

Statement of Purpose



SC482299 HAYLING ISLAND

Acorn Education And Care

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1. QUALITY AND PURPOSE OF CARE

The Home's Services

Hayling Acorn Education and Care is a private Residential Home for young boys and girls between the ages of 5 and 11 years of age upon admission, which operates 24 hours of day and 52 weeks of the year. At Hayling, we operate as a large family based on warm and friendly family values and principles so that the children feel safe to create and develop trusting and caring relationships with the adults who care for them and with the other children they live with.

We specialise in caring and educating children who may have suffered trauma in their early years, such as physical and emotional abuse or neglect and, in turn, may have endured a very fragmented education. We support children who may present with emotional and behavioural difficulties (EBD) and special needs, such as moderate learning difficulties or children who may have traits from the Autistic Spectrum.

Our primary aim is to successfully transition our children back into Foster Care. The home is registered to accommodate up to 10 children of both genders aged between 5 and 11 years. The main home can house 8 children with an additional 2 children being accommodated in the self-contained annex. However, the home doesn't actively use the annex to accommodate children, the home operates as an 8 bed – the annex is mainly used as extra space from the main house where we are currently using one room as a music room.

We believe that all children are entitled to a high standard care and a plethora of enriched, positive childhood memories. We facilitate this by ensuring the provision of a physically and emotionally safe environment, which is child-centred, child-friendly and homely. We have established positive and clear routines, thus allowing the children to feel safe and secure, be able to form a sense of self-identity, be part of a family and of the wider community. One of our primary aims is to support and encourage our children to achieve their full potential in all areas of their lives.

All Placement and Care Plans are tailored to meet the individual needs of the children in order to promote and achieve positive progress. To achieve this, we work extremely closely with each Placing Authority. An established Keyworker system is deep rooted at Hayling, which provides an allocated adult who becomes the primary contact for the child and the outside agencies involved in their life. The Keyworker is responsible for the child's welfare and the paperwork that runs alongside this sphere. The Keyworker monitors issues arising in all aspects of their Key Child's life-emotional, behavioural, social, educational and health. The Keyworker manages the child's records, contributes to Placement Plans, Health plans and Positive Behaviour Risk Management Plans.

Ethos, Therapeutic Model and Core Values

Our aim is to support the children in our care to overcome the difficulties they may have experienced in their early years, to address any behavioural issues they may present and to prepare them, with therapeutic support, to potentially return to their family of origin where this is viable or into long term Foster Care, whichever meets the best interests of the child.

At Hayling, we understand the paramount importance of creating, developing and sustaining a nurturing environment combined with unconditional positive regard. We understand the need for an environment that is enriched with consistency, structure and stability with clear and concise routines and boundaries, which will allow the children in our care to form a sense of

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self-worth, develop confidence and be able to grow and develop from a safe and secure base. We have established this using the Hierarchy of Needs based on the work of the humanist psychologist Abraham Maslow (1943) who stated that our actions are motivated to achieve certain needs. Maslow organised human needs into a pyramid that includes psychological, safety, love/belonging, esteem and self-actualisation needs.

Our staff teams operate on a model whereby the teams are on duty for seven consecutive days, with one day operating as a time out. After the seven days' period has elapsed, the new team comes on duty and continues this pattern for a further seven days. This model has proved successful as it offers a high level of consistency for the children in our care.

Some of the approaches of the therapeutic model we adopt at Hayling include:

- Our staff recruitment is not purely based on qualifications as life experience plays a major part. We actively recruit staff of different ages, gender, cultures and religious backgrounds alike.
- Positive social role-modelling is a vital part of our work with the children in our care.
- We provide a safe and secure environment developed around structure and consistency of positive routines and boundaries.
- We actively listen to children and positively encourage them to be involved in all aspects of their care.
- We promote, role-model and encourage respect for ourselves and for others with the aim to develop positive relationships with the people around us.
- We place strong emphasis on children's strengths and utilise these to promote and develop achievable targets that address the difficulties that the children may meet.
- We safeguard children and adopt a proportionate approach to risks that minimises the risk of harm but also allows them to experience positive development and growth.
- We encourage children to explore new ways and strategies of conflict resolution and dealing with negative emotions, which, in turn, will support their independence to resolve the problems they may encounter in everyday life.
- We provide and promote realistic expectations of behaviour at Hayling and support children to take ownership of their own behaviour.
- We adopt therapeutic approaches when working with the children in our care, which will help them to come to terms with their past life experiences. The initial aspect of the therapeutic approach is to make the child feel safe. We work closely with the Clinical team who regularly advises staff of strategies to support the children. The children have access to play therapy, which enables them to talk about the problems they encounter, explore the underlying causes of these and be able to express difficult feelings, which may have been previously unknown, and be able to express their emotions in more positive ways. Ultimately, our aim is to empower children by giving them the skills, strategies, and motivation to solve their own problems, which is essential for them to prosper in their future lives as young people and adults.
- The Weekly Community Meeting takes place on Tuesday after school in conjunction with the new team coming on duty. This time is utilised to give feedback and actions from the previous week's meeting, to take the children's meal suggestions and activity choices, to take the children's views on the home's routines and boundaries, to listen to the children's suggestions and ideas for developments for the home, to share the thoughts and feelings of both the children and adults and to give the children the opportunity to take any issues and ideas to the weekly Staff Handover meeting.

