

Statement of Purpose



Marhaba – URN SC449245

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1. QUALITY AND PURPOSE OF CARE

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

- Family and placement breakdown: including birth and adoptive families, foster placements, and other residential placements.
- Young people with particular behavioural 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 who have experienced abuse.

We believe:

- That every young person deserves to feel valued and to live in a safe, structured, and caring environment.
- Our young people should receive the best quality care from a skilled and committed care team and be protected from abuse and neglect.
- The spirit and intent of our approach is the recognition that we are important influences on the lives of the young people placed with us.
- In giving young people great experiences of residential care.

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 work under a trauma informed model of care. As part of this model, all care and education staff receive training in trauma informed practice training, including PACE (Playfulness, Acceptance, Curiosity and Empathy). To enable us to provide children with the necessary skills and attitudes that maximise the potential for positive outcomes.

The philosophy underpinning a trauma informed practice approach 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.

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

To achieve this, we:

- Provide each young person with a living environment which is suited to their individual needs, and which reflects the value we place upon them.

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- Ensure, through the provision of a safe and secure living environment, that each young person is afforded the opportunity to build or rebuild confidence in their coping and problem-solving skills, using safe mechanisms.
- Provide each young person with the care and control to which they are entitled, offering opportunities to relate to adults who are able to demonstrate emotional commitment combined with professional integrity and safe boundaries to behaviour.
- Recognise that “therapy” extends beyond the therapists door and employ a culture that is truly therapeutic throughout the home and through our practice.
- Promote the young person’s rights and ensure their views and wishes are represented.
- Provide stimulation and opportunity through daily strictures tailored to meet individual needs.
- Carry out effective care planning and reviews as well as promoting partnership with local authorities and those with parental responsibility. Placement plans are reviewed monthly or sooner where applicable as part of our quality assurance system.
- Ensure that educational opportunities are made available to each young person which takes into account their current needs and potential to maximise life changes.
- To support young people and prepare them through practical and emotional preparation for independence.
- To support the young people on their transition from the home back into family living, step down to foster care, into the community or adult care.

Marhaba is a residential children’s home and is part of Bryn Melyn Care which sits under the umbrella of the wider organisation, Outcomes First Group. Marhaba can accommodate up to three young people, male or female, between the ages of eight and seventeen at admission, providing mid to long term placements. Marhaba can also offer an emergency placement that can provide stability to a young person at short notice, this would still need to go through the correct referral process in order to obtain correct information.

Marhaba is a spacious Bungalow with a large kitchen area where there are table and chairs for eating meals and adjoined to this is a utility room and a pantry/storage area. The home has a very spacious and bright lounge area, and it has patio doors that open out onto the rear garden. There are three young persons’ bedrooms and two young person’s bathrooms. There is an office/ staff sleep in room which has an en-suite bathroom used by staff. There is also a smaller adults’ sleeping room leading off the hallway and a further sleep-in room in the extended part of the home. There is a smaller toilet for staff/visitors and a further small lounge/games room for the young people.

Every young person has access to their own bedroom, and the home is furnished and maintained according to the homes expectations. Each young person is encouraged to contribute to decisions about personalising their space and choosing personal items of furnishings. Provision has also been made for young people to undertake their homework in comfort, for which there is a choice of using the kitchen table, either lounge or the area in the

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extended hallway where there is a desk. A fitted alarm system alerts the team members of young people attempting to leave the home via the front and external exits at nighttime. Permissions are sought for young people to have bedroom door alarms, if required. The alarm system is activated once young people have settled in their rooms at night.

Marhaba is situated in a rural area on the outskirts of Whitchurch town, which is a relatively large town accommodating all major facilities such as shops, supermarkets, leisure centre and local clubs which the young people can attend.

Young people placed at Marhaba have access to common facilities shared by young people in other homes and are guided by the same principles. All of the policies and procedures are therefore common to Outcomes First Group in order to ensure consistency.

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

We believe that religious observance is an important part of an individual's identity. Telford (30 minutes) boasts a diverse multi-cultural population and provides places of worship to meet the needs of several different faiths. As part of the admission process, we ascertain a young person religious persuasion to ensure that religious observance is built into their placement plan. We encourage open conversation and exploration with the young people into different religions and we use key worker sessions and theme nights to discuss such topics.

