

Statement of Purpose



Portreath House

Acorn Education And Care

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1. QUALITY AND PURPOSE OF CARE

Portreath House provides up to a maximum of 4 placements for children and young people between the ages of 7-18 experiencing emotional, social and behavioural difficulties who may also experience some mental health difficulties and Children with mild/moderate learning difficulties / ASD.

The service would only consider placements of children and young people with mental health issues who can be sustainably managed in a children's home setting and where there is an agreed multi agency approach including CAMHS input.



The home will ensure compatibility with other young people already living in the home through direct work and group discussions prior to admission whilst maintaining confidentiality. This will include discussing thoughts, feelings and worries of all young people involved. The management team will liaise with health and therapy professionals including psychologists to ensure that a young person's needs are in the scope of the other residents. The welfare of the child/young person is paramount and Portreath House along with the placing authority has a duty to act in a way that safeguards and promotes this.

The criteria for any admission will consider the young person's legal status, proposed care plan, potential risks to the group and the local community. The needs of the young people already accommodated will be considered when deciding on the appropriateness of the placement.

Details of the children's home's ethos, and the outcomes that the children's home seeks to achieve and its approach to achieving them.

Portreath House believes that each person has a right to be treated as an individual and that their physical, emotional and health needs are met in an appropriate and attentive way which:

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- Aims to develop sound relationships between Team Members and Young People and to create a happy, consistent and stable environment where feelings, thoughts and emotions can be explored and expressed safely “A major determinant of good behaviour and positive ethos of the home is the quality of the relationships between the Team Members and children” (The Children’s Act, vol.5)
- Empowers young people to achieve their full academic potential and to acquire the relevant skills and knowledge to move on positively into adult life affirms that all individuals have rights and responsibilities and must therefore be aware of the impact of their actions on the people with whom they live on the wider community. The young people could attend Oak Tree School which is also part of Acorn Care and Education as part of their package of care if this was required.
- Encourages community participation in order that the young people grow up as responsible citizens.

The over-riding philosophy of Portreath House is that it should be child-centred in its approach to the way it works, and that for young people to grow physically, emotionally and spiritually they need positive role models who are able to protect them, guide them and plan for their futures.

Portreath House provides a holistic approach to providing positive outcomes for young people. We aim to work with young people with a view of undertaking assessments of their behaviours, their perceived social norms and work with them towards achieving positive outcomes in their lives whilst providing support for their overall developmental needs.

It is our vision to work in such a way as to support the children and young people in identifying the reasons for their behaviour and find solutions through a range of means including direct work, building relationships, assessment and therapeutic programmes with a Team Members team committed to maintaining a positive home, achieving positive outcomes and improving their life chances. The Team Members will receive a high level of induction which exceeds legislation and guidance; the training plan will be tailored around the function of the home and needs of the young people within it. There will also be CSE, SEBD, ASD, self-harm, and behaviour management training as part of the induction of support Team Members.

The business functions and human resource support for Portreath House will be fully supported by Acorn Care and Education centrally through various HR functions which include recruitment, vetting & barring and payroll.



The arrangements for supporting the cultural, linguistic and religious needs of children accommodated in the children’s home

It is important that young people retain their cultural identity, full support and encouragement of religious observance will be given to achieve this.

The home’s policy is not to force or persuade any child to participate in religious observance if it is against their wishes.

Efforts are taken to ascertain the family experience of each child including cultural factors in terms of moral values, behavioural norms, lifestyle and artistic pursuits. It is recognised that shared religious belief, ethnic background, language, history or economic background sometimes led to similar cultural norms and expectations.

However, Team Members are careful not to make assumptions about these. Individual Placement Plans reflect cultural, religious and ethnic requirements in terms of care.

Cultural, racial, ethnic and religious expectations regarding the choice of clothes, food and personal requisites are supported and actively promoted. This includes ensuring that there is choice within daily menus reflecting different cultural and ethnic backgrounds and children have ready access to appropriate skin and hair care including make-up. It is recognised that belonging to a minority in a society brings with it particular stresses.

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All the children are helped to reflect on this as they are helped to process instances where they have felt different from a bigger group.

Most children who live in our home have very acute feelings of being outside a group, for various reasons, but particularly because they are living away from their families and outside the mainstream of society. In addition to this many children come originally from families who have found it difficult to fit in and have lived on the margins of society; these experiences of being 'outside' have often been compounded by multiple placement moves and experiences of rejection.

Some of these experiences will have ethnic, religious and cultural components and part of the treatment methodology is to recognise the various components of these experiences of being in the minority.

Children are encouraged and given the opportunity to practice cultural, religious or ethnic customs and characteristics without interference or prejudice to others. Where religious practices require special clothing or a special diet child are properly equipped and advice is sought from either the young person's family or local religious leaders, where necessary.

