

# Acorn Education And Care



**Kates Bench Farm  
SC 407430**

# Acorn Education And Care

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# Acorn Education And Care

## 1. QUALITY AND PURPOSE OF CARE

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Kates Bench is a large, detached farmhouse with 6 bedrooms, set in its own grounds with 5 acres of pastureland. The home is situated within the rural village of Maiden Bradely; access to the property is taken via the long driveway, off the main road. The home's location, design, and size, complements its function and purpose as well as serves the needs of the young people it accommodates.

Kate's Bench is registered for young people from the ages of 8-18 and is a group-living setting for both males and females.

The quality of care we provide to our young people is extremely important to us, helping to solidify trusting relationships with the children living at Kates Bench as well as create a loving, nurturing and safe environment.

We recognise and value diversity whilst striving to promote equality of opportunity for all young people. We offer a trauma informed, child-centred approach that incorporates the use of playfulness, acceptance, understanding and empathy (PACE) as well as other therapeutic methods. All of which support our young people to meet their individual needs and explore their emotions with consistent adult guidance.

The children's voice is empowered through regular keywork sessions, consultations, and our house suggestion box, all of which are overviewed and actioned by a member of management where required.

Additionally, we provide a step-by-step breakdown of strategies implemented to help our children achieve their short-, medium- and long-term targets, this can be located throughout each child's personal plan.

Our commitment to the care and outcomes of our children is evident throughout the positive feedback we obtain from both parents and working professionals. Outcomes First Group aims to work with all our young people to improve their life chances. Throughout each young person's placement, extensive work is undertaken to build upon their life skills in a holistic manner throughout their placement and certainly before transition planning begins. We empower our young people to experiment and experience different opportunities with encouragement and support, both within the home and at school.

## 2. ENGAGING WITH THE WIDER SYSTEM

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As a home we prioritise working with other professionals to help instil a sense of multi-agency working and contextualised safeguarding across our practice. Working alongside other agencies helps to build an effective team around our children, where we are able to access interventions that help to meet their needs as well as meet their personal care outcomes.

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We have regular meetings for each young person, whereby we maintain effective communication with local authorities, educational provisions, therapeutic agencies (CAMHS), family members, children's advocates and more. Our young people are encouraged to use their voice and attended meetings such as CIC reviews, PEP meetings, CLA review, Transition plans to name a few. These meetings take place at regular intervals where we can determine the young person's progress and ensure we have a thorough plan in place to help them achieve the goals and targets.

As a children's home we also empower our young people to build a role within the community, helping to further develop their social and emotional development. Our children are promoted to engage in regular activities with adults, as well as take part in after school clubs or pursue personal hobbies.

Outcomes First Group also has close relations with emergency services, missing from care co-ordinators and DOFA or MASH whereby there are specific plans in place to keep our young people safe. These reports are also beneficial for strategy meetings or any significant concerns we may have as a setting that requires immediate action.

### 3. VIEWS, WISHES AND FEELINGS

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Kates Bench strives to build healthy, trusting relationships with our young people, in which they have the opportunity to share their views, wishes and feelings. Our young people are at the core of our practice, we continuously aim to prioritise their needs and ensure their voice is heard. All adults acknowledge the importance of advocating on behalf of the young people as well as empowering them to talk about their feelings with others, specifically during annual meetings or reviews.

Sometimes our children may find it challenging to discuss their views or recognise how they may be feeling. At Kates Bench we use play, child-led activities, regular keywork sessions, debriefs, young person consultations, as well as our suggestion post box where our young people can write their thoughts anonymously and share these with the management team at Kates Bench. Additionally, we implement therapeutic self-regulation techniques that promote mindfulness and seek further advice from our clinical team, this may be through sensory play, arts and crafts, journaling/ mindful diaries, emotion focused games, affirmation cards and positivity jars.

We also support our young people to discuss their views with other professionals, some of our children have weekly sessions with CAMHS, our in-house child psychotherapist or meet with their independent visitor, social worker or advocate. This helps to really build a consistent support network around each child, where they feel safe and heard.

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Where permitted, regular communication is undertaken with family members, views are sought regularly via Feedback forms. Managers are in contact communication with social workers and all professionals around the young people, and feedback is regularly sought. This is also considered through the Regulation 44 visits and the Regulation 45 Review of Quality of Care.

## TEAM MEMBERS WILL ENSURE:

- × They actively seek the views of the young people they care for and record these conversations, also record how those views have been acted upon, and where it is not possible to, record the reason why.
- × That each young person at Outcomes First Group is aware of their own authorities Children's Rights or Advocacy Service and this is recorded and revisited.
- × That young people are encouraged to read and agree their placement plan and take part in their review meetings supported by adults to ensure that their thoughts and wishes are heard.

