

Statement of Purpose



Little Dinthill
URN: SC372602

Acorn Education And Care

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1. QUALITY AND PURPOSE OF CARE

Young people are placed at Little Dinthill for a variety of reasons. These may include:

- Family and placement breakdown: including birth and adoption families, foster placements, and other residential placements.
- Young people with particular behaviour and/or emotional difficulties that either makes it very difficult or they choose not, to live in a family setting at this time.]

Young people residing at Little Dinthill while unable to function within a family will be able to function within a small group setting sharing with two other young people. Our first priority is to provide a welcoming, safe, warm, nurturing and empowering environment to afford young people the care and control to which they are entitled at this stage in their life.

To achieve this, we:

- Provide the young person with a living environment which is suited to their individual needs and which reflects the value we place upon him or her.
- Ensure, through the provision of a safe and secure living environment, that the young person is afforded the opportunity to build or rebuild confidence in their coping and problem solving skills, increase distinct resilience and develop life skills towards going on a semi-independent package to equip them for their future adult life.
- Provide the young person with the care and control to which they are entitled, offering opportunities to relate with adults who are able to demonstrate emotional commitment combined with professional integrity and safe boundaries to young peoples behaviour.
- Recognise that “therapy” extends beyond the therapists door and employ a culture that uses a therapeutic model (**Therapeutic** Parenting and Wellbeing strategy Rainbow).
- Promote the young person’s rights and ensure their views are represented and offer advocacy if required.
- Provide stimulation and opportunity through daily programmes tailored to meet individual needs and enable individuals to reach their full potential.
- Carry out effective care planning and reviews and promote partnership with local authorities and those with parental responsibility. Placement plans are reviewed quarterly or sooner where applicable as part of our quality assurance system.
- Commission the services of external consultants as appropriate to meet individual treatment needs of each young person.
- Ensure that educational opportunities are made available to the young person which takes into account their current needs and potential to maximise life chances.

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We believe

- That every young person deserves to feel valued and to live in a safe, structured and caring environment.
- Our young people should receive the best quality care from a skilled and committed care team and be protected from abuse and neglect.
- The spirit and intent of our approach is the recognition that we are important influences on the lives of young people placed with us.
- We recognise that the most important tools we have to help young people to grow and develop, are ourselves. Our ability to relate to our young people in an open, sensitive, caring and consistent manner is the most important contribution we can make. We use Training in trauma informed practice and **Therapeutic Parenting**, and make use of the internal **Wellbeing strategy Rainbow** which helps to set different areas of a young person's needs which the wellbeing and Clinical Team will deliver a comprehensive centralised therapy service from a range of specialist clinicians providing a range of therapy services, with the aim of providing the young people with the necessary skills and attitudes that maximise the potential for positive outcomes.

The philosophy underpinning the above approaches acknowledges the challenges of parenting children whose capacity to connect emotionally has been compromised and equips practitioners with a framework to become the conduit through which young people can develop new responses to their environment, thus enabling them to achieve a higher level of social and emotional maturity.]

Little Dinthill is a six bedded detached property, providing group living for three young people, male and female, from 8-18yrs. Young people have their own private bedroom, whilst the other bedrooms are utilised as the Care Team sleep-in rooms. There are two shared bathrooms for both the young people and the care team members. The home is oil fuelled centrally heated throughout. Both exit doors are alarmed. Each young person room will be individually risk assessed if alarms are required. There are alarm panels situated in the care team sleep in rooms but there is also a mobile system, monitored via a house mobile.

Ground Floor

Downstairs bathroom
Main lounge
Small lounge/Snug
Home's office / care team sleep in room
Two staircases leading to separate first floor areas

First Floor no.1

Young person's bedroom
Upstairs bathroom
Care team sleep in room

First Floor no.2

Two young person's bedrooms
Care team sleep in room

2. ENGAGING WITH THE WIDER SYSTEM

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

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reassure them of this we in turn must strive to not only meet but to exceed the quality standards laid down by either legislation or by commonly accepted ideas of “good parenting”. If the confidence of local authorities in our ability to provide high quality services is in any way placed in doubt, they will understandably consider withdrawing their service user and seeking alternative provision.