They are enabled to celebrate their own religious festivals and assisted in understanding and acknowledging the religious festivals of others. It is recognised that it is natural that some young people may express doubt about continuing their religious beliefs or practices; whilst having regard for their wishes, it is important that they are helped to recognise and discuss their choices and the implications for their relationships with their family and community

Where special privacy is needed to pray during the course of the day consideration will be given to how best to provide this, whilst also considering the impact on other children and the group as a whole.

A description of the children's home's approach to consulting children about the quality of their care.



We support the right of young people to be consulted and listened to about key decisions which affect their daily life or their future. This happens formally through Key Worker sessions and informally through everyday living opportunities. We encourage Team Members to involve young people in a way that enables them to contribute effectively e.g., explain the purpose of a review meeting, who will be there and go through the consultation documents in advance of the review. Team Members are asked to make a clear distinction between when you are helping the young people to express their views and when you are expressing your own view or that of the Team Members team. Team Members are expected to consider seeking advice and expertise on how to resolve linguistic, ethnic, and cultural difficulties to enable a young person's full involvement in consultation.

We encourage and support young people to be involved in statutory and Looked After Children review processes and Team Members will seek representation from Children's Rights and Advocacy services should the young person request this.

The Team Members at Portreath House will ensure the voice of young people living at the house is heard and listened to. Additional to the methods already described, the Registered Manager will ensure this happens through;

- Regulation 44 visits from the Independent Person who talks with young people and gives them an opportunity to express any compliment or complaint
- Providing access to advocacy services where young people may wish to talk to someone outside of the home
- Offering access to telephone helplines where young people can talk privately to someone outside of the home
- Ensuring there is access to complaint information and forms where young people can express their concerns

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- Gaining feedback from young people via house meetings (Our chats over dinner/ when relaxing in the lounge)
- Young people's involvement in their care plans
- Inspections by Ofsted enable individuals to talk directly to the regulating body of the home
- Providing access to Ofsted telephone numbers to voice concerns at any time.

A description of the children's home's policy and approach in relation to—

- a) anti-discriminatory practice in respect of children and their families; and
- b) children's rights.

- We work closely with families and Social Services departments to ensure appropriate ties and relationships with relevant and responsible people are maintained.
- We operate a system of transport to and from the family home specified at key times on admission and throughout the placement to assist this process.
- We will work closely with Children's Services to assist contact/support contact visits for Looked After Children.

Children's Rights

The Home strictly adheres to anti-discriminatory legislation, policy and practice and actively supports the view that young people will not be discriminated on the grounds of their culture, race, religious persuasion, gender and sexuality or immigration status. Team Members are actively expected to demonstrate tolerance, understanding and empathy with all young people they work with. Every attempt is made to combat any occurrence of prejudice.

- The home and its team members are committed to upholding and implementing the United Nations Convention on Children's Rights and the principles surrounding it. Each young person is treated with respect and dignity and valued. Our values and ethos are based on anti-oppressive practices.
- We actively promote children's rights organisations and advocates to contribute to supporting the children and young people we accommodate by actively involving advocates where appropriate in care planning and review processes.
- We collate data from children and young people which contributes to the management and running of the home.

A description of the accommodation offered by the children's home, including—

- a) how accommodation has been adapted to the needs of children cared for by the children's home;
- b) the age range, number and sex of children for whom it is intended that accommodation is to be provided;
- c) the type of accommodation, including sleeping accommodation

Portreath House is situated in Illogan in a quiet semi-rural setting. The property comprises of one large house, a garage, office, accommodation and Team Members rooms.

The design of the home has a kitchen, utility room, two lounges, dining room, and 4 bedrooms. The home also has 1 large family sized bathroom.

Standard domestic equipment and furnishings have been used in line with 'ordinary' living principles. However, if required, specialist equipment can be made available for individual children.

Young people have access to a phone and the internet on an individualised basis in line with care plans to ensure attachments are maintained with significant people.



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The communal living areas contain a selection of resources including television, music and DVD players, and computer with internet facilities, games, books and craft activities. There is also a safe enclosed outdoor patio area and allotment area. There is an extensive garden large enough for the young people to play ball games. Each young person has their own bedroom. They are decorated and furnished to a high standard. Privacy and independence are encouraged through the home layout. Young people will be encouraged to add decoration in their personal space which reflects their individual personality and taste.



Portreath will provide accommodation for children and young people with social, emotional and behavioural difficulties, who also may at times have placed themselves at risk of exploitation.

The home will ensure compatibility with other young people already resident in the home through a robust impact assessment. This will include discussing thoughts, feelings and worries of all young people involved.

The welfare of the child/young person is paramount, and Portreath House with the placing authority has a duty to act in a way that safeguards.

