

Statement of Purpose



**Medway
SIN-00010207-BGLS**

Acorn Education And Care

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Person responsible for review of this document:

Name: Amy Tew

Position: Home Manager

Dated	Name of Reviewer	Section amended	Signed
08.12.23	Amy Tew	New template and staffing	A.TEW
07.03.24	Amy Tew	Staffing and change of regional manager	A.TEW

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Section 1: About the Provider

Service provider:	Bryn Melyn Care Limited Part of : Outcomes First Group Atria Spa Road Bolton BL1 4AG
Legal entity:	Limited Company
Responsible individual:	Alison Blyth-Bishop
Manager of service:	Amy Tew
Regional Manager:	Eleanor Brammer
Name of service:	Medway
Address of service	Medway, Hill Street, Pentre Broughton, Wrexham, LL116HH

See Appendix E – Outcomes First Group, Who are we?

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Small Steps, Big Outcomes

ACORN EDUCATION AND CARE

OUR PLEDGE TO YOU, WE WILL:

1

KEEP YOU SAFE AND CARE WELL FOR YOU

- Ensure you live in a safe and homely place
- Listen to you, particularly when you raise concerns about your safety or the quality of your care
- Ensure that those people who care for you are trained and supported to keep you safe
- Make sure you are prepared for the next stage of your life – including managing money, looking after your health and taking care of where you live

2

HELP YOU GET A GOOD EDUCATION (ACHIEVE AND ENJOY)

- Make sure your education meets your needs
- Help you to attend your education provision and make good progress
- Have high expectations for your potential
- Celebrate your educational achievements
- Help those who care for you have the right advice to support your education

3

HELP YOU BE HEALTHY AND ENJOY LIFE

- Help you to be physically and emotionally well
- Support you to take part in clubs and/or hobbies that interest you
- Support you to make healthy eating decisions and to cook healthy food
- Help you to socialise with your friends (as long as this is safe)
- Support you to take part in exercise and have fun

4

SUPPORT YOUR FUTURE AND YOUR NEXT ADVENTURE

- Help you to take part in positive activities
- Support you to undertake work experience
- Help you to find employment, an apprenticeship or to study further
- Support you to take part in an adventure when you reach sixteen

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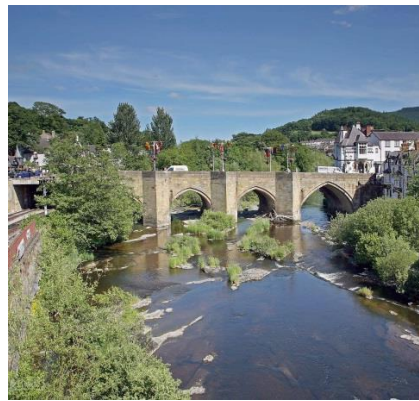
Section 2: Description of the location of the service

a)	Accommodation based services
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Medway is a detached home, located in Pentre Broughton which is in the county of Wrexham. It is within easy access of the A483 which links Medway to Oswestry and the historic town of Chester. The North Wales coast is about an hours' drive away which offers a variety of activities. The home is located in close proximity to all that a big town has to offer in terms of activities and opportunities for games and clubs. There are local parks with swings and sports fields; there is laser quest and horse riding, football, martial arts, cadets clubs and a cadet's academy. We are not far from centres for adventure sports like canoeing and climbing. We even have Hollywood stars owning our local football club. Wrexham has a thriving University and Colleges of Further Education which provide opportunities for young people of all levels of ability and educational attainment. Wrexham has a hospital (Including CAHMS), Youth Justice, Job centres and all local authority services and main transport links.

Medway offers an enclosed garden with patio and grass areas. There is also a quiet area situated at the bottom of garden. Medway also has a detached garage and shed which are secure that offers storage for larger items such as bicycles.

Young people placed at Medway 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 the Bryn Melyn Care in order to ensure consistency.



Section 3: About the service provided.

a)	Range of needs we can support
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Medway is a two bedded children's home (boys or girls) which forms part of the Bryn Melyn Organisation. We accommodate two young people who need care and support in a 1:1 setting, or 2:1 if required. Young people may be aged 7 – 17 on admission to Medway.

We do not discriminate on the grounds of race, ethnic origin, and sexual orientation, cultural or religious beliefs. We take into consideration, the needs of the young person in residence and any impact a new admission may have will be fully risk assessed and given serious consideration.

Our aim at Medway is to provide all young people with a safe and secure environment where they can develop skills and confidence to be able to express them in a way that will not put themselves or others at risk and provide life skills for their future.

Placements at Medway are available to young people with behavioural and emotional difficulties. The ranges of behaviour we can work with include sexually inappropriate behaviour, self-harming, criminalised behaviour, violence and aggression, low self-esteem, attachment issues.

Any referral to Medway will be considered on an individual basis, in order to ensure that we can meet the specific needs of the young person. The home can cater for young people with learning difficulties and would need to be appropriately assessed to ensure the home can offer appropriate placement

b)	Age range of people using the service	7 - 17
c)	Accommodation based services	Maximum Capacity - 2

Section 4: How the service provided

Medway provides a therapeutic placement either long term or short term up to the age of 18 that includes 2:1 or 1:1 care support, clinical support, and educational support. The team at Medway are all trained in Trauma Informed Practice. All of the team are also trained in the behavioural management model, CPI (Crisis Prevention Institute). See appendix D.

This, in conjunction with Trauma Informed Practice equips the team to safely provide both connection and correction to vulnerable young people. The home has therapeutic care as its core practice, and this, in consultation with our Clinical Team, underpins all of the work we do.

Children with attachment difficulties need stable, containing placements that they can manage and understand. In order to work in any depth with trauma there needs to be a period that allows progress through the work towards integration, and a commitment that the child does not move partway through the recovery process.

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.

The philosophy underpinning Trauma Informed Practice 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. We recognise that the most important tools we have to help young people to grow and develop, are ourselves. Our ability to relate to our young people in an open, sensitive, caring and consistent manner is the most important contribution we can make. To maximise the potential for positive outcomes, all carers receive training in Trauma Informed Practice.