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

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

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

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

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

3. VIEWS, WISHES AND FEELINGS

Every young person that comes to Little Dinthill is asked what they hope to achieve both during their time with us and their hopes for the future. We then discuss their

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immediate short-term needs and help them identify and visualize the necessary stepping-stones to enable them to achieve long-term goals.

These stepping-stones become their care plan, which contains mutually agreed responsibilities, expectations and timescales to move them forward. The young person, the care team, parents (or those with parental responsibility) and the social worker then sign the care Plan.

In addition to the care plan, we also ask the young person their thoughts on care and control with regard to their behaviour management. This discussion allows the young person to take responsibility for their behaviour management and is intended to limit the need for physical intervention. The young person is asked about triggers to behaviour and what responses they feel would help them manage painful feelings and avoid self-destructive behaviours. This information is then recorded in their Positive Behavioural Support Plan (PBRMP) and is reviewed throughout the placement.

Little Dinthill holds monthly House Meetings in which the young people are invited to discuss the day-to-day operation of the home and agree with the Care Team any changes they may wish to see take place. Where requested changes are not deemed to be in the best interest of the young people, we endeavour to explain the reasons and place the emphasis on negotiation to reach mutual agreement.]

Anti-discriminatory practice in respect of children and their families;

We embrace the right to be an individual.

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

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

Children's Rights

Outcomes First Group is committed to promoting the rights of children and young people and this is reflected in daily practice. In essence, we:

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

[Each month or sooner, dependant on the timescale, the young person's keyworker or care team member conducts a progress review of the care plan. Each area of the plan is reviewed, and the young person is invited to comment on what has gone well and what needs to be improved. Dependent on progress, a revised care plan is completed which may contain some new stepping-stones.

Care Plan objectives are discussed at the monthly team meeting with clinical input as a means of ensuring that a holistic approach to its delivery is achieved.]

Education Overview

Outcomes First Group delivers independent education through its own facility, Smallbrook School, registered with the Department for Education (DfE) offering a range of academic and vocational subjects.

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

As part of the Outcomes first group there is also an education provision which could be sourced depending on the needs for the young people requiring an education setting, this provision is called Lamledge School, registered with the Department for Education (DfE) offering a range of academic and vocational subjects.

The Curriculum

Through an extensive curriculum that is broad, balanced, flexible and varied, we provide a vast range of nationally recognised and approved programmes of learning, that offer a range of both academic and vocational qualifications at varying levels (from unit awards to higher-level GCSE's or equivalent). We carefully select these programmes to promote higher levels of pupil motivation and establish clear and concise learning targets, with qualifications that are widely recognised by colleges of further education and prospective employers.

Special Educational Needs

For pupils with a 'Education Health Care Plan', targets will reflect the specified objectives within their statement. The Special Educational Needs Co-ordinator, who is employed by Outcomes First Group, will regularly monitor statements.

School Staffing Arrangements

A Head teacher responsible for the strategic management and leadership of the school leads education provided by Outcomes First Group. A deputy headteacher, takes responsibility for the day-to-day operational management and leadership of the school.

Teaching staff are all qualified to varying degrees all of whom have a proactive, enthusiastic, and creative approach to teaching and learning within this specialist environment. The Head Teachers take full responsibility for the 'designated teacher role' and attend relevant meetings arranged for Children Looked After.

[Where it is felt and agreed that a young person would benefit from attending a mainstream school or college, the home will, with the support of the specialist education staff, seek to register the young person in an appropriate local school or college. Young people attending a mainstream school will be fully supported in doing so.]

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When a young person comes to live at Little Dinthill, we discuss their preferences with regard to hobbies, sports, leisure and areas of specific interests.

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

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

Young people receive a weekly allowance to be spent on their chosen interests and are encouraged to budget appropriately to achieve their wishes.

All activities are subject to risk assessment as to their appropriateness, safety, and legality. Risk Assessments always include any concerns highlighted in the young person's Positive Behaviour Risk Management Plan (PBRMP) supervision requirements, and physical/emotional health issues and how these may impact on self and others.