Facilities and Services

The home is a large, detached house with a big surrounding enclosed garden, which contains a trampoline, swings and a climbing frame, a garage that houses an array of garden games and bicycles when going offsite, a large patio area with seats. The main house has 8 bedrooms spread over two wings where there are two shower bathrooms and a separate toilet. Each

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child is encouraged to have a say in the design and decorating of their bedrooms to their own taste to promote identity and individuality. This will take place with the child's Keyworker. The Home Manager's office is also located on the first floor and acts as the physical link on this level between the main house and the annex. On the second floor, there are four staff flats and a bathroom/toilet for the on-call staff to use.

The communal areas are all located on the ground floor which include the games' room where there are two gaming consoles, a computer and role-play toys, games and books, the lounge where the television with Sky TV and a DVD player is located and the playroom where the children can relax doing arts and crafts or engage with the sensory play, and or role play equipment. The technology and computer are always supervised by an adult. Also located on the ground floor are the office, the laundry room, two toilets, the kitchen and dining room and the medical room.

Attached to the main house is the self-contained annex comprising of three bedrooms, a bathroom and toilet, one of the staff bedrooms has its own shower room, a lounge with a console, television, this room can also be used as a music room and a kitchen/dining room. We also have three vehicles to transport children to school, appointments, activities and family contacts.

We endeavour to integrate all our children into the wider community through collaborative activities and clubs and we actively support the use of the local library on Hayling to support reading for enjoyment. This integration supports the sense of belonging to the wider world. The location of the home being on Hayling Island allows us to enjoy country walks, bicycle rides, days at the beach, fishing and the exploration of nature that Hayling offers.

2. ENGAGING WITH THE WIDER SYSTEM

We make every effort to effectively engage and work with the relevant bodies involved in our children's care with the primary aim of ensuring that each young person's needs are met. We seek to work alongside all parts of the wider system throughout their stay with us with safety at the heart of care.

These include:

LADO: Hampshire

Police: Hampshire

PCSO: Hampshire

CAHMS: Hampshire (Havant)

YOT: Hampshire

MASH: Hampshire

Location

Hayling Island is an island situated on the south coast and is located between Portsmouth and Chichester harbour. It is linked to the mainland by road, bridge, and ferry. Hayling Island combines all the attractions of a traditional seaside holiday. The island's miles of unspoilt coastline and countryside offers both walking and cycling opportunities for the children. The seaside shore is approximately 5 miles long and offers places for swimming and nature walks. There are several play parks, a fun fair, a skate park, basketball and tennis courts, a golf driving range, an outdoor gym, a Judo Club, and the local library. The town of Havant and the

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cities of Portsmouth and Chichester offer a wide selection of shops, leisure activities and social events for our young people to participate in.

We carry out an annual location risk assessment in consultation with the local police, the LADO office and other local organisations in order to assess the safety of the home.

Cultural, Linguistic and Religious Needs of Children

Hayling Acorn Education and Care welcomes children from all cultural and religious backgrounds and supports them to maintain their religious beliefs and carrying out any spiritual practices they want to. The wishes and views of the child's family in respect of their culture and religion are fully taken into consideration. A strong example of is when a family member, who has a Catholic background, of one of our children asked us to ensure that the Lord's Prayer and the Hail Mary were readily available, we immediately placed a copy of these prayers in the child's room so that they could be referred to.

The home holds the view that discrimination is completely unacceptable, and all stakeholders are expected to actively demonstrate tolerance, understanding and empathy with every individual. It is the policy of all our homes to ensure that each child receives care in an environment of anti-discriminatory and anti-oppressive practice. As a result, all adults are expected to recognise differences and actively support a child's cultural, ethnic, linguistic, and religious needs as part of their individual care.

Additionally, we will also support all children in developing their individual identity in relationship to their cultural and religious backgrounds by:

- providing professional services to facilitate this.
- facilitating access to religious and cultural resources.
- introducing the child to places of worship and attend with them.
- encouraging their participation in any youth groups available.
- providing food in keeping with any cultural dietary requirements.
- making available quiet time and space for spiritual practice, prayers and rituals.
- encouraging them to celebrate their cultural heritage.

Children can attend any appropriate religious service, with adult support, at an established church, mosque, and temple within the community but they are not obliged to do so. All children will be respected for their right to have a lack of faith.

At Hayling, we implement cultural evenings to support different cultures and religions so that all our children have an awareness of these, for example the Diwali Festival of Light. Within our home, we also celebrate Christmas, New Year, Easter and Halloween.

Complaints

If any person wishes to make a complaint about Hayling Acorn Education and Care, this will be taken seriously, and the correct procedures will be adhered to in terms of a thorough investigation and an equitable outcome. Each child will have the complaints' procedures explained to them as part of their induction to the home. The procedures are regularly revisited through Key Work sessions and Community Meetings for the benefit of the children. All complaints, whether made verbally or in writing, are recorded on Complaint Forms and are kept as a formal record, available to the young person, their Social Worker and OFSTED. All complaints are also monitored via monthly Regulation 44 visits.