A description of the location of the children's home

The area is close to Redruth which has local amenities including shops, library, local parks, leisure centres, cinema and bowling alley. There is a variety of good transport links with all the major towns in the area so providing greater opportunities for a wide variety of activities and experiences. Due to the wonderful location of Portreath House there are many attractive countryside walks immediately outside the accommodation. Portreath has conducted a review of the premises Reg 46- this is reviewed yearly or when needed.

2. ENGAGING WITH THE WIDER SYSTEM

Portreath House works with external agencies, bodies, and establishments, in the spirit of partnership with a view to:

1. Maintaining, supporting, and actively encouraging regular and consistent contact with the child's/young person's family, friends, as well as significant others. The amount of family contact may be identified at Planning Meetings, where the needs of the young people and views of all parties involved will be considered. Family contact is achieved through telephone calls, letterbox, home visits, day trips out in addition to visits to see the child/young person.
2. Maintaining and encouraging regular access to, and contact with, the child's/young person's Social Worker, ensuring any issues, or concerns, can be discussed between the child/young person and his or her social worker.
3. To actively promote co-operation and dialogue with relevant educational establishments through attendance at appropriate school functions, continuous discussions, and dialogue regarding the needs of the child/young person. Particular attention is paid to the attendance levels. Also, staff will look to actively promote action plans to help the child/young person to overcome any specific educational difficulties they encounter.
4. To develop and maintain links with venues for recreational, religious, cultural, and social activities, particularly those within the locality of Blackwater ensuring a balanced and structured programme geared toward the ongoing development of the child/young person.
5. To maintain regular contact and co-operation with other psychologists, psychiatrists, professional associations, and workers when it is appropriate. This will ensure that our core philosophy, which is that the welfare and support of the child is central to all aspects of related care policies, is maintained.
6. Working collaboratively with the local authority to achieve the best outcomes for the children and young people in our care.

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3. VIEWS, WISHES AND FEELINGS

Portreath House is a **Child Centred** home with its policy, procedural and practice framework designed to promote, in both philosophical and practical terms, the premise that the **'welfare of the child is paramount consideration'** in any given care situation.

Outcomes First Group believes that happiness should not be a destination but rather, a journey. Children have the right to enjoy the journey through early life to independence, following a Pathway, underpinned by the following key principles:

All our children deserve and should be afforded the opportunity to:

- ***Be as physically and mentally healthy and able as possible.***
- ***Enjoy maximum benefit and levels of attainment through good-quality and appropriate educational and developmental opportunities.***
- ***Live in an environment that assures safety and protection from harm.***
- ***Feel loved, respected, and valued. Be encouraged, guided, motivated, and supported through a network of reliable, affectionate, and safe relationships.***
- ***Experience and enjoy emotional, mental, and physical well-being.***
- ***Feel empowered and enabled to become competent in self-care and everyday living.***
- ***Be encouraged to believe in themselves, through the development and maintenance of positive self-esteem, confidence, and respect.***
- ***Have a secure and informed sense of identity, including cultural, racial and gender-based identity.***
- ***Understand and enjoy a sense of community and citizenship through the development and use of good inter-personal skills and confidence in social settings and opportunities to play a part.***
- ***To understand and enjoy rights and responsibilities and to be able to exercise effectively both principles, both in the care setting and in later life.***

Outcome's First Group firmly believes in its care philosophy, which impacts on and guides all areas of our service provision to every child/young person.

Young people are invited to participate in decisions concerning the home and daily life; for example, in menu planning, house decoration and decisions concerning recreational activities. The young people will hold young people's meetings regularly to discuss the running of the home, encourage suggestions and contributions to wider community life and activities. Young people will have the opportunity to raise any matters concerning the operation of the home with the Registered Manager through regular monthly monitoring visits.

4. EDUCATION

All young people are encouraged to contribute to every aspect of their lives through an ongoing live Placement Plan administered by the home in consultation with all relevant parties (parents, carers, local authorities, advocates, teachers, support workers).

This provides the focus for the work carried out in the home and is the basis for all planning and delivery of care in the homes. This is administered by a simple planning and review cycle by Team Members which focuses key areas including, children/young people's engagement, leisure recreation opportunities, children and young people's aspirations, health and therapy, financial knowledge, independence development, and education. Education forms a central part of our care package in providing a holistic approach to meeting the individual needs of the young person.



Oak Tree School Cornwall is a Special School positioned near the City of Truro in Cornwall also owned by Acorn Care and Education. The school provides full-time specialist co-education for children and young people aged 7 to 19 who experience social, emotional, communication difficulties and associated challenging

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behaviours. These children and young people often cannot cope, function or achieve within a mainstream environment. The aim is to provide a structured, nurturing approach, with pupils accessing a broad, balanced and engaging curriculum to meet their significant needs. Young people can attend this school as part of their package of care if this was required and if the school has capacity.

There are also several schools, colleges and academies in the area which young people can attend.