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

Dependent on Risk Assessments young people can access sporting facilities, youth organisations, cinema, ice-skating, snooker, bowling and swimming or any other activity deemed safe.

Should they express an interest, young people are also encouraged and supported to join local junior football, rugby, netball, and cricket and hockey and other sports teams.

All young people are encouraged to join the local library and can borrow a diversity of literature from our school.

The young people at Little Dinthill are encouraged to participate in cultural activities to both widen their knowledge of other cultures and ensure that they are able to explore their own culture and heritage in a safe and supported manner.]

6. HEALTH

Within the first 7 days of the placement, our young people are registered with a local General Practitioner, a Dentist and an Optician. Outcomes First Group view of health care extends well beyond these basic requirements, and we educate on the connection between emotional and physical health.

Our young people are encouraged to take a holistic overview of their lifestyle and the impact risky behaviours may have on long-term health. In particular, they are supported to pay attention to their daily

diet, regular exercise and where applicable consider how, alcohol and substance abuse, smoking and anti-social behaviours also impact on emotional well-being.

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

7. POSITIVE RELATIONSHIPS

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

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

Young people are encouraged to make regular telephone contact to family and friends. Where welfare is a concern, contact may need to be supervised and this is agreed prior to admission to the home.

We will facilitate transporting young people to and from home visits and provide supervision where required.

Family members are welcome to visit the home but this will need to be planned and agreed in advance. However, we expect all visitors to behave in a responsible manner and reserve the right to ask visitors to leave the home should their behaviour be deemed detrimental to the young person.

Dependent on the regional location of the young person's family, visiting the home can sometimes be too far to then travel back the same day. In these instances, we can arrange for the family to stay in a local B&B and provide transport if the family have travelled by coach or train.

We actively encourage positive contact and relatives are often invited to enjoy social family activities such as ten-pin bowling, BBQ's etc. to promote informal interaction and fun.

Where appropriate, families are kept informed of significant events and receive monthly reports that inform on the seven developmental dimensions of childhood and the content is linked to the placement progress.

Invitations to attend statutory reviews are made via the placing authority, at which time we will provide a further up to date report. Any amendments to the care Plan are agreed in consultation and a copy is then sent to the family.

Little Dinthill will consider the use of mobiles phones for young people living in the home. This will be assessed on risk around the use of a mobile phone and what measures will need to be put in place to reduce the risks and ensure the mobile phone is used appropriately. The mobile phone agreement will also involve the consent from the social worker and parents where necessary and a contract agreed and signed by the home and young person. All forms of contact with family members will be encouraged and young people without a mobile phone will be able to use the homes landline to contact all appropriate persons. Should young people require internet they may use the house computer which is catered for the young people and appropriate measure will be in place for each young person along with a written contract, or if they wish to use the local library.]

8. THE PROTECTION OF YOUNG PEOPLE

Following Risk Assessment, it may be necessary to conduct a room search in order to identify and / or remove items which may be used to cause harm to themselves or others within the home.

Any such room search will only be conducted with the approval of the Registered Care Manager/ shift leader and will be fully documented in line with Outcomes First Group procedures. As previously mentioned, the doors to the young people's bedrooms and the front door are alarmed to prevent unnoticed leavings of the home. Young people's bedroom door alarms will only be activated upon need via risk assessment, if in use they are only used during the hours of sleep at night.

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Further monitoring of the young people will be based upon risk assessed needs and will only be implemented once agreed by all parties such as the monitoring of mail and phone calls.]

Therapeutic Intervention

All of the team have now completed CPI training. This training incorporates trauma-informed and person-centred approaches integral to the application of the model. CPI focus on prevention through de-escalation techniques through to non-restrictive and restrictive intervention. If a child in the home demonstrates increased extreme risk behaviours the home can increase this training to the Advanced/emergency training model- this is assessed through behavioural observation and assessment of risk and tailored to the individual needs of the child.