Safeguarding

At Hayling Acorn Education and Care, we are committed to providing a homely environment where children and young people can live safely and without fear of intimidation, abuse,

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oppression, or threat. All adults will challenge and deal with bullying or any activity that is deemed with intent to hurt, harm, or offend another. The welfare of the children in our care is of paramount importance and all adults are clear about their role and responsibility in relation to safeguarding procedures. At Hayling, the Designated Person is the Registered Home Manager, Sue Burry.

In the absence of the Designated Person, any safeguarding concerns must be reported immediately to the Deputy Home Manager, Team Manager, Senior Residential Care Worker or to the Regional Manager.

Contact Telephone Numbers:

| | |
|--|--------------|
| Sue Burry, Registered Home Manager | |
| Tersea Coxford (interim), Regional Manager/RI | |
| Alison Blyth-Bishop, Director of Care | |
| Hampshire LADO | 01962 876364 |
| Hampshire Children's Services | 01329 225379 |
| OFSTED | 0300 1231231 |

Bullying-We are committed to ensuring the children in our care have a positive experience of living at the home. We do recognise that many children may have difficulties in establishing trusting relationships with adults. At Hayling Acorn Education and Care, we operate a zero-tolerance policy towards bullying. The adults are highly trained in the awareness of bullying, how to recognise it and, ultimately, deal with the issue. Addressing potential bullying in the early stages can rapidly decrease the effect. Early intervention is the key to dealing with bullying. Any incident of bullying is addressed in individual sessions, in a three-way situation or in Community Meetings.

All of our children are regularly educated in what is deemed to be bullying, its causes and effects on both the victim and the perpetrator. They are taught and role-modelled what are considered to be acceptable standards of behaviour between individuals and groups of people. All adults will closely supervise both parties at all times whilst the potential bullying is being investigated.

Missing Child-The Missing Person's protocol is explained to every child upon admission in language appropriate to their age and ability, and that if they are away from the home without permission, the adults will be worried as to their whereabouts and will have to take swift action to locate them and return them home safely. Each child has their own Missing from care protocol in place, which highlights the steps that will be taken should they go missing. The Missing Person procedures are as follows:

- The house and garden are first thoroughly checked.
- The immediate local area is searched after a 5 minutes' period.
- Within 15 minutes (depending on the individual's Risk Assessment), the Police is contacted to report the missing child or unauthorised absence. A full description of the child's appearance and clothing worn is given along with a photograph from their file.
- The Registered Home Manager, or the On-Call Manager, and other Local Homes are also informed.
- The missing child's local authority is informed.
- All ongoing proceedings and information are recorded in the Missing Person Chronology on Access.
- When any new information is gained, the relevant parties are all informed.
- upon return, the child is responded to positively and food and drink offered.

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- A debrief with the child is carried out as soon as possible upon their safe return.
- All relevant parties are informed of the safe return.
- All necessary paperwork is completed and Risk Assessments and IBSPs updated.

Child Sexual Exploitation and Criminal Exploitation-Hayling Acorn Education and Care is fully committed to preventing children from being subject to child sexual or criminal exploitation. All adults are trained in Child Protection, Online Safety and Impact of social media Online, Child Sexual Exploitation and Child Exploitation and Online Protection to spot signs and prevent child sexual exploitation and child criminal exploitation taking place. Adults are vigilant when accessing the community with children to minimise the risk of CSE and CCE. Where CSE and CCE are a particular risk for a child, this will be explicitly detailed in their Missing from Care Protocol, Positive behaviour risk management plan and personal plan.

Where CSE and CCE, or the risk of them, are suspected, the adult must discuss the concerns with the Designated Person, Registered Home Manager, Deputy Home Manager or Team Manager immediately. The immediate safety of the child in question is the priority for all adults.

3. VIEWS, WISHES AND FEELINGS

Consultation with the Children

We actively encourage all children to take an active part in making decisions that affect their lives, which, in turn, will promote their independence levels. Continuous consultation with children is viewed as an essential part of their care and development. This may include:

- Community Meetings
- Involvement in Care Plans and Statutory Reviews
- Key Work sessions
- Regulation 44 visits
- OFSTED inspections

All adults at the home play an important role in ensuring the child's voice is heard in terms of views, wishes, feelings and expectations for the future. All opinions expressed are promptly recorded and feedback given. The child's feedback is sent on to their Social Worker and Independent Reviewing Officers and is also added to their Looked After Child Review.

Anti-Discriminatory Practices and Children's Rights

At Hayling Acorn Education and Care, we are fully committed to providing a safe and respectful environment for the children in our care. We firmly believe that all children, whatever their background, ethnicity, race or gender, have the right to be treated fairly, equally and with the utmost respect. They are regularly encouraged to value themselves, others and to respect their own property and that of the home and other young people.

All children that reside at Hayling have the right to live their lives free from abuse and fear and can expect to live in an environment where they can look forward to positive experiences that will support to repair the damage of the past and lay a foundation for future recovery, transition and progression.