We support the right of any individual to make a complaint. On admission to the home, our complaints procedure is explained both verbally and in the form of a young person's guide. All complaints are taken seriously and are recorded in a complaints log within the home. Dependant on the nature of the complaint it may be necessary to inform an external agency such as the local Safeguarding board, Placing Authority or Ofsted. For complaints that do not fall into this category, we attempt to resolve them informally through discussion and negotiation. If resolution is not possible, we will then move to the formal stage. If at any stage, the complainant states their wish to have their complaint investigated by someone external to the home we will support them to facilitate this request. All actions taken and outcomes are recorded, and the complainant is kept fully informed in writing throughout the process. Should the complainant be unhappy with the outcome, they are then supported to access the homes appeals procedure. As part of the appeals procedure, the complainant is made aware that they may complain to the Commissioner for Social Care.

We believe that it is the right of every young person to live in a safe, warm and nurturing environment without fear of abuse. To this end, we are committed to delivering the best care and ensuring that young people are not only protected from harm and abuse but also from self-destructive and reactive behaviours. We aim to ensure that young people receive a positive experience of residential care.

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Safeguarding:

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

Once all relevant information has been collated, we complete a pre-admission risk assessment and impact risk assessment to determine the severity of any particular risk and to identify a safe risk management plan. Only when we are satisfied that we can safely provide for a young person's care and that the young person would be a suitable match to any other young people accommodated at the home will we then agree to the placement. Each young person has an Individual Behaviour Support Plan to identify risk taking behaviours and best practice to defuse potentially harmful situations. Risk assessments are written to evaluate management plans for all activities both internal and external to the home and all are regularly reviewed throughout the placement. Should a situation arise whereby a young person alleges abuse, we follow the local LSCB guidelines in line with our statutory obligations. Furthermore, we have developed comprehensive Child Protection Referral Policies and Procedures that have been endorsed by Shropshire LSCB (first point of contact team) who also provide guidance and training in such matters if required.

The home operates a whistle Blowing Policy to empower care staff to report any concerns they may have regarding a colleague's practice. To further enforce the policy, it is a disciplinary offence not to report concerns and failure to do so can lead to dismissal without notice. As necessary, we will advise OFSTED of any employee dismissed for poor practice and concerns will also be reflected in any future reference requests. Should the concern warrant a referral to the Protection of Children Act List or Protection of Vulnerable Adults List we will not hesitate to do so.

Preventing Bullying:

Whilst bullying is not tolerated at Marhaba we are acutely aware that the risk of bullying is ever present and therefore, believe that preventative measures are invaluable to counter the concern. Outcomes First Group have produced comprehensive policies and procedural guidance for staff on Anti-Bullying, Anti-Oppressive & Anti-Discriminatory Practice and Equal Opportunities. Our young people are risk assessed as both potential bullies and victims. We believe that everyone at the home has the right to be treated with respect and to feel safe in their home environment. Bullying is discussed at team and house meetings and is incorporated into conversations within the home and at school. This is especially useful in group discussions around cultural diversity and the need for individuality. The home have created a young persons bullying policy, input by the young people living in the home. The care team are all trained in Anti-Oppressive & Anti-Discriminatory Practice, Equal Opportunities and Racial and Cultural Diversity. Furthermore, should we identify a young person displaying bullying behaviour we will encourage them to compete key work sessions and training sessions if required.

2. ENGAGING WITH THE WIDER SYSTEM

The team ensures that the young people have options to access additional support from external professionals and promote the integrated service model within Bryn Melyn Care. Most young people will attend our independent school near Wem, which offers a range of academic and vocational studies. For young people unable to access mainstream schooling

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our own independent school we deliver a full outreach education programme overseen by the head teacher. We believe the support and consistent message that is passed through the education environment to the care staff and onto the clinicians allows a fluid model of integration so as to achieve best possible outcomes for the young people unity within these environments also further their socialisation and peer interactions.