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

The ethos is to ensure physical intervention is used as a last resort except in circumstances of immediate risk or threat of danger or harm as per company values and legislation. Staff to inform all young people before and after physical intervention of reasons why it has been used, such as to keep everyone safe from harm.

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

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

It is expected that children/young people in our care will push against the boundaries. This is the time when the most valuable work can be carried out with children/young people. We believe that it is important to challenge unacceptable or anti-social behaviour, however; it is important to do this in a way that is not punitive overly controlling and is not rejecting. Behaviour needs a response that is calm, thoughtful, and controlled, which communicates nurture and support.

Managing anti-social behaviour provides an opportunity to learn, to encourage negotiation to stress the importance of compromise and to help broaden children/young people's understanding of themselves and others. In challenging behaviour, the care team will attempt to be proactive rather than reactive. They will do this through reflection and using skills they have been taught in training. We will encourage the use of dialogue, negotiation and compromise.

Incidents of anti-social behaviour also provide the care team with an opportunity to find out more about children/young people. Behaviour is a way in which children/young people can communicate their unmet needs. Rather than seeing a particular behaviour as a problem, it can provide the care team with an opportunity to learn and find solutions to children/young people's underlying problems that encourage the behaviour.

All care team members undertake CPI training in the management of aggressive and threatening behaviour and this focuses upon de-escalation techniques as well as safe ways to physically intervene where necessary. The care team will use a range of interventions to diffuse a potentially violent and risky situation before it is allowed to escalate to high arousal or crisis. These include strategies such as

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distraction, re-direction, calm talking, use of humour, active listening, boundary and non-threatening communication.

Care and Control

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

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

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

Care and control is underpinned by the CPI- Safety Interventions (SI) packages, and the techniques taught through training, provide the skills, knowledge and confidence to safely manage young people in moments of crisis.

Consequences

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

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

Sanctions are only imposed as a last resort with the intention of encouraging socially acceptable behaviour and are limited to loss or postponement of an activity or in the form of monetary reparation towards the cost of repairing damage to the home and property. Any sanction will always be commensurate to the incident in question and young people are always encouraged to earn back sanctioned activities through the negotiation process.

Restraint and Effective Intervention

CPI focus on prevention through de-escalation techniques through to non-restrictive and restrictive intervention. **As a last resort, young people may have to be physically restrained for their own safety, or for the safety of others.**

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

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

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After a physical intervention, the carer will conduct a debrief with the young person. This is an important part of the learning process and allows the young person to not only connect their feelings to behaviours, but also to discuss and agree the required support to develop more appropriate coping skills when faced with similar distress.

Missing from Care Procedures

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

In accordance with the West Mercia Protocol for absent children, our young people are assessed as being of HIGH, MEDIUM or LOW risk.

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

In all situations the initial procedure remains as follows:

Care team members conduct a search of the home and immediate area, paying particular attention to known haunts and favoured locations. If after 15 minutes the young person cannot be found, the identified level of risk will determine at what stage the relevant agencies are notified in accordance with the child's agreed missing person risk assessment and protocol.

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

Upon returning to the home, we ensure that the young person is well and attend to any immediate needs such as nutritional and hygiene needs. Once the young person is rested, we then concentrate on engaging the child to try and ascertain their reasons for running away. If the young person wishes, we can arrange for someone external to the home to speak with him or her. Return home interviews should be carried out within timescales linked to their placing authority- the home will advocate and escalate if these interviews are not completed.

Fire Procedures

There are hard-wired smoke alarms in every room and emergency lighting to all exits. In accordance with Quality Standards for Children's Homes the home is subject to regular inspections by accredited Fire service inspectors, and the fire extinguishers, smoke detectors and emergency lighting are serviced in line with OFG policy.

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

Both young people and care team members new to the home are provided with fire evacuation information and complete fire drills. Fire evacuation drills are conducted a minimum of 4 times per year, one of which must be in the hours of darkness after children's normal bedtime routines unless there are specific reasons this cannot be completed.]