With regards to Anti-Discriminatory Practices and Children's Rights, we follow the principles and guidelines of:

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- **The United Nations Convention on the Rights of the Child (UNCRC) 1990**-an international human rights treaty, which sets out the civil, political, economic, social, health and cultural rights of the child
- **The Human Rights Act 1988**-sets out the fundamental rights and freedoms that everyone in the UK is entitled to including rights to life, respect for private and family life, personal liberty, fair trial and freedom of religion and belief

All children who reside at Hayling are made aware of their rights and how to access independent advocacy services, their Independent Reviewing Officer, their Social Worker, Children's Rights Service, Child Line and OFSTED.

4. EDUCATION

Educational Arrangements

At Hayling Acorn Education and Care, we recognise that all children have the right to education and understand how education can enrich and empower them. Education is a tool to support children to improve their futures and we believe that every child has the ability to achieve their full potential at school and beyond. We understand and recognise that each child has individual educational needs, and they will attend the most appropriate education provision dependant on the needs in question being fully met. This may range from attending a local mainstream school, a local special school or attending our own local special school provision linked to the home, namely Acorn Jubilee School.

Registered School

Hayling Acorn Education and Care belongs to a purpose-built school called Acorn Jubilee School, which is situated 15 minutes' drive from Hayling.

The school is committed to providing a happy, welcoming and motivating learning environment where the whole school enjoy their learning experiences and are encouraged to achieve their full potential.

The school endeavours to make education a positive and enjoyable experience where students are proud of their achievements and strive to do well. Students may come from local families or foster placements and many of the students reside in one of the local children's homes offered by Acorn Education and Care. We will support the carrying out of homework that is given out by the schools that our children attend in accordance with the schools' Homework Policies.

Acorn Jubilee School Aims:

- Promote a culture in which students feel safe, secure and have a voice.
- Foster a positive ethos to enhance students' self-esteem by celebrating success and progress.
- Provide a high level of support where interest is taken in each students' well-being.
- Provide appropriate behaviour support, specialist and therapeutic intervention.
- Set boundaries and expectations so students learn to take responsibility for themselves and their actions.
- Provide an enjoyable, relevant curriculum that addresses individual student needs.
- Ensure that the principles of Every Child Matters underpin their practice.
- Offer opportunities that broaden horizons and lead to national accreditations and certified awards.
- Maintain positive working relationships with all partners and stakeholders.
- Actively promote students' participation in the local community.
- Value and support all members of the school community.

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- Empower all staff to accept shared responsibility for the students in their care.

The Acorn Jubilee School's Vision is to help children in these key areas:

RESPECT - Learning to respect ourselves, others and the environment.

EMPOWER - Striving to become confident individuals who are independent, emotionally resilient and are equipped with leadership skills for the future.

ACHIEVE - Succeeding beyond previous expectation, to become responsible citizens and life-long learners.

The adults at Hayling Acorn Education and Care work in partnership with education staff and Local Authorities to support children with Special Education Needs as identified on their Educational Health Care Plan, Individual Educational Plan, Personal Education Plan and Looked-After Child Review.

Admissions Process - All pupils admitted to Acorn Jubilee School will have been initially referred by their Local Authority. If, after reviewing the information provided, the school believes that the pupil meets the admission criteria, arrangements will be made with the Local Authority for the parents or carers and pupil to visit the school. The visit will include a tour of the school, introduction to key staff and a meeting at which the school policies and curriculum are discussed. Visitors will have the opportunity to ask any questions they may have. If, following these visits, all parties are agreed that the pupil's needs can be met at the school and that the pupil and parent or carers are committed to the placement, arrangements will be made for admission. The school may request any additional information to support them to make an effective assessment as to whether can meet the child's educational needs.

Head Teacher: **Jo Summers**

T: 02392 250963

Email: joanne.summers@acornjubileeschool.co.uk

5. ENJOYMENT AND ACHIEVEMENT

Recreational, Sporting and Cultural Activities

At Hayling Acorn Education and Care, we actively encourage all of our children to experience a variety of recreational activities and hobbies and to pursue different interests. We acknowledge the importance of developing existing and new hobbies and taking part in sport at an appropriate level of competition and encourage teamwork. We promote the children building positive social skills as a way of supporting them to find their own identity. Key Work sessions are utilised to prepare our children to integrate with the wider community. Key Workers actively encourage community involvement for children if they are emotionally able to cope with the activities offered and investigate and develop links with potential activity providers within the community setting. We encourage children to participate and integrate in clubs in the local area including:

- Horse riding
- Football
- Rugby

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- Ice skating
- Music clubs
- Gymnastics
- Brownies and Guides
- Cubs and Scouts
- Youth Clubs
- Performing Arts
- Swimming
- Judo

The weekly Community Meeting is utilised for the children to discuss the activities they may wish to be involved with at home after school and at the weekend. This may include:

- Playing board games
- Arts and crafts
- Sensory toys
- Playing with toys in the games' room
- Movie nights
- Garden games
- Bicycle rides
- Home baking
- Dressing up outfits
- Games consoles

We regularly go off-site and visit the local area and beyond, such as forests, beaches, swimming pools, the cinema, local Flip-Out, farms and bowling. Some activities require qualified instructors for safety and insurance purposes, which may require a Risk Assessment being undertaken. In addition, we take the children on a 'home' holiday in the summer months and to residential activity centres. This is to offer the children enriched experiences, which they can draw upon as they get older.