At Bryn Melyn Care we value the development of the “whole child” and this is reflected in our philosophy within independent registered school. Our individual programmes recognise and build on the pupil’s skills, promote individual achievement, and aim for pupils to enjoy and feel empowered by their participation in learning activities. We strive to meet individual needs and recognise our role promoting social as well as educational development.

School offers a stimulating and challenging environment within which both staff and pupils can grow and learn through a range of academic and vocational studies. Care teams and teaching staff work closely together, and pupils are supported within lessons by their carers where this reflects the aims emphasised in the young persons’ placement plan.

3. VIEWS, WISHES AND FEELINGS

Every young person that comes to Marhaba is asked what they hope to achieve both during their time with us and their hopes for the future. We then discuss their immediate short-term needs and help them identify and visualize the necessary stepping-stones to enable them to achieve long-term goals. These stepping-stones become their placement plan, which contains mutually agreed responsibilities, expectations, and timescales to move them forward. This is then shared with the young person and other professionals around the child such as clinician, social worker, and education. In addition to the placement plan, we also ask the young person their thoughts on care and control with regard to 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 Individual Behaviour Support Plan and is reviewed throughout the placement

Marhaba holds regular keyworker sessions in which the young person has the opportunity to discuss with their carers any issues they may have or any views, feelings, wishes they may want to put to the team and home. These sessions also provide reflection on any incidents or current issues within the home or areas in which the young person may be having difficulties.

Marhaba also holds regular house meetings in which the young people are invited to discuss the day-to-day operation of the home and voice 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. Young people are encouraged to attend their CLA review meetings and PEP, meetings where they can put forward their views and wishes in regards to their care plan and discuss anything they wish with the adults around them in a constructive manner. Menu planners and activity planners are completed each week and young person’s questionnaires are completed every 6 months to obtain their feedback and allow opportunities for the young people to be able to put forward their views, wishes and feelings. All young people living at the home are encouraged to access an individual advocate.

4. EDUCATION

Bryn Melyn Care delivers independent education through its own facility, Smallbrook School, registered with the Department for Education, which many of our children attend.

Bryn Melyn Care 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 a 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.

The Curriculum:

Through an extensive curriculum that is broad, balanced, and 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/Education health Care:

For pupils with a 'Statement of Special Educational Needs or education health care plan', targets will reflect the specified objectives within their statement. The Special Educational Needs Co-ordinator, who is employed by Bryn Melyn Care, will regularly monitor statements.

School Staffing Arrangements:

A head teacher is responsible for the strategic management and leadership of the school, a deputy head teacher takes responsibility for the day-to-day operational management and leadership of the school. Teaching staff are qualified to varying degrees all of whom have a proactive, enthusiastic, and creative approach to teaching and learning within this specialist environment. 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. Each pupil is appointed a designated teacher who liaises closely with their care team and reports on his or her progress, as well as attending his or her review meetings. As children initially arrive at Bryn Melyn Care, we enable short-term accreditation targets to be met through the AQA Unit Award Schemes as well as offering access to public examinations including GCSE to our longer-term children. Our school provided every young person at Bryn Melyn Care with a full timetable of planned learning activities from Monday-Friday. Timetables consist of a mixture of time in school, outdoor and adventurous activities and independent study/projects. Each young person has an individual education plan drawn up within four weeks of admission and this highlights specific targets to be achieved during the term. A personal education plan is also requested shortly after the pupil's admission and we liaise with the pupil, their care team, and their social worker to complete this. The teachers and care staff

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are trained in the use CPI which allows us to apply consistent boundaries consequences and expectations alongside prompting positive behaviour in young people. Through all our work with pupils we strive to empower and motivate them strongly encourage discussion as a powerful means of communication and negotiation. Promoting citizenship skills alongside PSHE are important roles for our staff and form a key part of the curriculum. Due to the age of some of our young people, they may attend college. There are multiple appropriate sites situated in the nearby areas. The young person will be supported through the application process. The team will support the young person to ensure a successful transition to college. We will continue to link with therapists to ensure all emotional and therapeutic needs are being met during this significant life change.