Registered Provider: Bryn Melyn Care Limited

Part of:
Outcomes First Group
Atria
Spa Road
Bolton
BL1 4AG

Responsible Individual: Eleanor Brammer
Outcomes First Group

Registered Manager: Sarah Dorricott
Little Dinthill
Ford, Shrewsbury
SY5 9NU

Details of the experience and qualifications of the Manager:

Home Manager: Sarah Dorricott

Qualifications:

Level 2 Diploma in Health and Social care.

Level 3 Diploma Children and Young People workforce.

Level 5 in Leadership and Management for health and social care and children and young people's services.

13 years' experience of working within health and social care, with 10 years' experience of working with children and young people within residential services. Sarah holds experience of working within both SEMH and SEN services. Sarah currently works within a senior registered manager role.

Details of the experience and qualifications of the Responsible Individual:

Eleanor has a degree in Criminology from Nottingham Trent University and has 14 years' experience in residential children's homes and specialist education services. Eleanor was a registered manager from 2019 to 2022, prior to this she was part of the Senior leadership team for two separate organisations in pastoral management for specialist education settings. Eleanor has spent the last 18 months as a responsible Individual for another provider overseeing multi-bedded homes for children who display Harmful Sexualised Behaviour.

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

Details of the management and staffing structure of the home, including arrangements for the professional supervision of staff.

Little Dinthill will be staffed as follows: 1 on shift Deputy Care Manager, 2 senior care practitioners and 6 residential care workers, resulting in 3 staff working with the 3 children each day. All 6 of the Residential Care Workers are employed on a full-time basis.

To meet the needs of the young people, the aim is to have an equal mix of gender in the care team providing access to and support from staff 24 hours a day 7 days per week (if risks assessments allow the young person will be given "free time" both in the community and in the home). We believe that young people need continuity of care, and this is reflected in our rota system.

Our care staff are on duty from 0730hrs – 2300hrs and then sleep-in.

Each member of the team lives in the home on 2 days on 4 days off rota, thus allowing the young person to develop meaningful relationships with each individual member of the care team. This rota is changed at times to cover sickness, training and annual leave. Further to this, the manager is present throughout the day Monday-Friday (they will also work direct hours with the young people to cover shifts within the home). A manager/deputy is also contactable out of hours through our on-call support service.

In the event of a home manager being absent through annual leave or sickness, the Deputy Manager assumes responsibility for the daily running of the home, with assistance and support from the Regional manager.

A Regional Manager who in turn reports to the Divisional Director supervises the manager of the home.

Should we ever experience sickness absence or staff shortage within the core staff team, we may have to utilise care staff from within the company to ensure that our young people are cared for by Bryn Melyn Care staff. In the event that this is not possible we will use external agency, but we ensure where possible, that these are staff members who are familiar with the home to allow for consistency or where not possible, efforts are made to support in building relationships with the young people.

Supervision & Appraisal

We believe that regular supervision is an essential part of the support process and helps our staff to remain focused and enthusiastic. By utilising the supervision forum we are able to monitor best work practice, identify and address issues around staff performance and ensure that our young people are cared for by capable and motivated staff. All new staff to the company are supervised twice monthly in the first six months of employment, after which all staff are supervised monthly where possible, or in line with policy, a minimum of six supervisions per year.

In addition, monthly team meetings are conducted at the home/ head office and are utilised as group supervisions to enhance team performance. For staff who have passed probation they will have a minimum of 6 supervision annually as per company policy.

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

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Training and Development

Outcomes First Group believes that our greatest resource to effect change in young people's lives is our staff. To this aim, we provide an impressive training package to our entire staff complement. Our merger with OFG now allows our full team to have access to a very large assortment of training. This covers all the mandatory training but also offers a vast amount of training that each team member can access on their own to increase their development.

Our induction program offers a 2-week initial introduction course, the third day is an introduction to Trauma Informed Practice, mixed with days spent at the home and face to face.

Other training such as safeguarding, induction to the home, meeting of the team and young people and shadow shifts are incorporated.