6. HEALTH

Healthcare

When a child comes to live at Hayling, immediate arrangements are made to ensure that they are registered with a local GP, dentist and optician. They will receive an annual Looked-After Child Health Assessment. All adults will ensure that they live in a healthy environment where good health is promoted.

All adults monitor any changes in the state of a child's health and arrange appropriate care or treatment. The local GP holds the medical records of each child and every effort is made to ensure that past medical records are made available. All children may choose whether they are accompanied by an adult to see their GP, dentist, optician or nurse and, where practical, they may see a doctor of either gender if they prefer. Adults always encourage children to maintain good personal hygiene, to have a shower or bath daily and to regularly wash their hair.

Medication and other treatments are not administered without the child's consent and/or the consent of those with parental responsibility. All medicines are safely stored in a locked room and are also locked in medical cabinet. All prescribed drugs are administered in accordance with the instructions provided. A designated trained adult on duty is responsible for administering the drugs, witnessed by a second trained adult, and for ensuring that an

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accurate record is maintained in the medication folder. All drugs are counter-signed for as per the protocol issued by the Royal Pharmaceutical Society of Great Britain.

All children with any type of specialised medical needs, for example ADHD, asthma, hearing impairment and the like, are fully encouraged to attend specialist clinics in order to promote positive healthcare.

A written record of all medical appointments is maintained, including visits to the doctor, optician and dentist, detailing treatment, prescribed medicines and any follow up requirements. These records, in turn, may formulate aspects of the child's Placement Plan and Health Plan.

The adults play an important role in the health education of the children at Hayling in terms of learning about the impact of alcohol and substance misuse, smoking, sex education, HIV infection, hepatitis and STDs. Additionally, they are taught about the benefits to health in terms of good nutrition and diet, regular exercise and rest and personal hygiene.

At the weekly Community Meeting, the children are encouraged to make healthy option choices to the meals for the weeks and to try a variety of dishes from all over the world.

Infectious Disease Control

The health and wellbeing of all children at Hayling is of paramount importance.

The home continues to take measures in order to help reduce the risk of illnesses and infections.

1. Let fresh air in.
2. Practise good hygiene:
 - wash your hands.
 - cover your coughs and sneezes.
 - clean your surroundings frequently.

All children and adults are monitored for potential symptoms of illness.

7. POSITIVE RELATIONSHIPS

1.Contact Arrangements

At Hayling, contact between child and family is seen as an important factor in the child's residential experience and is actively encouraged and welcomed unless directions from the Placement Authority or the Court dictate otherwise. We fully understand the importance of supporting and encouraging positive family relationships, where appropriate, and recognise that children having links and knowledge of their history and heritage plays an important part of their emotional development and attachment needs.

Decisions about contact arrangements will form part of the agenda of a child's Statutory Review Meeting when the young person's views and wishes are considered in the decisions in question.

The adults at Hayling, ideally the Keyworker, will support and supervise family contacts where this is required. Transport is provided to take children to contact that is away from the home and the transport arrangements must be agreed with the Local Authority in advance of the contact taking place.

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Telephone contact can be made with the children, if permitted by the Placement Authority, and letter writing contact is also supported where appropriate. All contact sessions, direct or indirect, are recorded, whether supervised or unsupervised, as the reports in question closely monitor any impact on the child's emotional wellbeing before, during and after the contact has taken place.

8. THE PROTECTION OF YOUNG PEOPLE

Behaviour Support

All adults have a duty to protect the children in our care and we are committed to providing a safe and secure domestic environment where they are free of abuse, intimidation, bullying and threat. Any behaviours deemed intended to harm, hurt, threaten, or offend will be challenged and dealt with in accordance with the Behaviour Policy. Consistent positive routines, boundaries and guidelines form an integral part of a child's development. Adults will support children to manage and control their own behaviour.

We endeavour to create a setting that functions positively, using consequences only when necessary. We accept that children will make mistakes and will support them to learn from their mistakes. The home operates successfully with well embedded clear routines and boundaries which helps form the foundations of a secure base. We recognise, reward, and celebrate when a child is managing behaviour appropriately and positively.

At our daily coming together, we sit down with the children in an informal manner to discuss their day.

Consequences are utilised after other alternatives have been considered, which are discussed between the Team Manager and the child before being put into place. Consideration is given to the emotional state of the child, their comprehension of their behaviour and the imposing a consequence will have on future relationships.

Adults will focus the consequences based on restorative justice and, where possible, the consequence is utilised as an appropriate opportunity to develop positive relationships with the child. Natural consequences are far more beneficial and it is of paramount importance that adults adopt the restorative justice approach so that the child in question is given the opportunity to rebuild relationships and learn from the negative behaviours displayed.