We work closely with both our highly qualified and experienced Clinical Team and with the Ofsted registered Private School which is a part of the service that Outcomes First group offer. In this way we are able to provide a service which offers our young people the best possible chance of achieving their fullest potential.

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a) Arrangements for admitting, assessing, planning and reviewing people's care

Arrangements for managing planned, urgent and respite admissions

Our policy is to consider young people of either gender who are aged between 7 to 17 years and experiencing difficulty in their life that would, in our opinion benefit from the placement. If young people are resident at the home prior to their 18th birthday then they may remain with us until their 19th birthday.

Admission to Medway will take place in a planned, professional manner in consultation with the prospective resident's social worker or a representative of their social work department and, where appropriate, the young person's parents.

For many young people, the prospect of moving to a strange area, to live with people they don't know is daunting. Therefore, every effort is made to familiarise the young person with the setting and community prior to admission.

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.

Medway 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 or email to the Placements Manager, at our Head Office, will initially determine whether there are any vacancies at the homes. Outcomes First Group 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 our Placements Manager. Supporting documentation should include:

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

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If at this stage the placement is assessed as an appropriate option then the home's manager will complete a referral impact assessment with all available information. The young person will be visited by the home's manager at their current placement and will receive a young person's guide to help answer any questions they may have before a final decision on admission will be made.

The young person will then be invited to assist in the development of a transition plan, which will include further visits by the care team to the young person and visits (including overnights) by the young person to Medway. It is an expectation that all transition plans will take place over no less than one week and ideally two weeks to promote the development of trusting and healthy relationships and therefore greater opportunity to achieve positive outcomes for the young people. Throughout the transition period the young person is encouraged and supported to explore and express their thoughts and feelings regarding the move to Medway to have input into their own care, their Personal Plan and the support they will receive; to understand the expectations and responsibilities of the home and to personalise their bedroom and other areas of the home. All enquiries to Bryn Melyn Care, which may subsequently lead to referrals, we receive through our placements manager at head office, who gather initial information about the young person and ascertains a timescale for admission to the home. Medway as a home and registered to take referrals for same-day placements; however, we prefer to, where possible, to plan placements, giving us the opportunity to meet the young person and explain their placement at Medway. The placements manager passes the information gathered to the care manager to consider before we offer a placement. Once we have made an offer of a placement in principle and, similarly the referring authorities have made a commitment in principle to fund the placement, the care manager will then contact the social worker and the current placement in order to gather the most up to date information on the child to start writing the Personal Plan.

An initial Personal Plan will be written with the Social Worker and young person's input and using existing information. This will be in place before the Placement starts or in the case of an emergency placement, within 24 hours. This plan will be reviewed and updated during the first week of placement.

Accommodation and sleeping arrangements

Medway offers accommodation for two young people. It also offers sleeping accommodation for two carers.

The home is a three bedroom detached property. The accommodation comprises of - on the ground floor two reception rooms - lounge area and play room, well fitted kitchen diner and a downstairs toilet. The first floor comprises of three bedrooms, two dedicated bedrooms for a young person, a main staff bedroom an office which also acts as the 2nd staff bedroom and bathroom.

The records/paperwork is kept in the office to minimise the disruption and institutionalisation of the young person's home environment.

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There is parking for three cars on the driveway.

A fitted alarm system alerts the team members to a young person attempting to leave the home via external exits during the night; this is then activated once the young person has settled in their room at night.

Heated by a gas boiler the home has wall hanging radiators

The young person has his or her own bedroom and the home is furnished and maintained according to Outcomes First Group and legislative requirements. The young person is encouraged to contribute to decisions about personalising his/her space and choosing personal items of furnishings. We make every effort to uphold their dignity and privacy within this.



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Arrangements for initial and ongoing assessment of care and support needs

Prior to admission, the homes manager will undertake an Impact Assessment based on the young person's referral information and consultation with the placing authority. Our allocated clinician is part of reviewing potential placements and when we identify a young person for a potential placement; our clinician will give us pre-clinical recommendations. If CAMHS services are necessary, we consult CAMHS prior to admission on the availability of their services. The allocated Key Worker and Manager will gather all the relevant information and complete the young person's information sheet, including registering with local health services. A planning meeting is set up to take place within five working days, to include the placing authority. A Positive Behaviour Risk Management Plan (PBRMP) and Health Plan for the child will be set up on admission by the team and manager.

At the initial planning meeting, we will ensure we have identified any ongoing health needs, the plan for boundaries, structures and routines, and the educational transition plan. We will set a date for an eight-week review.

With all this information to hand, the Home's Manager will write up initial Personal Plan and share it with the young person and other relevant parties. This will be in place before the Placement starts or in the case of an emergency placement, within 24 hours. We will review and update the initial personal plan during the first seven days from admission, in line with the provider's assessment and our own initial observations.

The personal plan sets out:

- How we will meet our young person's well-being, care and support needs on a day to day basis. This includes the details of their care need, and how our young person will be supported to achieve their fullest potential;
- how our young person's wishes, aspirations and religious beliefs will be supported;
- any risks to our young person's well-being and how this will be managed;
- steps to support positive risk taking;
- Steps achieve independence according to their ability, taking into consideration their age, and social and cultural expectations.

Their personal preferences and routines will be set out in their Boundaries, Routines and Structures document.

Our young person will be involved with any revision of their personal plan, as will their Social Worker or any other representative, including an advocate. It is important that the personal plan is 'live' document and that we work together to ensure it reflects the best interests of our young person.

The plan will be reviewed every three months, sooner if necessary, in line with the young person's developing needs, or the wishes of their placing authority. It is important that reviews involve our young person, and that all the information we have gathered prior to the review is considered.

Education and Clinical Services will be invited to contribute from their experience and assessment

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of our young person's needs and abilities. The reviews will align with our young person's 'looked after children' (LAC) review and will be updated accordingly.

Where there is any significant difference between our Personal Plan and the Placing Authority's Care Plan, we will ensure that we communicate this to them and obtain the necessary permissions.