## THE REGISTERED MANAGER WILL ENSURE:

- × That children, young people and adults have a good awareness of their rights. That an independent means of expressing views is provided within Outcomes First Group.
- × That the Outcomes First Group Comments and Complaints system is effective and within timescale, and forms part of the overall monthly monitoring of the service.
- × Advice and guidance are offered to any child or young person who lives away from home or who receives social care by calling the Children's Commissioner (Dame Rachel de Souza), free phone number 0800 528 0731 or email to [help.team@childrenscommissioner.gov.uk](mailto:help.team@childrenscommissioner.gov.uk)

At Outcomes First Group we believe that children should know that their views, wishes and feelings are considered in all aspects of their care; are helped to understand why it may not be possible to act upon their wishes in all circumstances; and know how to obtain support and make a complaint. With this at the forefront adults will ensure:

- × The views of others with an important relationship to the child are gathered and considered
- × that a young person living here is familiar with the Comments and Complaints system and they have been given the Outcomes First Group Comments and Complaints and Young Persons Guide
- × We support all our young people to have access to an advocate if they wish. With this we work in conjunction with the local authority to ensure suitability of advocacy.

## ANTI-DISCRIMINATORY POLICY AND CHILDREN'S RIGHTS

Central to the ethos, philosophy and working practices of Outcomes First Group is a value base that embraces differences in our young people to enable them to better understand themselves and their situation and provide more effective ways of overcoming situations with the goal of them moving on.

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We support the OFSTED's adoption of the UN Convention on the Rights of the Child. In conjunction with that, Outcomes First Group aims to empower all young people with whom we work by:

- × Helping them to understand their own situation,
- × Assisting them to make connections between their own personal plight and that of others,
- × Acquire knowledge and skills for taking control of their lives.

We aim to empower our young people with the ability to positively change their behavioural patterns and overcome their past trauma to better understand their identity. Within the house, we aim to sustain a social environment that allows each young person to develop their full potential whilst cherishing their cultural traditions and respecting their rights and dignity whilst respecting their privacy and confidentiality.

## 4. EDUCATION

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At Kates Bench we acknowledge the importance of a child's education on their cognitive, emotional and social development, we work closely with our internal provisions to help transition the young people into the home and school. Unfortunately, due to their needs, experiences and exposure to challenges or trauma some of our young people have a very negative attitude towards learning and may struggle with educational attainment. As a home, we can source the necessary interventions to help meet their needs and improve their view towards learning. At present our current young people are struggling to engage with school, as a result there have been PEP and TAC meetings in place to support with re-integration. We also have access to therapeutic care farms which offer bespoke, thematic curriculums for our children.

In addition, some of our young people may also access mainstream, comprehensive schools within the jurisdiction of our home. We have regular meetings with the schools to ensure they are aware of any EHCP in place and the young person's education history. We pride ourselves on building a team around the young person to achieve a successful transition, where the children feel listened to, valued and supported.

Many of the young people at Kates Bench go on to access further education in the form of college courses or apprenticeships. Thus helping them to establish clear goals and targets for their future moving forwards. The management and keyworkers work with the virtual school officers for their keychild to secure any additional support or funding including alternative methods of education such as 1 to 1 private tutoring or reduced hours.

Due to living in a rural area, all young people will be provided with transport in order to fully access their education. Depending on the developmental and safety needs of the child, they may work towards getting means of public transport independently, although this will be a phased transition with adult support and guidance.

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## 5. ENJOYMENT AND ACHIEVEMENT

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At Kates Bench it is particularly important that our children have a chance to make new, exciting memories they enjoy and celebrate their individual achievements.

The young people will be offered a range of in house activities throughout the week, helping to build positive relationships both with adults in the home and peers.

All young people will be encouraged to join clubs and pursue activities that are of interest to them. Where appropriate young people will also be encouraged to take on part time or voluntary roles in the community, as well as participate in charity events.

As a home we celebrate all of our young people's achievements, we frequently enjoy parties or BBQ's, meals out or bigger trips to theatres or an activity of the young person's choice. Our young people also have reward charts with their own individual targets that help them to achieve a range of small, medium and long term goals. This helps to give our children a sense of pride, accountability and joy in their hard work, thus having a positive impact their self-esteem.

## 6. HEALTH

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As well as many leisure facilities and transportation services there are also a wide range of health care provisions available and easily accessible for our young people. Despite being in a rural area all health care providers are located within the surrounding local towns and cities which are a short drive away. All young people are registered at all healthcare practices including dentistry, general practitioners and opticians; additionally due to the varying needs of our young people residing at Kates Bench, they may require additional healthcare provisions including clinical interventions such as CAMHS, there is a local CAMHS service based in the South West as well as sexual health clinics if the need is there. We also have access to a wide range of local hospitals or Accident and Injury units as well as positive rapports with out of hours help lines, including CAMHS duty service to seek any additional advice or guidance, ensuring the safest practice.