Outdoor Education:

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

The main idea behind outdoor education is to increase the young person's knowledge and understanding of the outdoors through various mediums such as rock-climbing kayaking open canoeing mountain biking and gorge walking. However, one of the fundamental objectives is to have fun. Our instructors all have dual certificates in a range of outdoor pursuits as well as care. Although they are competent in a variety of outdoor pursuits, they are equally able to understand a young person's behaviours and their holistic needs.

5. ENJOYMENT AND ACHIEVEMENT

When a young person comes to live at Marhaba we discuss their preferences with regard to hobbies, sports, literature, and areas of specific interest. Each weekend, our young people are supported to complete a weekly planner to ensure their days are fully occupied with activities of choice. 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 Individual Behaviour Support Plan, 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 care staff being present. Dependent on risk assessments young people can access sporting facilities, youth organisations, cinema, and ice-skating, snooker, bowling, and swimming. Should they express an interest, young people are also encouraged and supported to join local junior football, rugby, netball, and cricket and hockey teams. All young people are encouraged to join the local library and can also borrow a diversity of literature from the schools. The young people at Marhaba are encouraged to participate in cultural activities to both widen their knowledge of other cultures but to also

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ensure that they are able to explore their own culture and heritage in a safe and supported manner.

6. HEALTH

Within the first seven days of the placement, our young people are registered with a local General Practitioner, a dentist and an optician. Marhaba's 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 impact on emotional well-being.

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

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

We also have allocated Clinicians for the home, Jennifer Rye, and Andrea Edwards. They support not only the young people but the team also.

7. POSITIVE RELATIONSHIPS

We are committed to supporting relationships with family, friends and significant others and believe it to be of vital importance that the family remain central to the young person's life where appropriate.

In cases where family time 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 and friends are welcome to visit the home, but this has 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 any young person living there. We actively encourage positive contact and relatives are often invited to enjoy social family activities to promote informal interaction and fun. Where appropriate, families are kept informed of significant events and receive monthly or weekly reports. 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 placement plan are agreed in consultation and a copy is then sent to the family.

8. THE PROTECTION OF YOUNG PEOPLE

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Each young person is treated individually and can require different levels of supervision within the home and when out in the community. Within the home young people are allowed time to themselves to watch television, take part in crafts etc. or spend time in their own bedrooms. The care staff remain in close proximity where the young person is, in case they require help for any reason.

Within the community some young people may be able to take 'free time', and this is time where they are able to go out and complete tasks or participate in activities without the supervision of the care staff. Where young people are not allowed to take free time, they are supervised by the care staff in order to ensure the safety of the young people and the members of the public. Established in 1985, Bryn Melyn Care has developed an excellent reputation for its work in therapeutic care and now offers a range of emergency, medium term, and permanency services. Bryn Melyn Care are driven by an impressive level of expertise, experience, knowledge, passion, and energy. It is the belief of Bryn Melyn Care that boundaries and behavioural management needs to be undertaken within an atmosphere of mutual trust and respect between staff and children/young people and an understanding of acceptable behaviour. They must be applied in a consistent, sensitive, and understanding manner. This will help both staff and children/young people build relationships based on positive experiences and help to de-escalate conflict and oppositional behaviours.

It is expected that children/young people in our care will push against boundaries. The team at Marhaba are trained in the CPI and trauma informed practice. This incorporates trauma informed and person-centred approaches. The programme has a focus on prevention, it also teaches staff de-escalation skills as well as non-restrictive and restrictive interventions. The programme is Restraint Reduction Network (RRN) certificated training curriculum 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, staff will attempt to be proactive rather than reactive. They will do this through reflection and using the skills they have been taught in training. We will encourage the use of discussion, negotiation, and compromise.

Incidents of anti-social behaviour also provide the staff 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 staff with an opportunity to learn and find solutions to children/young people's underlying problems that encourage the behaviour.

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

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Our approach to care 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, adults 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 staff and young people helps to develop relationships based on positive experiences and empowering young people to develop self-control, thus minimising the potential for incidents to occur.