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Clinical Support and Assessment

We offer a clinically informed assessment for young people experiencing a broad range of difficulties including:

- Behavioural difficulties/offending behaviour
- Attachment and family relationship difficulties
- Depression/anxiety/phobias/obsessions and compulsions
- Post-traumatic stress disorder (PTSD) / trauma
- Clinical services incorporate evidence-based approaches to the treatment of psychological/mental health difficulties and are consistent with current national clinical guidelines.

Out Comes First Clinical Services team work closely with the direct care staff at Medway to assist with the assessment of individual needs of each young person and to establish therapeutic relationships with individual children where appropriate. The clinical team provide the home manager with clinical oversight and support.

Out Comes First use fully accredited employed therapists, registered with the relevant professional body and they receive regular supervision of their work within the requirements of that body in addition to the line management arrangements within Bryn Melyn Care.

b)	Standard of care and support
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- ***Be as physically, mentally and emotionally healthy as possible***

Our intensive method enables us to respond to our young people's needs in a very deliberate and precise way. It enables us to create remarkable behavioural and emotional changes. This involves 1:1 (or in some cases 2:1) working to provide the safety and support, both physical and emotional, required for change and growth.

Our care practitioners provide therapeutic childcare following Trauma Informed Practice underpinned by Dyadic Developmental Practice (DDP), which is theoretically grounded in a range of well-developed psychological theories; attachment theory, developmental trauma, the neurobiology of trauma, attachment and caregiving, intersubjectivity theory and child development.

- ***Be safe***

Medway is a comfortable home that is domestic in scale and feel. The young person has their own bedroom, bathrooms and space to sit should they wish for quiet time and space.

We expect that children/young people in our care will push against boundaries and a time when we can carry out the most valuable work with children and 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.

The rights of young people at Medway to expect us to treat them with dignity and respect are central to the ethos and values of Outcomes First Group. We do not discriminate against any young person because of religion gender, age, disability, ethnic origin or sexuality.

All staff receives training in anti-discriminatory practice and such values underpin all training provided. We provide specific training in respect of the Children Act, Human Rights Act, Data Protection Act and other associated legislation.

We provide young people with a children's guide, which identifies their rights and those to whom they can contact independently if they feel that we have infringed or disregarded their rights.

Supporting our promotion of the rights of young people and others associated with the care of a young people at Medway we have in place robust complaints and representation procedures and policies. Young people are encouraged to participate in making positive decisions about all aspects of their lives through formal and informal processes. All young people are supported and encouraged to use the services of the advocacy service NYAS or to consult a solicitor.

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 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

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provide staff with an opportunity to learn and find solutions to the underlying problems of children/young people that encourage the behaviour.

All staff undertake CPI (Crisis Prevention Institute) training (see appendix D) in the management of aggressive and threatening behaviour and this focuses upon de-escalation techniques as well as safe ways to intervene physically where necessary. Staff will use a range of interventions to diffuse a potentially violent and risky situation before allowing it to escalate to high arousal or crisis. These include strategies such as distraction, re-direction, calm talking, and use of humour, active listening, boundary setting and non-threatening communication.

Underpinning our approach to care and control is our basic belief in the equal value of everyone at the home. Therefore, young people have the right for us to treat them 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.

CPI principles underpin our care and control and the techniques taught through training, provide the skills, knowledge and confidence to manage safely young people in moments of crisis.

Clinical Support and Assessment

We offer a clinically informed assessment for young people experiencing a broad range of difficulties including:

- Behavioural difficulties/offending behaviour
- Attachment and family relationship difficulties
- Depression/anxiety/phobias/obsessions and compulsions
- Post-traumatic stress disorder (PTSD) / trauma
- Clinical services incorporate evidence-based approaches to the treatment of psychological/mental health difficulties and are consistent with current national clinical guidelines.

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The Outcomes First Clinical Services team work closely with the carers at Medway to assist with the assessment of individual needs of each young person. Clinicians will establish therapeutic relationships with individual children where appropriate. The clinical team provide the home manager with clinical oversight and support.

Outcomes First use fully accredited therapists, registered with the relevant professional body and they receive regular supervision of their work within the requirements of that body in addition to the line management arrangements.

Prior to or on admission, we will identify a key worker (or in some cases the young person can choose a Carer who they feel they connect with following their arrival) and begin to build a provisional Quality of Life Plan. This will include Boundaries, Structures and Routines, Positive Behaviour Risk Management Plan and Health Plan. During the first week of placement, we will have a planning meeting, to include the care manager, clinician and key worker. We will review the Initial Clinical Needs Assessment, undertake a comprehensive Needs Profile Assessment and set goal based outcomes. Based on this, the care manager and key worker will design a Placement Plan and a Risk Management Plan.

Both clinical and education services contribute to this plan. The Placement Plan outlines the young person's goals, our understanding of their need around that goal, and our strategies to help them achieve their goals. We review this monthly noting achievements and challenges each month.

b)	Standard of care and support
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Be as physically, mentally and emotionally healthy as possible

Our therapeutic model enables us to respond to our young people's needs in a very deliberate and attuned manner. An important factor in this is our 1:1 ratio which provides the safety and support, both physical and emotional, required for change and growth.

Our care practitioners provide a trauma informed practice and therapeutic childcare following the House Model of Parenting developed by Kim Golding (Nurturing Attachments, 2013) underpinned by Dyadic Developmental Practice (DDP), which is theoretically grounded in a range of well-developed psychological theories; attachment theory, developmental trauma, the neurobiology of trauma, attachment and caregiving, intersubjectivity theory and child development.

Outcomes monitoring is a central part of our therapeutic programme measured through individual Quality of Life Plans. We use a range of well-recognised and validated clinical outcomes measures and child-focused goal based outcomes.

Be safe

Medway is a comfortable and homely house. Both young people have their own bedrooms a shared bathroom, a games room and space to sit should they wish for quiet time and space. We provide young people with a handbook, which identifies their rights and those to whom

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they can contact independently if they feel that we have infringed or disregarded their rights.