5. ENJOYMENT AND ACHIEVEMENT

The arrangements for enabling children to enjoy and achieve, including how the children's home promotes their participation in cultural, recreational and sporting activities.



Much support is given to explore and realise potential in whatever interests and aspirations a young person has. This is facilitated by Team Members supporting transport, attendance, and participation in independent and group activities within the home and in the local community. We will have close local links with local groups, clubs, youth centres and leisure centres, which complement the home's approach to structured multi-agency working. We believe different activities to be key to successful engagement of children and young people due to the scope of needs of the young people we accommodate. As such this is managed by the whole Team Members team & Registered Manager to ensure equal opportunity, choice & age-appropriate activities.

6. HEALTH

It is well researched that physical and emotional well-being is an essential pre-requisite for success, positive behaviour and positive mental health. We recognise this and work proactively to ensure the health of all to build esteem, self-image, aspiration and a sense of belonging. We also recognise that the work we do here doesn't just impact upon the young person whilst they are with us, but lays the future foundations for a happy, meaningful and healthy lifestyle.

We access local GPs, dentists and opticians, with which all children and young people are registered as standard.

Our aim is to work not only with the young person but also the adults in their life, thereby raising standards and providing a holistic service.

We do this by reviewing every child and young person regularly with consultants, educational professionals and health professionals.

The residential team, where necessary, will work closely with placing authorities and CAMHS to provide a bespoke service to everyone. Additionally, advice, guidance and support will be offered in relation to wider health and social issues.

Portreath House will work closely with all partner organisations and stakeholders to ensure that individual needs can be met, and areas of expertise can be accessed to ensure quality service delivery to improve the life chances for the young person by achieving their individual outcomes.

Each of the Acorn Education and Care Children's Services' regions are supported by a designated and integrated clinical multi-disciplinary team, whose combined expertise aims to reflect the presenting needs of the children and young people living and learning within the region's homes and schools. Our local multi-disciplinary team is based at Oak Tree School. Our aim is to improve the quality and efficiency of evidence-based care, allowing us to work towards maximising quality of life in a truly integrated manner.



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With the clinical multi-disciplinary team, we have CHAP Meetings - CHAP meetings are the care home multi-agency planning meetings where care home staff, the Wellbeing Services Coordinator and Educational Psychologist meet to consult around any young people where there are concerns. The purpose of the meeting is to develop a shared understanding of what might be happening for the young people and to use a solution-focused approach to creating actions/next steps. This may include referring to other outside agencies who can provide support for the homes, for example, around sex and relationships education or linking with the school for specific pieces of work. Cases are then reviewed monthly.

7. POSITIVE RELATIONSHIPS

The arrangements for promoting time between children and their family and friends

We seek to provide the young people with positive and engaging relationships with adults & peers. This must be in a way that provides appropriate boundaries for their behaviour and does not impose expectations or responsibilities on them.



The welfare of the young person is paramount. It is our belief that when looking after children away from home, that whenever possible, contact must be promoted and maintained with the young person's parents, relatives, friends and natural community. The amount of contact will be set at the Planning Meeting, where the views of all parties and the needs of the young person will be considered. The contact may be

through visits, telephone, e-mails and letters, provided there are no restrictions. Team Members will monitor contact and help young people to improve the standard of their contact if appropriate. This will include transporting children and young people to and from visits and facilitating visits within the home or other relevant locations.



All young people have access to a landline located in the hallway to which they can use in accordance with their personalised plans and to contact social worker, IRO's, child associated helplines and family members.

8. THE PROTECTION OF YOUNG PEOPLE

Details of the children's home's policies for safeguarding children, preventing bullying and the missing child policy.

Our Child Protection Policy is designed to provide information and guidance on the procedures which are in place to safeguard and promote the welfare of children and young people. Concerns about child protection should be directed through the 'Designated Manager'.

Members of Team Members are also individually responsible under the Cornwall and Isles of Scilly Safeguarding Children's Board Child Protection Procedures.

All Team Members are trained to at least Safeguarding Level 1. Copies of current procedures are available in the home. Guidance on how agencies should work together is set out in, 'Working Together to Safeguard Children.' The home has a duty to comply with the Southwest Child Protection Procedures.

All allegations, whatever their source and where appropriate, i.e., in a caring role are reported by the Registered Manager to the LADO, Cornwall and Isles of Scilly Local Safeguarding Children Board, Referring Authority Officers,

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Parents/Carers (as appropriate) and Ofsted. All necessary arrangements are taken to care for, support and safeguard any young person resident in the home involved with the allegation.

Where a member the team is involved with an allegation, appropriate support is provided through senior supervising Team Members and is managed in line with organisational policy.

Confidential comprehensive records are kept on all Child Protection matters. These are filed in a secure location and are only accessible by the Managers.