Furthermore all our young people will also have yearly visits with an assigned CLA nurse, visits may become more frequent if there are concerns. These help to identify all positive elements of the young person's health as well as any queries they may have. CLA nurses will also be able to support with referrals to more bespoke health services including Yellow door, mermaid support groups, virgin care and more.

As a home we promote a healthy and balanced lifestyle for our young people, supporting them to participate in health reviews, meetings and appointments. We also facilitate regular keywork planners around healthy eating, mental health needs, sleep patterns and the impact on emotional regulation as well as regular exercise. As role models we create personal, realistic goals for our young people to work towards, helping them to achieve specific outcomes that promote and encourage healthy choices.

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## 7. POSITIVE RELATIONSHIPS

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Regulations and quality care standards highlight the importance of children's social wellbeing, building a role within the community and developing healthy relationships with others. At Kates Bench all young people are encouraged to participate in a range of activities within the community, whether this be adult led, time out with family/ friends, attending a club/ sports team or having a part time job. Young people residing at Kates Bench have the benefits of using services and recreational facilities in Warminster, Trowbridge and the larger city of Bath which is approximately a 30-40 minute drive away from the home. For a greater selection of services, Bristol is within a 30-mile radius of the home and easily accessed via regular, local transport. As a home we also acknowledge and promote building positive relationships amongst the young people by incorporating their key interests, commonalities and fun activities to help improve the relationship.

It is important to recognise there may be some challenges around the young people in the home, adults will continue to implement a therapeutic approach and role model effective rapport building and communication tools to help ensure restorative work takes place.

Children and young people have the right to enjoy regular, positive and safe contact with their parents, family and/or other significant people. We consider this to be of primary importance to their development and work on the assumption that any contact will be beneficial to the young person unless there are clear indications to the contrary.

We see our role as providing a positive contribution to the success of contact arrangements whilst dealing with the tensions and difficulties that may arise. Each young person's views and wishes are ascertained, and we will actively promote their needs. Practice guidance is provided to support team members that clarifies children's right to maintain contact and the protective measures to be taken by support staff to safeguard the welfare of the child/young person during contact, where required.

## 8. THE PROTECTION OF YOUNG PEOPLE

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The protection and safety of our young people is critical, as a home we prioritise their safety with risk assessments in place that adhere to the necessary legislation and company policies.

As stated the young people in our care have experienced significant levels of trauma in some capacity, as a result they may display a range of challenging or unsafe behaviours. Our risk assessments and positive behaviour risk management plans outline these risks as well as step by step co-regulation methods and procedures to follow during an incident. In the event of high risk, unsafe behaviours adults may have to physically intervene to prevent any further harm. All adults working within the home have completed the relevant training as per company policy and are fully trained in Restrictive Physical Intervention (RPI), these physical interventions are only used as a last priority and with the immediate safety needs of the young person or other(s) in mind.



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We place emphasis on always working restoratively with children and encourage all adults to look at ways in which they can facilitate change, growth and reflection.

The Outcomes First Group Practice Guidelines provide guidance, information and training to adults regarding the use and nature of RPI and when they may be used. Young people placed at Kates Bench are aware that these measures may occur to keep them safe.

Full details are recorded on all incidents of RPI, which is overseen by the Registered and Deputy Manager. This information is key when reviewing the child through their Personal Behaviour Risk Management Plan and will be used to inform planning and outcomes. All information is shared with the social worker, necessary agencies and family members. Behavioural patterns are monitored both within the house and through the Registered Manager's Monthly reports and their Personal Behaviour Risk Management Plans.

Relevant amendments are made to their paperwork in the event of PRI. Each young person's views are sought regarding each event and outcome. This is done during debriefs, in which the young person is encouraged to reflect in the incident and how they felt about the intervention.

Furthermore we may also have to take other practical measures or precautions to keep our young people safe, if there is a need or a new behaviour becomes more persistent then we may make the decision to implement door alarms to young people's bedrooms or place restrictors on the windows. These are provisory actions we may use, if a young person was at risk of going missing, leaving the home in the night, self-harm or for potential safeguarding concerns. We have varying health and safety precautions we must also adhere to including fire doors, smoke alarms as well as an internal door alarm system that is used to notify the adults in the home if anyone has exited the home during the night or early hours of the morning. The door alarm will signify if a young person or adult has left the home through the front or back door and support them to respond to the risk (if any) accordingly following the correct policies in place. These are not in use during the day and are simply used to keep all young people and adults safe.