We admit young people to the home on a 1-1 basis. This is risk assessed prior to their arrival and the risk assessments will be reviewed during the child's placement. We expect that children/young people in our care will push against boundaries and this is a time when we can carry out the most valuable work with children and 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 or shaming. Behaviour needs a response that is calm, thoughtful and attuned, which communicates nurture and support.

Young people at Medway are treated with dignity and respect. We do not discriminate against any young person on the basis of religion gender, age, disability, ethnic origin or sexuality. All Carers receive training in anti-discriminatory practice and such values underpin all training provided. We provide specific training in respect of the Children Act, Human Rights Act, Data Protection Act and other associated legislation.

In supporting of our promotion of the rights of young people, we have in place robust complaints and representation procedures and policies. Young people are encouraged to participate in making positive decisions about all aspects of their lives through formal and informal processes. All young people are supported and encouraged to use the services of the advocacy service NYAS or to consult a solicitor where legal advice is appropriate.

All Carers undertake CPI (Crisis Prevention Institute) training in the management of aggressive and threatening behaviour and this focuses upon de-escalation techniques as well as safe ways to intervene physically where necessary. Carers use a range of interventions to diffuse a potentially violent and risky situation before allowing it to escalate to high arousal or crisis. These include strategies such as distraction, re-direction, calm talking, and use of humour, active listening, boundary setting and non-threatening communication.

Be involved in activities, hobbies or individual interests

Young people at Medway are encouraged and supported to make links in the community and engage in social activities provided locally. We recognise that young people in the care system often find it difficult to form appropriate relationships with peers or adults and Socialisation is a major part of the work we undertake with our young person. We will support young people's way to express their individuality and engage in play, and both creative and physically challenging activities.

We encourage young people to develop hobbies and pursue individual interests. We recognise the value to their self-esteem and welfare in immersing themselves in creative ventures at which they are able to progress and achieve.

- ***Be involved in activities, hobbies or individual interests***

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Young people at Medway are encouraged and supported to make links in the community and engage in social activities provided locally. We recognise that young people in the care system often find it difficult to form appropriate relationships with peers or adults and socialisation is a major part of the work we undertake with our young person once they begin to move beyond the extremes of behaviour, which have led then to their placement with us. We will support young people resident at Medway to express their individuality and engage in age appropriate activities and debates.



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We are proactive in ensuring that we facilitate and develop any hobbies or individual interests that the young person may have.

We recognise the value to their self-esteem and welfare in immersing themselves in creative ventures at which they are able to progress and achieve.

- ***access education, learning and development opportunities;***

For pupils with a 'Statement of Special Educational Needs', 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.

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

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 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.

Access education, learning and development opportunities;

Outcomes First Group delivers education through its own independent school.

Smallbrook School and Kinsale is an independent day school for boys and girls with complex needs which may include challenging behaviours. It is registered for Key Stages 2, 3, 4 and 5 meaning we can take placements for pupils from 7 to 18 years.

Smallbrook School and Kinsale offers a range of academic and vocational studies. For young people unable to access mainstream schooling or our own independent school we deliver a full outreach education programme overseen by the Head Teachers. We believe the support and consistent message that is passed through the education environments, the care staff and the clinicians allows a fluid model of integration so as to achieve best possible outcomes for the young people.

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For pupils with an 'Education, Health and Care Plan

Targets will reflect the specified objectives within their plan. Our EHCP Co-ordinator, will regularly monitor the EHCP and will call reviews.

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.

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 head teacher 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 Looked After Children.

At Outcomes First Group, we value the development of the "whole child" reflected in our philosophy within our registered education facilities.

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 in 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 can be supported within lessons by their carers where this reflects the aims emphasised in the young person's placement plan. Each pupil is appointed a designated teacher who liaises closely with their care team and reports on his or her progress, as well as attending his or her review meetings.

We have a structured level achievements scheme, enabling pupils to collect reward points both in and out of school, thus providing consistency of care and expectations. Parallel use of praise, positive role modelling, CPI behaviour management techniques, and intervention strategies, also promote consistency in staff approaches and expectations whilst enabling pupils to work towards specific targets to gain a further sense of achievement.

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As pupils initially arrive at Outcomes First Group 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 pupils.

Our school provides every young person at Medway 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 to be completed with the support of teachers and carers and a sports programme including gymnastics, swimming, invasive and net/court games.

Each young person has an individual education plan drawn up within four weeks of admission and this highlights specific targets to be achieved during the term. A personal education plan is also requested shortly after the pupil's admission and we liaise with the pupil, their care team and their social worker to complete this. For pupils with Statements

of Special Educational Needs, their targets will reflect the specified objectives within the Statement.

The teachers and care staff are trained in the use of 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 and 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.

Most lessons are taught in small groups, as this gives the pupil and staff the focus to accelerate their learning, without the distraction of many other pupils. Additional sessions are run in larger groups developing skills in cooperative and collaborative working.

Due to the age of some of our young people, they will be attending college. There are multiple appropriate sites situated in the Shrewsbury and Wrexham area. 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. If college is not the path the young person at Medway chooses to follow, we will support them in future education, qualifications and career opportunities as appropriate.

Outdoor Education

The outdoor education department at Smallbrook 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.

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

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

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

- *Have control over everyday life and where relevant participation in work;*

We allocate our young people a key workers who will consult with the young person, as part of their duties about all aspects of their care. The key workers will become the important

part of co-ordinating services for the young person. The manager will appoint the keyworkers preferably before offering a place to the child. Where this is not possible, we will do this as near as possible to the date of admission, and, where possible, taking into account the wishes of the young person.



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Maintain their linguistic, cultural and /or religious identities;

Young people are encouraged and supported to attend appropriate services and celebrate any festivals which relate to their religious beliefs. We will aim to provide Carers who reflect their linguistic, cultural or religious needs. We believe that religious observance is an important part of an individual's identity. Wrexham boasts a diverse multi-cultural population and provides places of worship to meet the needs of several different faiths. We are within easy reach of multicultural communities and facilities in Liverpool and Manchester.

