foundation and advanced level training.

This 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/emergency training model- this is assessed through behavioural observation and assessment of risk and tailored to the individual needs of the child.

This 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 or threat of danger or harm as per company values and legislation. Staff to inform all young people before and after physical intervention of reasons why it has been used, such as to keep everyone safe from harm.

Staff and young people are given the opportunity to re-attune the relationship, look at ways it could have been prevented if possible, via key working and/or mediation group work and debriefs.

The Outcomes First Group 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 market of education also covers residential services and health/human cater to the group's adult division.

The benefits of the CPI model is 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.

### **Foundation**

# 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										

CPI SI Foundation Training incorporates trauma informed and person centred approaches. The programme has a focus on prevention, it also teaches staff de-escalation skills as well as non-restrictive and restrictive interventions. The programme is Restraint Reduction Network (RRN) certificated training curricula.

## Advanced

# 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
Market																		
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x	✓	✓	✓	✓	✓	✓
Timings (minutes)	150										30	20	15	35	35	35	35	

CPI SI Advanced or Advanced Emergency programmes are designed for services that support individuals who are more likely to demonstrate more complex or extreme risk behaviours. It provides effective tools and decision-making skills to help staff manage higher risk situations, offering a wider array of verbal and physical intervention options. Both programmes are RRN certificated training curricula and provide Continuing Education Credits (CEC) and Continuing Professional Development (CPD) Credits.

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.

## Emergency

# Safety Intervention – Advanced and Emergency™



KEY

Blue ✓ = Skills included

Table 1: Disengagement

Name & Sequence	Strike	Wrist	Clothes	Hair	Neck	Body	Bite	Interventions (fights)			Neck (high risk)	Emergency Responses											
								Low	Medium	High		Thumb		Dorsal Hand		Torso		Sternum		Mandibular		Columellar	
												Escape	Rescue	Escape	Rescue	Escape	Rescue	Escape	Rescue	Escape	Rescue	Escape	Rescue
Market												Escape	Rescue	Escape	Rescue	Escape	Rescue	Escape	Rescue	Escape	Rescue	Escape	Rescue
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Timings (minutes)	90											115											

Table 2: Holding

Name & Sequence	Seated			Standing			Team Interventions (2 staff)	Transitions (2 staff)	Children Holds			3rd 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)		Emergency Team Interventions (3 staff)	Emergency Floor Holding			Seclusion						
	Low	Med	High	Low	Med	High			Seated (chair)	Seated (floor)	Standing				Seated	Standing	Standing to Prone	Standing to Supine		Standing to Recovery	Standing to Prone	Emergency Team Interventions (3 staff)	Supine	Supported Prone	Rapid Tranquillisation	Entry	Search/Remove of Unsafe Items	Exit	
																													Seclusion
Market																													
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Timings (minutes)	150															30	20	15	35	35	35	35	40	50	50	30	30	30	30

Within outcomes first group we have a dedicated restraint reduction team who oversee and govern the use of restrictive physical intervention and how it can be reduced. All our services are trained in foundation CPI however if a child or services required additional interventions this will be assessed by the RRN team, present to the RRN board for agreement and advanced and emergency methods can be trained and risk assessed based on individual need only.

## 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 3 clear areas

1. **Acorn education and care** – this is our universal offering of SEMH care made up of children's homes and schools. Our services support young people with emotional behavioural difficulties and homes that specialise in pathway to fostering and transitions.

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 different services
3. **Bryn Melyn care** - our enhanced services including high acuity and complex behaviour SEMH, assessment home, specialist services for young people with emerging mental health needs.

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.