Preventing Bullying

Bullying is recognised as an inherent risk. A clear anti-bullying policy is in place and all Team Members are aware of this. We believe that everybody has the right to be treated with respect, to be safe and to feel safe. Bullying behaviour will not go away if it is ignored and often leads to more bullying. We encourage anyone who feels bullied to tell us or someone else. We encourage young people to talk about their experience and choose an adult they feel comfortable with such as, telling someone by phone or note, a member of Team Members, the manager, an advocacy worker or social worker.

Team Members will directly intervene and challenge any incidents of bullying. This will be managed through Team Members awareness, risk assessments, effective supervision of young people and the follow up of any complaints. We will support any young person who is bullying as they may need help to stop or change their behaviour or to put things right.

Any bullying by a member of Team Members in the homes towards a young person or an adult will be investigated according to disciplinary procedures and the matter will be reported to Social Services. A young person or their family or carer may also choose to make a complaint via the home's complaints policy or alternatively they could approach Ofsted directly.

Missing Children Policy

We aim to provide care to ensure that children and young people feel secure and safe living within our home, so all young person will have their own risk assessment around this. All Team Members are made aware of our Missing Children Policy and if there is a risk that a child or young person may run away or go missing Team Members are trained to support them to understand the risks and dangers involved and make the child or young person aware of how to seek help.

If a child does go missing from the home the management work with the police, and the child's responsible authority, LSCB, and other relevant parties. They will do all they can to locate them and return them to the home. When children and young people return they are offered a positive warm response, support and access to an independent person to speak too. Care management & Team Members are made aware of the 'Children and Young People who run away or go missing from Home or Care' protocol in relation to Cornwall Local Authority and adhere to its content.

Where there is a possibility that a child or young person will run away and go missing or does go missing from placement, then the child's care plan, along with the placement plan, should include a strategy to minimise this risk. This would be done through a multi-agency approach to ensure the safety of the child or young person. The Registered Manager will proactively support the host local authority and placing authorities to review all cases of RMFHC to ensure a robust approach is taken.

9. LEADERSHIP AND MANAGEMENT

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Portreath House is owned by Acorn Education & Care, which is part of the Outcomes First Group. The parent company for all is Outcomes First Group (registered company number 8516289). The Registered Provider is Pathway Care Solutions Ltd, Atria, Spa Road, Bolton BL1 4AG



Regional Manager / Responsible Individual - Sam Choules

samc@wessexcollege.co.uk Mobile: 07392080283

I have been working with young people for over 17 years, within Residential education, young people's Residential Services and children's home settings. I have been the registered manager of both CQC and OFSTED regulated homes for children and young people who have complex needs. I have been a behaviour support programme trainer and have completed a qualification in Positive Behaviour Support. I have experience of managing and developing teams who work with young people, am qualified with QCF level 5 Management of Children's and Young Peoples Residential Services and have completed my IOSH qualification. I have a Certificate in Health and social care with the open university and intend to complete my Health and Social Care degree. I have had experience managing Children's homes in crisis and have led homes from Inadequate to Outstanding. I have now been in a Head of Residential Services and Head of Care role for over three years.



Registered Manager – David Rowe

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David joined the team at Portreath House in the spring of 2017, bringing his management experience and a motivation to drive quality outcomes. David has been working in the health and social care sector since 2004, having the privilege to support some amazing people.

During this time, he has held a variety of different positions within a residential environment that has provided him with a well-rounded understanding of the setting. This growth through the roles has ensured a deeper understanding and has provided an excellent first-hand insight into how a service should be run.

David has gained his level 5 diploma in leadership for health and social care and children's and young people's services along with a variety of statutory training courses relevant to the sector.

During his time at Portreath House, David has endeavoured to drive up the standards in all areas so that the home can provide an outstanding level of support to all the young people they meet.

David stepped down from daily oversight from October 2020 – October 2021 when he took adoption leave. During this time, an Interim manager was appointed to ensure the continued smooth running of the home

To ensure the team have experience, qualification and skill to meet the needs of each child we support there is a two-week core induction prior to starting, followed by continuous training to improve knowledge and standards of care;

Two Week Core Induction prior to new starters entering the home.

Trainer Led- Zoom.

- Company Induction (Including Safeguarding online)
- Introduction to Therapeutic Parenting
- Ligature Training
- Safeguarding Foundation

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- CPI Theory Online
- CPI Practical
- First Aid at Work.
- Medication.

Further training but not an exhaustive list;

- Equality and Diversity in the workplace
- RIDDOR
- Prevent E Learning
- Manual Handling
- Infection Control
- Self-Harm
- Harmful Sexual Behaviours
- Basic Life Support
- Bullying
- CSE
- GDPR
- Protection of Children County Lines
- Risk Assessment

All team members will be enrolled onto achieve the Level 4 Diploma for Residential Care on completion of a successful probation pass.