Use of Restrictive Physical Intervention-the use of RPIs is a last resort when managing and redirecting behaviours. We use all other strategies and techniques when managing challenging behaviours in order to avoid an RPI. De-escalation techniques include:

- Telling the young person to stop the behaviours
- Re-direction
- Using assertive statements
- Planned ignore
- Re-structuring
- Proximity
- Explanation of options
- Removal of audience
- Reminder of boundaries
- A reminder of rights and responsibilities
- Active listening
- Offering verbal advice

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- Change of face
- Distraction
- Negotiation
- Hurdle help

The principles relating to the use of Restrictive Physical Intervention are as follows:

- Adults should have grounds for believing that immediate action is necessary to prevent a child from significantly injuring themselves or injuring others.
- Adults should take steps to de-escalate the situation (as outlined above) to avoid the need of a RPI.
- Only minimal force should be applied to prevent injury.
- Every effort should be made to secure the presence of another adult before applying the RPI so that the secondary adult can be used as a witness and for support.
- As soon as it is safe, the RPI should be gradually released allowing the child to regain self-control.
- RPIs should not be as an act of punishment but that of care and support.
- Once the RPI has ceased, it is of paramount importance that the relationship is repaired as soon as possible as re-attunement is a vital part of the learning process.
- All incidents involving the use of an RPI is recorded in detail and reported to the Registered Home Manager for monitoring.

The Registered Home Manager and Deputy Manager monitor all incidents of behaviour support, consequences and the use of Restrictive Physical Intervention in order to identify trends and patterns that will assist with improving practice and will support the child or young person. The information from the analysis helps to inform our Personal Plans and Positive Behaviour Risk Management Plans

Surveillance, Monitoring and Emergency Procedures

The home recognises surveillance and monitoring as a priority of safety for all stakeholders. It is important to strike a careful balance to maintain safety and security with not intruding on a child's privacy and independence. There is a waking night adult on duty throughout the night to support a child if required, in conjunction with day staff sleeping in. The front and back doors to the property and the Annexe have audible alarms fitted, which are used to alert adults of anyone entering or leaving the house at night. The staff office doors can be locked, this is done more to protect staff valuables and GDPR proposes. We are not a secure home, and the children have access to all fire exits both throughout the day and night.

It is the responsibility of the Registered Home Manager to ensure that the day-to-day safety of all people residing at, employed in or any way use the premises. These responsibilities include ensuring:

- the fire alarm is always operational.
- the weekly and monthly fire checks are carried out.
- a record of these checks is maintained.
- any fire equipment faults discovered are dealt with immediately.
- all staff receive fire training and are aware of their responsibilities in case of fire.
- any equipment deemed dangerous, or a fire hazard, is removed from use.
- a daily register of visitors to the house is maintained.
- ensuring all children are aware of fire evacuation procedures.

Registered Provider, Responsible Individual and Registered Manager

The Registered Provider is Acorn Education and Care and forms part of the Outcomes First Group. The COO is Richard Power and managing director is Daniel Cooke.

Director of Care: Alison Blyth-Bishop

Alison joined OFG in 2019 and has been working with the national care team around supporting the children's residential improvement journeys and in February 2023 has taken over as Director of Care.

Prior to joining OFG Alison worked in residential care for 2 large private providers for 13 years as a regional manager and responsible individual but started her career working for local authority in secure accommodation working with young people being supported in both criminal youth justice and welfare secure needs.

Whilst being a director Alison's passion lies with engagement of both staff and young people

The Responsible Individual is: Tersea Coxford

Interim responsible Individual (registration pending)

I have 27 years' experience in supporting children and young people. I am currently the Director of Children's Coastal Care Consultancy where I am currently supporting as the responsible individual for OFG for eight of their homes in Hampshire and Wiltshire.

Previous to this I was the Head of Care and responsible individual for another company where I supported a total of six homes in achieving Outstanding gradings with Ofsted and four homes with a grading of Good that were on the road to outstanding.

Prior to this I was employed as a senior registered manager, overseeing and supporting nine other registered managers. I have also managed a children's home of seven young females where I ensured an outstanding level of care was delivered that supported the home in achieving an outstanding grading from Ofsted. This rating was subsequently retained going forwards.

I try to always have a smile on my face and to have a positive impact on the people around me. I strive for excellence and always look for areas to develop to ensure there are opportunities for young people and adults working in the home to achieve their personal best.

Hayling's Registered Home Manager is Sue Burry. She was appointment Home Manager of Hayling in September 2014.

Sue may be contacted at Sue.Burry@acorneducationandcare.com

Sue's qualifications include QCF Levels 3 and 5 Health and Social Care for Children, DDP level 1 and she has over 15 years of experience in Residential in Childcare.

Supervision, Training and Development

We fully recognise that our adult teams form part of the essential strength of our service, and we are committed to supporting individual growth and development for all our employees. All

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new staff will go through a highly detailed induction process in conjunction with a six months' probation period. All staff have access to frequent support and supervision with their Line Manager to discuss the performance of the individual, Keyworker issues and to raise any Child Protection concerns. The Supervisor records notes of the session, which the supervisee has access to online. Individual supervision is kept confidential unless safeguarding concerns are evident.