Medway is situated in Wales and we will aim to deliver the 'Active Offer'. Should we admit a first language Welsh young person, we will ensure that we have a Carer on every day who is an able and confident Welsh speaker. At present we have a Welsh speaking carer on the team.

- 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 Trauma Informed Practice (see appendix C). As part of this model, all care and education staff receive training in PACE (Playfulness, Acceptance, Curiosity and Empathy) Parenting providing them with the necessary skills and attitudes that maximise the potential for positive outcomes.

The philosophy underpinning 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.

Language and communication needs for people using the service

As stated above, Medway is situated in Wales with the some of the team being Welsh. We aim to deliver the 'Active Offer' and should we admit a Welsh Speaking young person, we would ensure that we have a Carer on every day that is able to converse confidently in Welsh.

We also have a Welsh corner in order to encourage young people and carers to try and learn basic Welsh skills.

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Section 5 Staffing arrangements

The staffing arrangements are appropriate for the range of needs and specialist services provided as described in section 3.

a) Numbers and qualifications of staff

Name, start date and position:	Relevant Qualifications, diploma and experience
<p>Amy Tew Start Date: 10.04.2006 Registered Manager DBS: 001490935787 SCW: W/2013777 Started in the home: 01.04.2022</p>	<p>17 Years Residential Care Experience 11 years at a Senior or Management Level NVQ Level 3 Care Children & Young People QCF Level 5 Management DDP Level One & Level Two DBT Level 1& 2</p>
<p>Brendan O’Neill Start Date: 12.06.2001 Senior Care Practitioner DBS: 001616173826 SCW: W/2008629 Started in the home: 16.02.2023</p>	<p>Level 3 NVQ and level 5 in children and young people and Management. Bren has over 20 year experience in Bryn Melyn Care supporting a wide range of young people with complexed needs. Bren has also worked at our assessment centre.</p>
<p>Aiden McHale Start Date: 05.06.2017 Senior Care Practitioner DBS: 001701069746 SCW: W/5048563 Started in the home: 31.01.2023</p>	<p>Level 3 Diploma in Health and social care C & YP. Before joining Bryn Melyn Aiden was a Deputy Manager at a Children’s Nursery. Aiden has experience working within a BMC home specialising mental health and self-harm/suicide.</p>
<p>Tizzy Pugh Start Date: 20.02.2019 Care Practitioner DBS: 001648579228 SCW: W/5042711 Started at the home 01.05.2022</p>	<p>BMC Induction Tizzy is level 3 qualified in Health and social care C & YP.</p>

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<p>Alex Jackson Start Date: 14.11.2022. Care Practitioner DBS: 001801258711 SCW: W/5089280 Started in the home: 31.01.2023</p>	<p>Alex transferred across from another home that was closing. He has experience of working with young people and has worked in the mental health sector.</p>
<p>Dylan Hills Start Date: 13.11.2023 Care Practitioner DBS: 001852732208 SCW: Inductee Started in the home: 27.12.2023</p>	<p>Dylan has been working at Medway for over a year with the agency that we use. He has previously worked in other care settings and holds a PGCE in Maths</p>

Acorn Education And Care

b)	Staff levels
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To meet the needs of the current young people, we are a mixed gender care team providing 1:1 (or 2:1 if required), 24hr supervision seven days per week. We believe that young people

Need continuity of care and reflect this in our rota system. Our team is led by our Care Manager, two Senior Care Practitioners and five Care Practitioners.

Each member of the Care team lives in the home on 2 days on 4 days off rota and this allows the young person to develop meaningful relationships with every member of the care team. Further to this, the manager is present throughout the day and is contactable out of hours through our on-call support service.

In the event of the manager being absent through annual leave or sickness, the deputy manager assumes responsibility for the daily running of the home.

We aim to cover sickness and leave within the team to ensure continuity for our young people.

c)	Specialist staff
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Therapy and Clinical Support

Therapy and Clinical Support

Our Therapeutic Model

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

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

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

Offering highly specialised assessment, consultation, reflective practice, supervision and bespoke training, the Clinical Team work directly with care staff teams to develop a shared understanding of the children, the resources and the practices needed. This ensures that we deliver the highest quality provision which maximises each person's quality of life and personal achievements.

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

Our therapeutic offer is informed by the OFG Wellbeing Rainbow; this strategy places wellbeing at the core of everything we do. The rainbow represents a tiered approach to wellbeing support at a multi-professional level. The universal level (represented by the yellow stripe of the rainbow) ensures that every young person is supported by a staff team, who are nurturing and have a compassionate approach.

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

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

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

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

The violet stripe is our smallest stripe, and therefore represents the most specialised group of highly skilled clinicians whose primary job is to support the wellbeing of our most complex young people through evidence-based psychological intervention and holistic consultation.

Therapeutic Approach

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

Working with a 'bottom up' developmental approach and utilising the principles within the framework of Playfulness, Acceptance, Curiosity and Empathy (PACE), our Therapeutic Parenting

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approaches initially focuses on developing safety and containment for the child or young person; feeling safe is an essential pre-condition for new relations to be explored, attachments developed and engagement in therapeutic and educational tasks.

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

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

The Wellbeing and Clinical teams can support the home through a variety of approaches. For example; the development and maintenance of a therapeutic culture within the homes through the facilitation of reflective practice sessions for the teams. These sessions recognise the emotional impact that living and learning with traumatised children and young people can have on the team members' own sense of emotional and physical wellbeing. Colleagues are supported to express, reflect upon and process their thoughts and feelings in relation to their roles with the children and young people, their colleagues and of events and incidents. Processing in this way enables the team to continue to provide a milieu which can respond to a child or young person's communications and presenting needs thoughtfully and therapeutically in line with the core practice models

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

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

Children and young people placed within our residential homes will have access to individual or group therapeutic input depending on their clinical plan and therapeutic needs. This would be delivered in line with the OFG Wellbeing Rainbow. The nature of any therapeutic intervention should be informed by the child or young person's clinical assessments and the child or young person's views.