10. CARE PLANNING

GUIDELINES

Referral information should include:

- A comprehensive needs assessment / Statement of Special Educational Needs/EHC
- A current Care Plan and Placement Plan
- A current Risk Assessment if appropriate
- Additional specialist professional reports as appropriate
- Matching criteria with current peer group highlighting risks

Offers of a placement will be based on:

- The findings of the initial assessment process
- The organisation being confident that it can meet all of the objectives identified in the statement of SEN/EHCP, Core assessment and Placement Plan and Risk assessment.
- The young person agreeing to the placement.

POLICY

Referrals will be considered by the management team. Due consideration will also be given to the views of other professionals and the young people already in residence.

The criteria used is that we will accept all young people (Aged 7 – 18) with SEBD who additional mental health needs who may have according to our judgement, can be successfully accommodated within the available facilities and resources, maintain the overall stability of the children's home and keep the community safe.

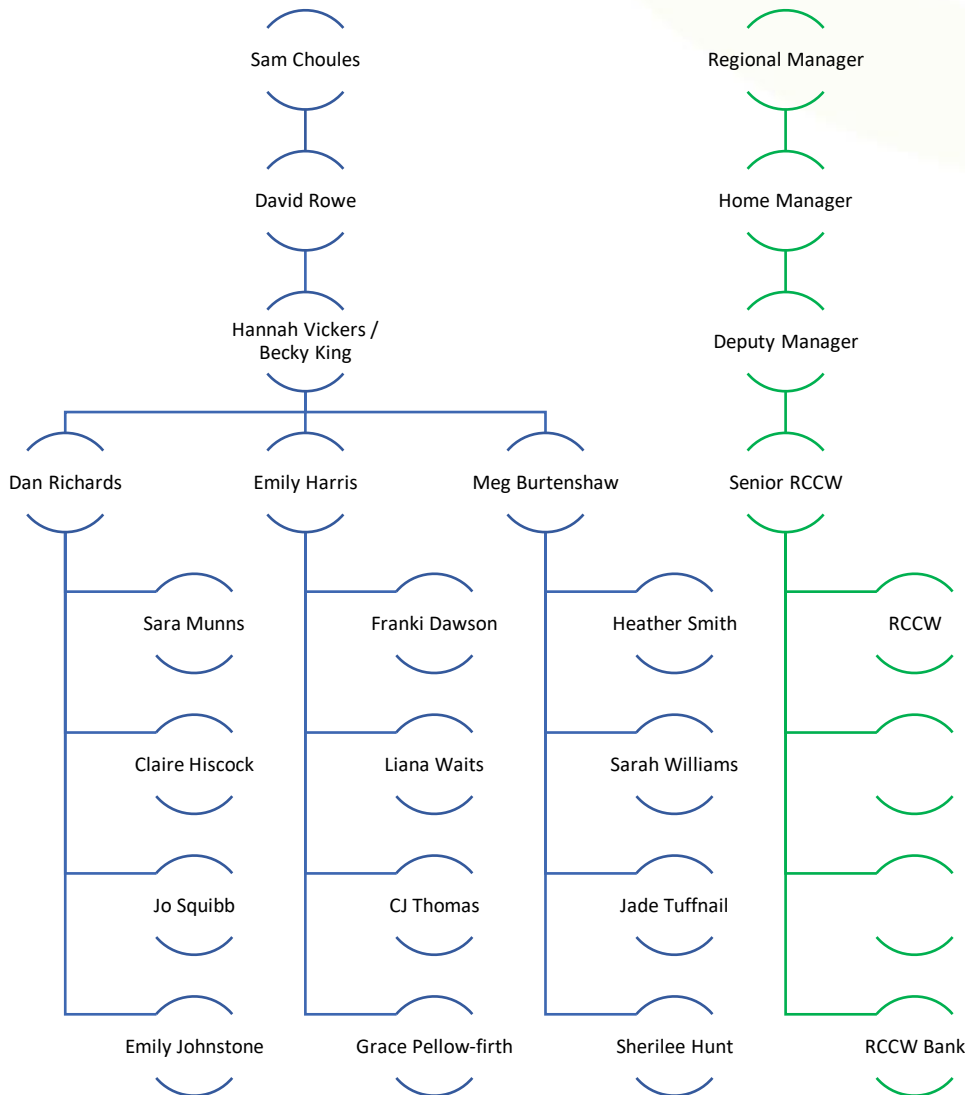
On offer of a placement and the first day of the child or young person starting the following will occur:

- The young person's key worker will welcome them.
- The young person is introduced to and welcomed by the Registered Manager wherever possible
- Other young people are around to welcome them.