The object of supervision is to monitor individual performance against identified standards, support staff in their day-to-day work and develop them in their professional role with advice, guidance and training. Supervision is an extremely valuable two-way process, which supports positive development of the individual and, in turn, supports the whole team.

Regular Team Meetings facilitate the sharing of information, the development of skills and the learning retrospectively from any incidents that may have arisen. Children's Care Plans are regularly discussed, and Team Meetings also allow for in-house workshops and reflection time regarding the home's strengths and areas where improvements may be made.

As part of the induction process, new members to the team are trained in:

- Bullying
- Care of Medication
- Medication Competency Assessment Check
- Child Exploitation and Online Protection (CEOP)
- Child Protection
- Child Sexual Exploitation (CSE)
- Complaints
- Driver's Awareness
- Equality and Diversity
- Female Genital Mutilation (FGM)
- Fire Warden
- First Aid
- Food Hygiene
- General Data Protection Regulation (GDPR)
- Health and Safety
- Infection Control
- Ligation
- Online Safety
- Prevent
- Risk Assessment
- Safeguarding
- Safety Intervention (CPI)

Upon successful completion of the probation period, all staff are registered on and commence working towards QCF Level 3 Health and Social Care for Children, which is a requirement for all adults as part of their employment with Acorn Education and Care.

10. CARE PLANNING

Admission Criteria

Potential referrals will be carefully assessed to ensure that the home is able to effectively meet the child's needs and these needs fall within the home's Statement of Purpose. The admission of a new child, whether planned or unplanned, can be an exceedingly difficult time for a child

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and we aim to ensure any transition takes place as smoothly as possible. During the referral process, consideration is given to how the child would adapt to the new environment, placing an emphasis on how the service can meet the needs of the child without there being too much of an impact on the existing children in our care.

We support children on admission who:

- require a residential alternative to a family placement.
- have suffered multiple placement breakdowns.
- have emotional, behavioural and social difficulties.
- have complex needs.
- have been neglected or abused.
- have suffered trauma and loss.
- present mild sexualised behaviour.
- have Attention Deficit Hyperactivity Disorder (ADHD).
- are in mainstream or special education.
- have mild to moderate learning difficulties.
- need to develop identity, self-esteem.
- need to learn and develop social and interpersonal skills.
- have some Autism Spectrum Disorder (ASD) traits.

Placements cannot be considered for children who:

- are current hard drugs users.
- are persistent arsonists.
- require continuous psychiatric supervision.
- pose a serious physical threat to themselves or others.
- have profound learning or physical disabilities.
- present dangerous sexualised behaviour

Admission of any child in a planned or emergency manner would be subject to the receipt of the relevant paperwork and the arrangement of a planning meeting, either on admission or within 7 days of the placement commencing. For emergency admissions, this would take place within 72 hours. An emergency placement would only be made upon receipt of all documentation and only if it was felt that the incoming child's needs could be met, and their impending placement would not be at the detriment of the other children in our care.

To support the assessment, documents requested from the Referring Authority include:

- The most recent Statutory Review Report
- All Specialists' Reports, for example Psychologist
- School Reports including EHCP
- Statement of Educational Need (SEN)
- The Core Assessment
- Family Tree
- Court Reports
- Chronology of Significant Events
- Risk Assessments
- Individual Behaviour Support Plans (IBSPs)

It is of paramount importance that the Placing Authority provides detailed and comprehensive documentation regarding the child. This will enable the home to make an informed decision about the suitability of the refer including the capacity of the home to meet the needs of the child and any additional resources and training are required in order to make the referral in question.

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As part of assessing the suitability of the potential referral, where appropriate, the child should be visited in their current placement and provided with the opportunity to visit our home at Hayling. A child should also have the opportunity to be part of the possible move decision process. Where appropriate, a child's parents or carers should also be involved in this transition.

For all new admissions, the following documentation is completed:

- Pre-placement Checklist
- Pre-placement Information
- Risk Assessment
- Impact Assessment

There may be exceptional circumstances where an Emergency Placement takes place and, in this situation, less information will be available about the needs of the child in question. An Emergency Placement is an admission that is made within 24 hours of the initial referral contact. The Local Authority must attend a Placement Meeting within 72 hours of the child's placement at the home and provide all outstanding documentation.

We aim to ensure that the admission of a new child is managed carefully and that they are made to feel extremely welcome and safe in the new environment. The child's bedroom is prepared in advance and made to feel warm and homely. They will be given a copy of the Hayling Young Person's Guide, which is utilised by the child's Keyworker to introduce them to the home and how it functions. An inventory of all clothes and possessions is made and they are offered the opportunity to pass items of financial or personal value to the home for safe keeping. A record of such items must be maintained, signed by the staff member and the child. Consent forms for medication and medical treatment must be obtained prior to referral.

Within seven days of the placement starting, there should be a Placement Planning Meeting involving the home, the child, the family and the Placing Authority. Placement Plans will be reviewed as part of the agenda of Statutory Children's Reviews in accordance with the Care Planning, Placement and Case Review Regulations (2010).