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Therapeutic interventions may include the provision of creative based therapies (Art, Play, Drama, Music) Talking Therapies (Psychodynamic, CBT, Socio-educative) and Forensic models (e.g. The Good Lives model). It is recognised that engaging in 'formal' therapy for some children and young people may feel difficult so the team work flexibly and creatively to initially build a relationship; this engagement work may take place outside of the therapy setting and works at the pace set by the child or young person. The OFG Wellbeing Rainbow enables us to consider therapeutic interventions within all parts of the child's life and by all disciplines of OFG staff across care, education and clinical teams.

d)	Deployment of staff at service (for accommodation based services only)
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Medway is modelled as closely as possible on a domestic home. Our Carers take a parental role with our young person and provide attuned and attentive care to them on a 24 hour basis, as any good parent would. The Carers work in every area of the home. There are two Carer's bedrooms (one doubles as an office) and Carers work a shift pattern which typically means that they will be in the home for a 48 hour period each shift.

The Carers on duty are responsible for the care of the child and the running of the home in terms of domestic and procedural duties.

A Care manager is present in the home on most days. We have a Deputy Manager who is rota'd as part of the team and also undertakes additional deputy duties. Our Care Practitioners have the opportunity to progress to Senior Care Practitioners and take on additional responsibility within the home.

Our young person will be staffed at 1:1 unless we consider that the risks, either emotional or physical, are sufficient that 2:1 staffing is necessary.

e)	Arrangements for delegated tasks
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A team of residential care workers, deputy manager and care manager care for the young people at Medway.

The role of the residential care practitioners is to provide care services for the young people, to enable them to build up trusting relationships and to confront and challenge inappropriate behaviours and assumptions. It is the primary responsibility of the team members to ensure that the young person in their care participates fully in all parts of their care programme. To provide them with stimulation and opportunities, which will help them to build their self-esteem and confidence and prepare them for an ongoing placement.

The registered care manger and deputy will work with and support the Residential Care practitioners to ensure that each young person resident receives a high quality package of care, which meets their individual needs. The Manager will monitor each individual care plan on an ongoing basis and any changes discussed and ratified through the LAC process of planning meetings and reviews.

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The care manager and deputy are responsible for providing high quality, regular supervision and appraisals for all Carers. This will include planning training schedules and where appropriate identifying, sourcing, and, with the aid of the training manager, providing training specific to the needs of the individual residents.

The care manager ensures consistency and good practice that a cohesive and happy team is vital to the smooth operation of the home and the care received by the young people. To this end, team meetings are held regularly and issues discussed in supervision focus not only on the impact of the work, but also on carers individual's needs and career development. The care manager is also responsible for all matters relating to the management of the home in accordance with relevant regulations, and the policy and practice requirements of the home.

The team of senior managers at Outcomes First Group, the clinical team, education team and the administration and finance structure, support the manager and Carers.

Our Carers and the Care Manager maintain the home however; Outcomes First Group's maintenance team oversee larger maintenance tasks.

f)	Supervision arrangements
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We believe that regular supervision is an essential part of the support process and helps our Carers to remain focused and enthusiastic. By utilising the supervision forum, we are able to monitor best work practice, identify and address issues around performance and ensure that capable and attuned Carers care for our young people.

We supervise all new Carers twice monthly in the first six months of employment, after which we supervise regularly.

We conduct appraisals annually linked to development to determine progress to date and developmental needs for the next twelve months. (Please see training and development below).

All Carers have access to the Employee Assistance Service that provides confidential advice for work and non-related work issues.

g)	Staff training
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Outcomes First Group believes that our greatest resource to effect change in young people's lives is our carer. To this, we aim to provide a comprehensive training package to our entire carer complement that far exceeds the requirements

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The company has developed a 2 week corporate induction (See appendix 1), ahead of completing a local induction which includes completing relevant training and completing shadow shifts in the home.

In the home during the induction period the inductee meets the children, team, school staff and clinician. They are shown around the home, roles and responsibilities are explained along with the importance of the person centred approach and the values that underpin work in health and social care. The inductee will be asked to read and be shown how to complete all relevant paperwork for their role. All core training is covered within this period, anything specific training needed for the home or children they support and the induction standards workbook (All Wales induction framework for health and social care). For each inductee there is an expectation that they will complete their book within 6 months which will give time for the manager to look through, sign off and notice where the inductee would benefit from extra support or training. Before the 6 month probation period is up all core training is completed, the AWIF is completed and the manager has signed their certificate (certifying that they have successfully met all of the learning outcomes in the All Wales induction framework in health and social care relevant to their role, and is able to work in a lawful, safe and effective manner) which is forwarded to Social Care Wales so that they can pay their registration fee and receive their SCW registration number.

Furthermore, we are committed to the development of all our carers and invest heavily in the continuous learning process. In addition to Diploma awards, we promote career advancement and support every carer's ambitions for development. All carers have the opportunity to pursue this. The manager ensures that every member carer has a personal development plan that allows for both identified training needs and individual wishes regarding development options.

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Section 6: Facilities and services

a)	Number of single and shared rooms:
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Both young people have their own bedrooms and they share a bathroom.

Carers have their own bedrooms and there is a Carer's bathroom. .

Carers have access to all rooms. Young people do not have access to the Carer's bathroom, bedrooms or office. Young people may enter each other's bedrooms only with the permission of the young person, and supervised by a Carer.



b)	Number of rooms with en-suite facilities
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At present none of the rooms are en suite.

c)	Number of dining areas
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There is a large dining area adjoining the kitchen

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d)	Number of communal areas
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There are four communal areas;- The kitchen/diner, the games room, the living room and the hall, stairs and landing. The garden also serves as a communal area.

e)	Specialist bathing facilities
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N/A

f)	Specialist equipment
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N/A

g)	Security arrangements in place and use of CCTV
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The external doors are fitted with an alarm which Carers set in the evening prior to settling to bed, controlled by an alarm panel. The young people's bedroom doors are also able to be alarmed if a risk is identified. This will be agreed with the social worker. It alerts carers should the young people leave their bedrooms during the night.

h)	Access to outside space and facilities at this service
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Medway has a back garden that the young people can enjoy to play games or relax in. There is a table and chairs in the garden and a BBQ for during the hot summer days.