As a home we adopt a child-centred, therapeutic approach, adopting the role of the therapeutic parent and acknowledging the individual needs of the child. We utilise a TIP model that promotes nurture and looks beyond the behaviour to help the child explore or express their feeling in a safe, non-judgmental and loving environment. Outcomes First

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Group also utilises the co-regulation strategies and wider support systems through the 'Well-being Rainbow' Model. This model encourages our practitioners to create a team around t

child, accessing the correct therapeutic interventions that are bespoke to the safety and welfare needs of the child.

## 9. LEADERSHIP AND MANAGEMENT

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Our overall aim as a part of the Outcomes First Group family is to help build incredible futures by empowering the vulnerable children and young people we support to be happy and make their way in the world.

Kates Bench uses a trauma recovery model, in which a child centred approach is taken to support young people whilst in a residential setting. Acorn Education and Care which is the cluster for the South-West within Outcomes First Group.

The aim of our service is to:

- Help our young people work through their trauma in a nurturing and safe environment.
- Learn to build healthy attachments and positive relationships
- Promote independence, resilience and develop life skills
- Support engagement in community educational and vocational activities.
- Promote a strong safeguarding culture within the home
- Provides a nurturing environment where they strive to ensure all young people achieve the best possible life outcomes.

The residential staff team undertake specialist and service led training to support them in the managing of complex trauma issues effectively. The residential staff team are supported by a child and adolescent psychiatrist.

Through this approach the staff team are able to support the young people with varying levels of complexity in their transition to adulthood.

The leadership and management within Kates Bench centralise around using a mentoring approach, that helps to empower adults and build upon the knowledge and skill base of the team. We focus on improving the quality of our care through upskilling teamwork, regular training and group reflective practice in which we can establish lessons learned and further develop our pedagogical practice. We recognise the correlation between reflective practice, successful leadership and a high standard of care. It is the role of the interim registered manager to ensure all adults have regular supervision, clinical reflection and de-briefs where required and in accordance with company policy.

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There have been some changes regarding the management team within Kates Bench and Outcomes First Group infrastructure. The Head of Care and management team within Kates Bench have resigned from their posts with an interim support in place.

The Registered Provider of Kates Bench is Outcomes First Group whose registered office is as follows:

Outcomes First Group  
Atria  
Spa Road  
Bolton  
BL1 4AG

The name and work address of the Interim Responsible Individual is:  
Theresa Coxford

Outcomes First Group  
Atria | Spa Road | Bolton | BL1 4AG

There are individual Registered Managers for each registered Children's Home within the south west cluster of Outcomes First Group. However for the meantime Kates Bench currently has an interim manager in post as of April 5<sup>th</sup> 2024:

The Interim Managers details are as follows:

Martyn Poolman  
Email address: [martynp@wessexcollege.co.uk](mailto:martynp@wessexcollege.co.uk)

Home address:

Kates Bench  
Frome Road  
Maiden Bradley  
Wiltshire  
BA12 7JB

## 10. CARE PLANNING

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Care planning is evidenced through the young people's documentation, each young person residing at Kates Bench will have a personal plan, PBRMP, health care plan as well as further documentation that paints a valid, bespoke picture of the young person's needs. The plans

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implemented within the home are all in conjunction with the child's care plan as provided by the local authority.

Thorough and in depth planning is essential to providing a holistic view of the child highlighting their history, experiences, outcomes and individual needs. It is the role of the management team within Kates Bench to regularly review and update the plans accordingly to reflect behavioural changes and co-regulations strategies in place to reduce any harm or risk to the child.

Outcomes first group also facilitates regular audits and monitoring protocols that hold the management team accountable, as well as ensure all home documentation and care planning conforms to company policy and government legislation highlighted within The Children's Homes Regulations (2018). As a home we are also subject to monthly Reg 44 audits highlighting the successes and areas of development within the home in relation with all 9 quality care standards. The auditing process also provides further opportunity to evidence the voice of the child and ensure the children's wants, wishes and feelings are advocated for across Outcomes first group, as a whole.

## Appendix A – workforce experience and qualifications

*Appendix A has been removed on the copy of the SOP found on the OFG website due to GDP regulations*

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## 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 South West Hub, together with their professional qualifications. These clinicians may support any of the residential settings within Acorn Education and Care:

*As above details of the Clinical team have been removed from the copy of the SOP found on the OFG website due to GDP regulation.*

## 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

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## 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.

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.

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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

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.



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



## Appendix E – Outcomes First Group

### Who are we?

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

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

The children's and young people's part of the organisation is divided in to 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.

# Acorn Education And Care