Only when the members of the team have successfully completed this induction and achieved the desired test results are they then allowed to work unsupervised. During the remainder of their probation, they will complete the companies mandatory training which covers the following:

- Emergency First Aid at Work - 1 day course – face to face
- Equality and Diversity in the Workplace - shine
- General Data Protection Regulation (GDPR) – shine
- Handling Information - shine
- Infection Prevention and Control - shine
- Introduction to Fire Safety – shine- need 1 course only
- Introduction to Health and Safety - shine
- Manual Handling – shine
- Restraint Training: CPI– face to face
- Safeguarding – FGM - shine
- Safeguarding Introduction 2020 – shine
- Safeguarding foundation- face to face
- Safer Use of Medication – shine and competency checklist
- Think Spot Speak Out – shine

Furthermore, we are committed to the development of all our staff and invest heavily in the continuous learning process. In addition to level 3/4 awards, we promote career advancement through a foundation degree, NVQ5 in Care and Management and the Registered Managers Award. Our SHINE training platform ensures that every member of staff has a view of their training history as well as what needs to be done that allows for both identified training needs and individual wishes regarding development

10. CARE PLANNING

Admissions and Referral Process

Our policy is to consider young people of either gender who are aged between 9-18 years (taking them past 18 where it is needed and represents good care practice enabling a transition to leaving care) or experiencing difficulty in their life who would, in our opinion benefit from the placement.

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

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

Outcomes First Group offers a unique level of commitment to our young people and we believe that if we make an informed decision to work with a particular young person, we have a responsibility to see that work through for as long as it is deemed by all involved to be in their best interests.

A telephone call to the Administration Manager at Outcomes First Group Head Office will initially determine whether there are any vacancies at the home, the referrals team will make enquiries as to the suitability of the young person by using a pro-forma questionnaire. If the initial conversations indicate that the young person meets our admission criteria, then a Referral form will be sent to the placing authority. The placing authority should return the completed Referral form together with any other appropriate documentation to the Administration Manager. Supporting documentation should include:

- Referring Social worker's assessment report (initial and or core assessment)
 - D.O.B
-

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- Legal Status
- Social History/chronology
- Psychological / Psychiatric reports
- Court Proceedings, (past and outstanding) also previous convictions list
- Medical History
- Risk Assessment

Planned Admissions

The young person will be visited by the Registered Manager at their current placement, if at all possible, before a final decision on admission can be made. The young person will then be invited to visit the home and will receive a young person's guide to help answer any questions they may have. It is an expectation that the placing social worker and where appropriate, significant others will accompany the young person.

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

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

Emergency / Same day Admissions

Little Dinthill will not accept emergency placements due to the matching of the young people residing within the home being of the utmost importance. If a referral supports a need for a same day admission, we will still require the same relevant information before any decision can be made.]



Appendix A – workforce experience and qualifications

Staff member Name	Start date	Job Role	Experience	Qualifications
Sarah Dorricott	28.04.2014	Senior Group Registered Manager	13 years in social care, with 10 years' experience with looked after children and young people.	Level 2 Diploma in Health and Social Care Level 3 Diploma in Residential Childcare Level 5 in Leadership and Management Foundation Degree in Therapeutic Childcare.
Dave Lockett	08.09.2008	Deputy Care Manager	16 years in residential childcare within the organisation. Dave has undertaken a number of roles, including acting manager in a previous service.	Level 4 diploma.
Jessica Moore	07.10.2019	Senior Care Practitioner	5 years' experience in residential childcare.	Level 3 Diploma.
Victoria Hall	01.02.2005	Senior Care Practitioner	19 years' experience within residential childcare.	Level 3 Diploma. Degree in Therapeutic Childcare.
Jack Collins	11.05.2020	Residential Childcare Worker	4 years' experience in residential childcare.	Nearing completion of Level 4 Diploma.
Lorraine Walker	16.10.2023	Residential Childcare Worker	3 months experience in residential childcare.	Completing induction workbooks and awaiting enrolment onto Level 4 diploma.
Chantele Neal	18.11.2019	Residential Childcare Worker	4 years' experience in residential childcare. Chantele has working both within SEMH settings and LD.	Level 3 Diploma.