There are areas to grow herbs/plants should the young people have an interest in gardening.

Within walking distance, there is a nature reserve/canal with a park that the young people can enjoy. There is also a football field/basketball court nearby

Section 7: Governance and quality monitoring arrangements

How the responsible individual will maintain oversight of the management, quality, safety and effectiveness of the service including frequency of visits to the service;

Alison Blyth Bishop is the Regional Director for BMC and has completed her registration process with CIW for the role of Responsible Individual.

Alison joined Outcomes First Group 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 Outcomes First Group 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. In her current role, Alison has strategic responsibility for ensuring that Bryn Melyn Care maintains the highest standards of therapeutic childcare, clinical assessment and individual treatment. This role also includes staff recruitment and retention, internal and external Quality Assurance monitoring, Safeguarding and the development of the Bryn Melyn Practice Model and the Responsible Individual for Bryn Melyn Care.

It is the responsibility of the responsible individual to oversee the management of the service to ensure there is a suitably qualified and experienced regional manager to carry out this role. The responsible individual also line manages and supervises the regional manager, the head of education, the head of clinical services and the facilities team manager.

As responsible individual, Alison will visit the home every three months as a minimum and will produce a monitoring report of the visit, shared with the regional manager, the home manager and with the members of the board and included in the board report. The monitoring report will outline any requirements/recommendations made by the responsible individual with a timescale for completion where relevant. The manager also produces a six monthly quality of care review, in line with RISCA 2016.

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Part of the role of the responsible individual when considering governance of the home is:

Independent visitor – The responsible individual and regional manager receive monthly reports from the Independent Visitor's monthly visit to the home. Our independent visitor makes checks on the quality of care, education and clinical services received by a young person, and also inspects the environment and the safeguarding of the young person. The independent visitor also reports directly to the chairperson and produces a monthly board report of her visits to all homes across the organisation.

National Youth Advocacy Service (NYAS) – have advocates available to young people in a number of ways including visits to the home on request and as part of the school council. The responsible individual manages this contract with NYAS and meets six monthly to review the service offered. The home manager is aware of this service and literature on the service available from NYAS is on show at the home and within the young person guide given to them on admission to the home.

Regional Manager

Eleanor Brammer

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

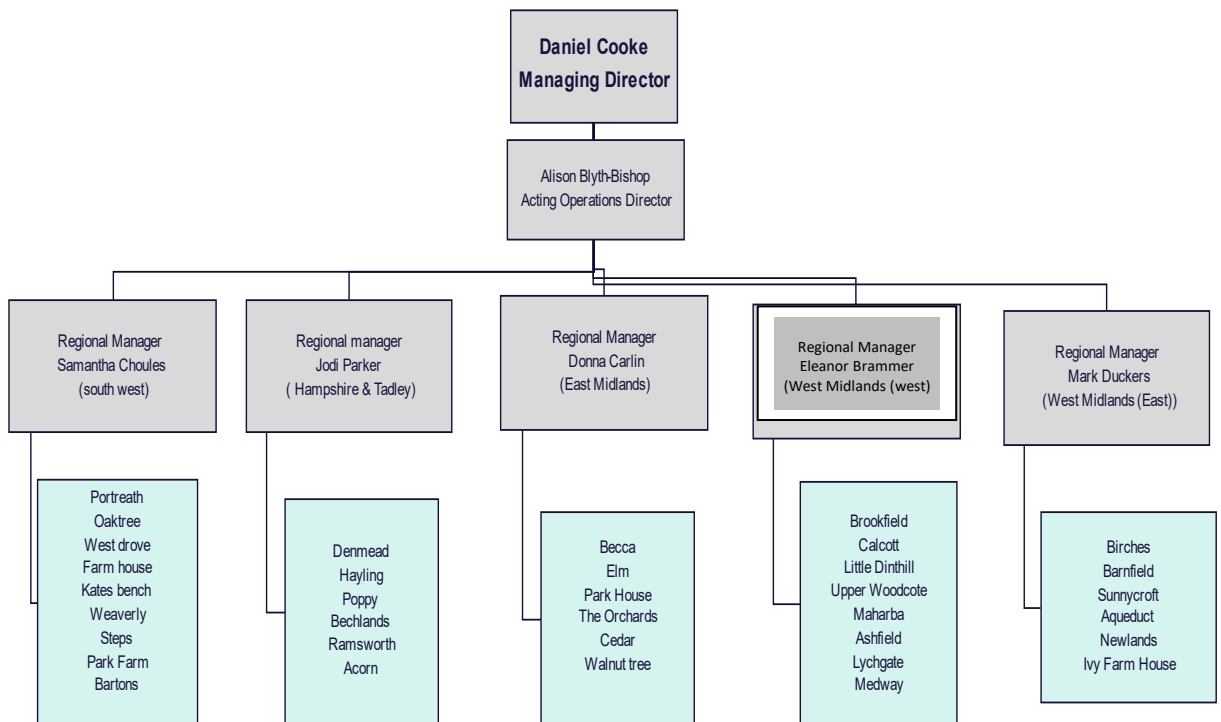
Eleanor holds a Diploma level 3 in Health and Social Care for Children and Young people and a level 5 Diploma in Management.

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Management structure of the service, lines of accountability, delegation and responsibility.



Acorn Care Leadership Team



The measures that we will use to monitor, review and improve the quality of care and support.

We carry out monthly Quality Assurance inspections. As stated above, we have a monthly independent visitor who inspects our service of provision at Medway. We also employ a former Bryn Melyn Care resident to inspect the home on an annual basis and provide a report on the home from a young person's point of view.

The young people have access to advocates and children's support services.

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We ensure that the key worker provision is robust and provides the young person with one key person with whom they can share any worries and concerns.

We also ensure that the placing authorities arrange for the young people's planning meetings and reviews.

Arrangements for dealing with complaints

We support the right of any individual to make a complaint. On admission to the home, we explain our complaints procedure, both verbally and in the form of a young persons' guide.