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- The young person's bedroom will have been prepared and any personal choices in relation to décor have been acted on as far as is practicable.
- The young person's Health Plan will be drawn up before relevant parties leave Social Worker/Parent/ Guardian etc.
- Time is taken to explain to the young person what will happen next.
- The young person will receive an appropriate copy of the Children's guide if one has not been made available to them previously.
- The young person will receive a copy of the complaints form and we will explain how to raise concerns, worries or complaints.
- Placements that are made to Portreath House follow a planned process so emergency placements are not viable as these processes do take some time to follow to, ensure that all the elements of a placement have been looked at and all possible information has been shared.

Appendix A – workforce experience and qualifications



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Staff member Name	Start date	Job Role	Experience	Qualifications
David Rowe	03/04/2017	Manager	Worked within the health and social sector since 2003, working in a variety of setting including horticulture, holiday respite and residential services. Ofsted registered manager since 2017, prior to these 4 years as a CQC registered manager.	Level 5 Health & Social Care, Level 5 Leadership and Management
Becky King	28/08/2018	Deputy Manager	2 years youth work with teenagers. 5 years in residential childcare.	BA Human behavioural studies. HND Applied Psychology. Level 3 Children's residential diploma.
Hannah Vickers	31/10/2018	Deputy Manager	Worked in nursery settings for 6 years and nannying in the alps for a season. 5 years in Residential Childcare.	Level 3 CACHE Childcare and education Level 3 Children's residential diploma
Dan Richards	25/07/2022	Senior	Nursery Worker. 3 years in Residential Childcare.	Level 3 Children's Residential Diploma.
Emily Harris	01/08/2022	Senior	Worked within residential care for almost 2 years. Previous retail and hospitality.	Enrolled into Level 4 Diploma.
Meg Burtenshaw	27/06/2022	Senior	Cafe supervisor. Residential worker for almost 2 years.	Enrolled into Level 4 Diploma.
Jo Squibb	26/10/2020	RCCW	Young People's Information and Advice 1991 -1994 DipHE in Youth and Community Work 1994 -1996 Youth Work since 1996 Human Resources 2000- 2003 Pastoral Support in Schools 2003 - 2020 CYP Residential care since 2020	Diploma HE level 5 Community work . Level 3 Childrens residential Diploma.
Jade Tuffnail	03/01/2023	RCCW	Worked in nursery settings for 2 years.	Level 3 BTEC Health & Social Care, Care Certificate. Enrolled in Residential Diploma.
Sara Munns	03/04/2023	RCCW	School teacher in the classroom setting (mainly secondary) for 25 years. One to one support worker for individuals unable to attend a school setting. Play scheme manager in the summer holidays with the national children's home.	A level Biology, Music, Communications Studies. Degree in Music. PGCE secondary. Mental health First Aider.
Liana Waits	05/12/2022	RCCW	Elderly Care. Nurseries.	Enrolled into the level 4 diploma.
Heather Smith	29/08/2023	RCCW	Personal childcare experience.	BSC in Psychology MSC in Child Psychology
Franki Dawson	13/11/2023	RCCW	Elderly Care Sector. Working with confidentiality, hazardous substances, risk assessments, equality and diversity.	Level 3 Health and Social Care. Enrolled into Level 4 Diploma.
CJ Thomas	25/04/2022	RCCW	Residential worker for almost 2 years.	Enrolled in Level 3 residential diploma.
Claire Hiscock	11/07/2022	RCCW	Residential worker for 2 years.	BA human behavioural studies.

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				HND applied psychology.
Sarah Williams	10/01/2022	PT RCCW	Pastoral worker in Primary School Forest School Assistant Family Support Worker and Parenting course facilitator (ADHD/ASD) Parent Support Advisor Community Social Worker Trainer Social Worker Resource Centre Assistant Nursery Assistant	Advanced GNVQ in Health and Social Care and a Diploma in Social Work (DipSW) from Plymouth university.
Grace Pellow-Firth	27/11/2023	Bank RCCW	Support Worker; Mental Health Support Child Support Safeguard Training Homeless support Worker	Health and Social Care Level 3
Sherilee Hunt	16/01/2019	Bank RCCW	5 years in residential childcare.	Level 3 Children's residential diploma.

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 Eden Hub, together with their professional qualifications. These clinicians may support any of the residential settings within the Eden Hub:



Kate Boot is an autistic, ADHD, Highly Specialist Speech and Language Therapist and Sensory Integration Practitioner. She combines her lived and professional experiences and practices to work with children, young people and their circles of support, within the neurodiversity paradigm. Kate's current role is predominantly the leadership and management of a multi-disciplinary therapies team, including psychological practitioners, Speech and Language Therapists and Occupational Therapists. She is Co-Chair of the UK SLT Pride Network, a Neurodiversity Affirming Clinical Excellence Network for Speech and Language Therapists and a Community of Practice for Speech and Language Therapists working in Relationships and Sex Education (RSE).