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

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

Physical Intervention is only used as a last resort to safely take control of a situation when all other attempts at diffusion have failed to lessen the risk to the young person or others. Once the young person has regained control of 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. After a restraint, the carer will use debrief as reflection with the young person. This interview 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. 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 staff conducts a search of the home and immediate area, paying particular attention to known haunts and favoured locations. If after an individualised timescale, the young person cannot be found, the identified level of risk will determine at what stage the relevant

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agencies are notified. 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. A return to home meeting is then arranged and we tend to use our independent visitor to accommodate these.

There are hard-wired smoke alarms in every room and emergency lighting to all exits. In accordance with legislation, the home is subject to regular inspections by the fire service, and the fire extinguishers, smoke detectors and emergency lighting are serviced every six months. All of our staff are trained in fire safety and are responsible for checking the operation of fire safety equipment on a daily/ weekly basis. All checks are recorded, and any faults are rectified immediately. Both young people and staff new to the home are provided with fire evacuation information. An external fire risk assessment is completed every three years, an internal one annually, and individual fire risk assessments are in place for each young person, which is reviewed each month or sooner should the risk increase. Fire evacuation drills are conducted monthly and within 24 hours of a young person moving into the home.

9. LEADERSHIP AND MANAGEMENT

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

Director- Alison Blythe Bishop

Alison joined OFG in 2019 and has been working with the national care team around supporting the children's residential improvement journeys and in October 2022 has taken over as interim regional director for 3 clusters of homes.

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

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

Responsible Individual – Eleanor Brammer

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

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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.

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

Registered Manager – Amy Mullard

Amy has supported young people at Bryn Melyn Care for nine years, beginning as a care practitioner in 2014.

Amy is registered with OFSTED, as the manager of Marhaba.

Amy took over the role as Manager at Marhaba at the beginning of February 2019 and has four years' experience as a dual registered manager.

Amy has a level three qualification in children and young people, a foundation degree in therapeutic childcare and her level five qualification in leadership and management.

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 capable and motivated members of staff care for our young people.

At Marhaba all new staff are supervised twice monthly in the first six months of employment, after which all staff are supervised for a minimum of 10 supervisions per month. The company policy states supervision is only required 6 times per year, however the homes manager at Marhaba believes due to the nature of this job, this should be increased.

In addition, monthly team meetings are conducted at the home and are utilised as group supervisions to enhance team performance. The young person is invited to contribute prior to the meeting taking place to discuss home and relationship issues, which encourages the development of teamwork towards agreed goals. Appraisals are conducted annually and are linked to development to determine progress to date and developmental needs for the next twelve months. (Please see training and development below).

Training and Development:

Bryn Melyn Care 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 that far exceeds the requirements of the Children's homes regulations and quality standards. Outcomes first now offer their induction package to our new starters, this includes face to face and online training.

Furthermore, we are committed to the development of all our staff and invest heavily in the continuous learning process. In addition to Level 3 and 4 qualifications, we promote career advancement. Our Training Co-ordinator ensures that every member of staff has a Personal Development Plan that allows for both identified training needs and individual wishes regarding development options.

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Outcomes first Group deliver the below training induction.

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Course	Company Induction (Including, Intro to Safeguarding online)	Company Induction	Introduction to Therapeutic Parenting	Ligature (am) eLearning (pm)	Safeguarding Foundation
Delivery Type	Zoom	Zoom	Zoom	Zoom	Zoom
Trainer	L&T	L&T	L&T	L&T	L&T
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
Course	Safety Intervention Theory	Safety Intervention Practical	Emergency First Aid	eLearning (mandatory training)	eLearning Feedback on induction courses completed
Delivery Type	Online	Classroom	Classroom	Self-Learning	Self-Learning
Trainer	Local Certified Instructor	Local Certified Instructor	L&T / Knights Absorb		

The staff team is consistent of a mixed male and female team, and we try and ensure that this remains consistent to allow for the male female balance in the home and in working with the young people so as that we are promoting positive role modelling and diversity from both male and female staff.

10. CARE PLANNING

REFERRAL and ADMISSIONS PROCESS:

We consider young people of either gender who are aged between 8-17 years on admission and experiencing difficulty in their life that would, in our opinion, benefit from the placement. Unfortunately, we are unable to care for young people with severe physical disabilities, severe learning difficulties or a diagnosed mental illness that if untreated could place the young person and others at risk,

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

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Bryn Melyn Care 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 necessary, by all involved to be in their best interests.