We take all complaints seriously and record them in a complaints log within the home. Dependent on the nature of the complaint it may be necessary to inform an external agency such as the local ACPC, placing authority or CIW.

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 we record and the complainant kept fully informed in writing throughout the process. Should the complainant be unhappy with the outcome, we then support them to access the homes' appeals procedure.

As part of the appeals procedure, we make the complainant aware that they may complain to the Care and Social Services Inspectorate for Wales.

Complaints by Staff

Outcomes First Group has its own internal grievance procedures that carers at Medway who are dissatisfied can use if the cause of their concern has not been resolved at an informal level.

Outcomes First Group also has its own "Whistle Blowing" procedures to assist members of Staff at Medway to raise concerns about the conduct of any carers employed by Outcomes First Group.

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Arrangements for consulting people using the service, staff and other

The arrangements for consulting service users, staff and other stakeholders regarding the way in which the service is delivered have largely been outlined above.

In addition to the information above, all stakeholders are invited to LAC reviews, and Social Workers consult with staff and their young person during their statutory visits. Social workers also convene PEP meetings with the school and this affords them the opportunity to examine the young person's progress in our school.

Clinical Reviews, Risk Assessments and Placement Plans are shared with the social worker and their views are sought on these. A Weekly Integrated Service Log (WISL) is completed by the team each week and sent out to relevant stakeholders. This outlines the young person's progress with attachments, psychological wellbeing, concerning behaviours etc. We encourage stakeholders to respond with questions, concerns and suggestions and share with us any information, which may support us to understand the needs of the child in our care.

We recognise that for a residential care placement to be successful, it is important that the placement is supported by high quality services, which includes therapeutic support, access to education and the involvement and interest of the social care service which placed the child in our care.

Appendix A – Training

2 week Induction example

Day	Course Name	Course Location
1	Core Induction Day 1	Zoom
2	Core Induction Day 2	Zoom
3	Trauma Informed Practice	Zoom
3	Introduction to Autism	Zoom
4	Ligature	Zoom
5	Safeguarding Foundation - Children	Zoom
1	Safety Intervention Theory	E-Learning
2	Safety Intervention Practical	Face to Face - Location TBC
3	Emergency First Aid	Face to Face - Location TBC
4	Mandatory E-Learning	E-Learning
5	Mandatory E-Learning	E-Learning

Mandatory Training

1. Child Sexual Exploitation
2. COSHH Essentials
3. Equality and Diversity in the workplace
4. Fire Safety Training
5. First Aid Training
6. Food Safety and Hygiene in Catering (Level 2)
7. General Data Protection Regulations (GDPR)
8. Harmful Sexual Behaviours
9. Infection Prevention and Control
10. Introduction to Health and Safety
11. Introduction to Trauma Informed Practice
12. Ligature
13. Manual Handling
14. Online Safety and Cyberbullying
15. Prevent
16. Privacy and Dignity
17. Protecting Children from County Lines
18. Record Keeping for Care – Child
19. Restrictive Practice/Restraint Training (CPI Safety Intervention)
20. Risk Assessment
21. Safer Use of Medication
22. Safeguarding FGM
23. Safeguarding Foundation – Children

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24. Safeguarding Introduction
25. Self-harming Behaviours
26. Think Spot Speak Out
27. Working Alone
28. IOSH - Managing Safely (4 day full course/1 day refresher) (for managers responsible for homes/sites)
29. Safer Recruitment (for staff involved in Assessment days, Recruitment and Selection processes)
30. Health and Social Care Level 2: Core (Children and Young People). Unqualified Care Practitioners are required to begin their level 2 once confirmed in post at 6 months.
31. Health and Social Care Level 3: Practice (Children and Young People). Once carers have completed the Level 2, they will enrol onto the Level 3.
32. Level 5 Management and Leadership
Deputy Managers are encouraged, and managers are required to undertake their Level 5.

Specialist Training is offered in addition where teams require specialist training to respond to the needs of their specific young people.

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 Celtic Hub:

Celtic Hub Wellbeing and Clinical Service		
Clinical Employee Name	Job title	Qualifications
Dr Carly Pointon	Head of Clinical Operations (North)	BSc Psychology, MSc Applied Forensic Psychology, Doctorate in Clinical Psychology
Andrea Edwards	Wellbeing and Clinical Services Lead	Integrative Psychotherapist (BACP & BPS registered) & Clinical supervisor Msc Neuroscience & Psychology of Mental health (incomplete) ADOS & ADR-I Level 5 Clinical supervision Post graduate Diploma Integrative Psychotherapy BSC (Hons) Psychology degree DDP Level 2 Certificate in Evidence based Practice

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Hannah	Speech and Language Therapist	B.Sc. (Hons) Speech & language Therapy from Leeds Beckett University. Level 3 Extended Diploma in Health & Social Care
Nadia	Occupational therapist	BSc Occupational therapy (qualified in 2019)
Chelsie Barron	Assistant Psychologist	BSc Psychology, currently doing MSc Psychology in Mental Health and Wellbeing
Helen Sale	Wellbeing Co-ordinator	BA Primary Education Level 3 Health and Social Care Children and Young People Level 5 Leadership & Management for Health and Social Care Children and Young People
Alexandra Butler	Therapies Assistant for Speech and Language	BA with QTS in early years – primary education MA Special Educational Needs and Disabilities – ongoing (specialising in ASC, behaviours that challenge and SPD) Makaton levels 1 – 4 Makaton Safeguarding communication
<i>NB. list is live as of 11.12.23</i>		

Appendix C – Wellbeing Model

How The Home and Young People Are Supported

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



The overarching red and orange stripes apply to every OFG employee

Wellbeing and Clinical Approach

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

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

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

Acorn Education And Care

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

Universal Offer

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

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

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

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

Enhanced Offer

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

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

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

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

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

Acorn Education And Care

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

Specialist Offer

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

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

Appendix D – Crisis Prevention Institute Safety

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

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

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

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

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

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

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	

Appendix E – Outcomes First Group

Who are we?

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

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

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

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

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

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