Hannah Hamlin is an Educational Psychologist who aims to help people to understand other people using psychology. She aims to work out how people think and learn a bit more every day to promote empathy, fairness, equality, diversity and inclusion. She uses solution focused practice and person-centred approaches in work with individuals and groups and can support in conflict resolution, supervision and provide therapeutic support. She can identify gaps in learning and create programmes of support for young people. She can analyse attachment styles and provide support to help individuals to balance styles through interventions such as video interaction guidance. She is driven to promote the best interests of the child/young person in any system through eliciting and representing their voice.

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Mia Angelos is a Regional Specialist Occupational Therapist – occupation meaning the everyday activities an individual wants, likes or needs to do in their daily lives – who works across Portreath House, Oaktree House, Oaktree School, Red Moor school and the Greater Horseshoe school. Mia utilises her background and passion for creativity, neurodiversity and play to work with children and young people; using the activities they enjoy as a therapeutic tool, as well as supporting adaptations of the environment and activity. Mia can collaboratively support children and young people with their physical, mental health, spiritual and sensory needs to enable health and wellbeing through meaningful engagement.

Appendix C – Wellbeing Model

How The Home and Young People Are Supported

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



The overarching red and orange stripes apply to every OFG employee

Wellbeing and Clinical Approach

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

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

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

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

Universal Offer

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

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

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

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

Enhanced Offer

For Children attending OFG schools

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.

For children attending alternative school provisions

The Clinical Team will liaise with the young person's school to establish whether there is a Clinical Team involved in their care. If so they will liaise with the team with consent from the relevant parties to pass on

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relevant information regarding presentation at home and information gathered through Child Focussed Consultations or the impact of universal strategies being utilised within the home.

The Clinical Team would complete Screening assessments to support EHCP revision where required if there was not a Clinical Team at the current school provision. An EHCP review will be recommended to include Clinical input within the school offer identifying the current needs of the young person.

Specialist Offer

For Children attending OFG schools

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.

For children attending alternative school provisions

Specialist provision would be provided within the young person's school as part of their EHCP provision and therefore liaison with the School would be an essential role of the Clinical Team where there was an identified need at this level. The Clinical Team would complete Screening assessments to support EHCP revision where required if there was not a Clinical Team at the current school provision.

In addition to the involvement described, Specialist Therapies can also be commissioned separately, where appropriate and available, for example Life Story Work, for individual young people.

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.

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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
Health/Human	✓	✓	✓	✓	✓	✓	✓	x	x	X	
Timings (minutes)	150										

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

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Safety Intervention - Advanced™



Table 1: Disengagement

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

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

Table 2: Holding

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

Safety Intervention – Advanced and Emergency™



KEY	Blue ✓ = Skills included
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Table 1: Disengagement

Name & Sequence	Strike	Wrist	Clothes	Hair	Neck	Body	Bite	Interventions (lights)			Neck (high risk)	Emergency Responses											
								Low	Medium	High		Thumb	Dorsal Hand	Torso	Sternum	Mandibular	Columellar						
Market												Escape	Rescue	Escape	Rescue	Escape	Rescue	Escape	Rescue	Escape	Rescue	Escape	Rescue
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Timings (minutes)	90										15	115											

Table 2: Holding

Name & Sequence	Seated			Standing			Team Interventions (2 staff)	Transitions (2 staff)	Children Holds			3 rd Person		Advanced Team Interventions (3 staff)	Transitions (3 staff)	Standing to floor transitions (Slips, Trips and Falls)		Standing to floor transitions (Slips, Trips and Falls)		Emergency Team Interventions (3 staff)	Emergency Floor Holding			Seclusion		
	Low	Med	High	Low	Med	High			Seated (chair)	Seated (floor)	Standing	Seated	Standing			Standing to Seated	Standing to Seated	Standing to Seated	Standing to Seated		Supine	Supine	Rapid Tranquilisation	Entry	Search/Remove of Unsafe Items	Exit
Market																										
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Health/Human	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Timings (minutes)	150										30		20	15	35	35	35	35	40	50	50	30	30	30	30	

CPI SI Advanced or Advanced Emergency programmes are designed for services that support individuals who are more likely to demonstrate more complex or extreme risk behaviours. It provides effective tools and decision-making skills to help staff manage higher risk situations, offering a wider array of verbal and physical intervention options. Both programmes are RRN certificated training curricula and provide Continuing Education Credits (CEC) and Continuing Professional Development (CPD) Credits.

We have a dedicated restraint reduction team who oversee and govern the use of restrictive physical intervention and how it can be reduced. While all our services are trained in foundation CPI, if a child or home required additional interventions, this will be assessed by the RRN team, present to the RRN board for agreement and advanced and emergency methods can be trained and risk assessed based on individual need only.

Appendix E – Outcomes First Group

Who are we?

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

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

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

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

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

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

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