The purpose of the Placement Planning Meeting is:

- To ensure a child has a voice in the process of planning for their future.
- To ensure all considerations have been made in the potential placement transition.
- To clearly set out the placement expectations.
- To ascertain the level of Social Worker/Placing Authority support expected.
- To summarise the expectations of group living at the home.
- To ensure the child will engage in education.

References:

Hierarchy Of Needs, Maslow (1943)
PACE, Hughes (2006)
The United Nations Convention on the Rights of the Child (1990)
The Human Rights Act (1988)
Complex Trauma, Cook et al (2005)
Developmental Trauma, Bessel van der Kolk (2005)
The Neuro-Sequential Model of Therapeutics, Perry (2013)
The Attachment Theory, Ainsworth and Bowlby (1991)
Care Planning, Placement and Case Review Regulations (2010)
Every Child Matters (2003)

**Appendix A – workforce experience and
qualifications (to be requested)**

Appendix B - Wellbeing and Clinical Service

Who Supports the Home and Young People

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

Please find below a list of clinical members of the Dickens Hub Wellbeing and Clinical Service, together with their professional qualifications. These clinicians may support any of the residential settings within the Dickens Hub Wellbeing and Clinical Service:

| Athena Hub Wellbeing and Clinical Service (clinical services to complete for all clinicians using same format throughout table...) | | |
|--|---|--|
| Clinical Employee Name | Job title | Qualifications |
| | Wellbeing and Clinical Locality Lead | BSc Hons – Occupational Therapy Modules 1 and 2 Sensory Integration (Masters Level) HCPC reg OT52616 College of Occupational Therapists registered Previously NNEB and SENCO qualified |
| | Play Therapist | BAPT 1290 and BACP 00989775 |
| | Therapies Assistant | BSc Psychology |
| | Locum Clinical Psychologist | |
| | Senior Occupational Therapist (due to start in January) | BSc Occupational Therapy HCPC reg |
| <i>NB. list is live as of 03.04.24</i> | | |

Appendix C – Wellbeing Model

How The Home and Young People Are Supported

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



The overarching red and orange stripes apply to every OFG employee

Wellbeing and Clinical Approach

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

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

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

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

Universal Offer

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

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

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

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

Enhanced Offer

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

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

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

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

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

Specialist Offer

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

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

Appendix D – Crisis Prevention Institute Safety

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

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

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

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

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

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

Safety Intervention - Foundation™



Table 1: Disengagement

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

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

Table 2: Holding

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

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

Safety Intervention - Advanced™



Table 1: Disengagement

| Name & Sequence Market | Strike | Wrist | Clothes | Hair | Neck | Body | Bite | Interventions (1 staff) | | | Neck (high risk) |
|---------------------------|--------|-------|---------|------|------|------|------|-------------------------|--------|------|------------------|
| | | | | | | | | Low | Medium | High | |
| 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 Market | Seated | | | Standing | | | Team Interventions (2 staff) | Transitions (2 staff) | Children Holds | | | 3 rd Person | | Advanced Team Interventions (3 staff) | Transitions (3 staff) | Standing to floor transitions (Slips, Trips and Falls) | | Standing to floor transitions (Slips, Trips and Falls) | |
|---------------------------|--------|-----|------|----------|-----|------|------------------------------|-----------------------|----------------|----------------|----------|------------------------|----------|---------------------------------------|-----------------------|--|--------------------|--|--------------------|
| | Low | Med | High | Low | Med | High | | | Seated (chair) | Seated (floor) | Standing | Seated | Standing | | | Standing to Seated | Standing to Seated | Standing to Seated | Standing to Seated |
| Education | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Health/Human | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | x | x | x | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Timings (minutes) | 150 | | | | | | | | | | | 30 | 20 | 15 | 35 | 35 | 35 | 35 | |

Safety Intervention – Advanced and Emergency™



KEY Blue ✓ = Skills included

Table 1: Disengagement

| Name & Sequence | Strike | Wrist | Clothes | Hair | Neck | Body | Bite | Interventions (lights) | | | Neck (high risk) | Emergency Responses | | | | | | | | | | | | | | |
|-------------------|--------|-------|---------|------|------|------|------|------------------------|--------|------|------------------|---------------------|--------|-------------|--------|--------|--------|---------|--------|------------|--------|------------|--------|---|---|---|
| | | | | | | | | Low | Medium | High | | Thumb | | Dorsal Hand | | Torso | | Sternum | | Mandibular | | Columellar | | | | |
| 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 | | 3 rd 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) | | | | Seated | Standing | Standing to floor | Standing to Supine | | Standing to Prone | Standing to Prone | Supine | Supported Prone | Rapid Tranquilisation | Entry | Search/Remove of Unstable Items |
| Education | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Health/Human | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | X | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Timings (minutes) | 150 | | | | | | | | | | 30 | 20 | 15 | 35 | 35 | 35 | 35 | 40 | 50 | 50 | 30 | 30 | 30 | 30 | |

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.

We have a dedicated restraint reduction team who oversee and govern the use of restrictive physical intervention and how it can be reduced. While all our services are trained in foundation CPI, if a child or home 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 2 clear areas.

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

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

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