A telephone call to the Placements Manager at Head Office, Bryn Melyn Care will initially determine whether there are any vacancies at the home. Bryn Melyn Care 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 Placements Manager. Supporting documentation should include:

- Referring social worker's assessment report (initial and or core assessment)
- D.O.B
- Legal Status
- Social History/chronology
- Psychological / Psychiatric reports
- Court Proceedings, (past and outstanding) also previous convictions list
- Medical History
- Risk Assessment

Once the referrals team receive this information, they will send the information through to the home that may be a suitable match. It will be the decision of the manager at Marhaba to decide if the referred young person would be a suitable match to the current young people and if the home can meet the needs of the referred young person.

PLANNED ADMISSIONS

The registered manager will visit the young person at their current placement before making a final decision on admission. The young person will then be invited to visit the home 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.

SAME DAY ADMISSIONS

If a referral supports a need for a same day admission, we will still require the same relevant information before the home's manager can make any decision.

Appendix A – workforce experience and qualifications

Staff member Name	Start date	Job Role	Experience	Qualifications
Amy Mullard	May 2014	Registered Care manager	Over 9 + years experience in residential childcare. 5 years experience at managers level.	Level 3 in residential childcare Level 5 in leadership and management Therapeutic childcare

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				foundation degree DDP level 1 Safeguarding level 5
Greg Banton	15.07.2019	Senior Care Practitioner	Over 14+ years working in residential childcare	Level 3 in residential childcare
Veronika Holomanova	18.02.2019 Returned from maternity leave November 2023	Senior Care Practitioner	Over 4 + years experience in residential childcare	Level 3 in residential childcare
Billie-Jean Stevenson	28.09.2020	Qualified Care Practitioner	3 years working in residential childcare	Level 4 in children and young people
Sarah Beardsmore	11.05.2020	Qualified Care Practitioner	Over 8 years +experience in residential childcare	Level 3 in children and young people
Ella Vann	November 2021	Unqualified care practitioner	24 months experience	Unqualified care practitioner working towards level 4
Kerry Dickenson	November 2022	Unqualified Care Practitioner	18 months experience	Working towards level 4
Amy Hughes	February 2022	Unqualified Care Practitioner	Part Time Two years in post	Working towards level 4
Dan Lloyd	June 2023	Unqualified Care Practitioner	16 months experience at other OFG home	Working towards level 4
Olivia Lane	Started induction 27/11/2023	Unqualified Care practitioner	Over 12 months working at an agency. Has worked at Marhaba intermittently over the past 12 months.	In probation

Temporary Staff member Name	Start date	Job Role	Experience	Qualifications

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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 Celtic hub, together with their professional qualifications. These clinicians may support any of the residential settings within the hub.

Athena Hub Wellbeing and Clinical Service		
Clinical Employee Name	Job title	Qualifications
Andrea Edwards	Clinical & Wellbeing Service Lead	Msc Neuroscience Post Graduate Diploma Level 4 in Integrative Psychotherapy Bsc (Hons) Degree in Psychology
Jennifer Rye	Art Psychotherapist.	Diploma level 4 Counselling BA Creative arts Masters in Art Psychotherapy

Appendix C – Wellbeing Model

How The Home and Young People Are Supported

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



The overarching red and orange stripes apply to every OFG employee

Wellbeing and Clinical Approach

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

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

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

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-

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review to identify areas for development. Homes are able to achieve a quality standard assurance rating of Bronze, Silver or Gold according to their current level of delivery. Further information on the AAD and CCC strategies are available on request.

Universal Offer

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

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

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

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

Enhanced Offer

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

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

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

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

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

Specialist Offer

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.

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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

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

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

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

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

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

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

Safety Intervention - Foundation™



Table 1: Disengagement

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

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

Table 2: Holding

Name & Sequence Market	Seated			Standing			Team Interventions (2 staff)	Transitions (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	Bite	Interventions (1 staff)			Neck (high risk)
								Low	Medium	High	
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Timings (minutes)	90										15

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

Table 2: Holding

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

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Who are we?

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

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

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

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

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

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

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