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Alyssia Scott	03.05.2022	Residential Childcare Worker	2 years' experience in residential childcare.	Working towards Level 3 Diploma.
Jamie McGrath	07.11.2022	Residential Childcare Worker	1 years' experience in residential childcare.	Working towards Level 4 Diploma.
Vacancy		Residential Childcare Worker		

Appendix B - Wellbeing and Clinical Service

Who Supports the Home and Young People

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

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

Athena Hub Clinical Team		
Clinical Employee Name	Job title	Qualifications
Dr Katie Caddick-Eardley	Wellbeing and Clinical Locality Lead and Senior Specialist Educational Psychologist	BSc Hons - Psychology Degree PGCE - Post graduate Certificate in Education QTS - Qualified Teacher Status MSc - Education Psychology Master's Degree

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		DEdPsy - Doctorate in Educational Psychology HCPC - Registration No. PYL00044 AEP Member - Association of Education Psychologists
Michelle Hopkins	Wellbeing and Clinical Services Coordinator and Senior Specialist Art Psychotherapist	BA Hons Art Degree MRCC (level 4- Managing residential children's services) MA Art Psychotherapy HCPC - Registration No. AS13975 BAAT member – British Association of Art Therapy
Dr Linda Sunday	Wellbeing and Clinical Services Coordinator and Drama Psychotherapist	BA Hons Drama and Performance. MA in Dramatherapy PhD in Philosophy HCPC Registration – AS15028
Dr Yuvender Prashar	Wellbeing and Clinical Services Coordinator and Senior Educational Psychologist	BSc Hons (Biomedical Science) MSc (Psychology) Professional Doctorate in Applied Educational and Child Psychology HCPC Registration – PYL35660
Katie Brereton	Occupational Therapist	BSc Hons (Psychology and Sociology) BSc Hons Occupational Therapy HCPC
Joanne Pearson	Psychotherapist	MSc Integrative Psychotherapy Post Graduate Diploma Integrative Psychotherapy Post Graduate Certificate Integrative Psychotherapy BSc (Hons) Psychotherapy BACP Registered Member
Sarah Baker	Counselling Psychologist	BSc Hons – Psychology City and Guild– Teaching Certificate for Adult Learners

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		Masters – Counselling Psychology Post-Masters Diploma – Counselling Psychology HCPC Registration – PYL06692
Helen Sim (contractor)	Contractor - Speech and Language Therapist	BSc Speech Pathology and Therapy
Benjamin Howells	Therapies Assistant	BA Hons- Education Studies Degree MSc- Psychology in Education Degree Current- Pre-clinical Psychotherapy Training
Jasdeep Kaur	Assistant Psychologist	BSc Hons - Psychology & Criminology Degree
Jasmine Hare	Assistant Psychologist	BSc Hons – Psychology with Sociology Degree
Priya Khutan	Assistant Psychologist	BSc Hons - Psychology
Victoria Jones	Peripatetic Psychology Team Lead – North/Senior Specialist Forensic Psychologist	BSc (Hons) Psychology Dip Psych (Open) – Psychology MSc Criminological Psychology Registered Practitioner Psychologist HCPC (Health Care Professions Council) number PYL28966
NB. list is live as of November 2023 – additional employees to be added to reflect expansion and vacancy filling.		

Appendix C – Wellbeing Model

How The Home and Young People Are Supported

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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.

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.

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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

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).

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

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

Table 2: Holding

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

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

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Safety Intervention - Advanced™



Table 1: Disengagement

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

KEY

Green ✓ = Foundation Safety Interventions included

Red x = Skills not included

Yellow ✓ = Advanced Skills included

Table 2: Holding

Name & Sequence	Seated			Standing			Team Interventions (2 staff)	Transitions (2 staff)	Children Holds			3 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					
Market																		
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	x	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										15	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)	Standing							Seated	Standing	Standing to Seated	Standing to Seated	Standing to Seated	Seated	Supported Prone
Market																								
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Timings (minutes)	150										30		20	15	35	35	35	35	40	50	50	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 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.