Acorn Education And Care

Statement of Purpose

URN: 2534684

To find our more information please visit https://www.acorneducationandcare.co.uk/our-approach/our-care-homes/

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Acorn Education And Care

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1. QUALITY AND PURPOSE OF CARE

We strive to provide a therapeutic 52-week-a-year home for children who present challenging behaviour due to their early traumatic life experiences, including patterns of missing from care, attachment disorders, non-school attendance, and anti-social behaviours. We aim to help children build resilience to overcome these challenges and difficulties to reach their full potential.

The ethos of Ramsworth Cottage is to offer a holistic model of care based on a consistent approach to good parenting and appropriate care in an initiative-taking, visionary residential setting. The model takes account of the values of group living, carefully aligned to the needs of the individual. We aim to help the children in our care to overcome the difficulties they have experienced in their young lives, to sensitively address any behavioural problems they may present with, to prepare them for their eventual return to their family of origin where this is viable, or integration into long-term foster care. We also provide long-term care where other options are unavailable or where this best meets the child's needs, wishes and feelings.
There is a strong emphasis on establishing a secure base from which the child can experience a close relationship with their identified keyworker as a primary care provider and, subsequently, other staff members as equally responsive caregivers. We strive to promote a culture which provides stability and nurture to afford the child the opportunity to heal, experience and rediscover their self-worth.

Ramsworth Cottage is an OFSTED registered independent Children's Home with education offering short-, medium- and long-term care for up to 5 children between the ages of seven and 13 on admission. The home is a detached double-story house with five bedrooms for children, bedrooms for adults and three toilets and bathrooms upstairs. One bathroom has a shower, and the other has a shower and a bathtub.
Downstairs, there is a large open-plan kitchen, two sitting rooms, a gaming room, a dining area, an office, and a laundry room.

The front, back and side gardens offer ample space for children to play. There is a low wooden perimeter fence around the home, which separates it from the surrounding farmland. We are not able to care for children with a physical disability that affects their mobility. Our children will typically have suffered trauma, bereavement, or loss. We have a clinical team that supports children's emotional well-being. There are quiet spaces around the home that can be used for meeting parents and social workers, as well as a space for telephone calls so children can talk privately or speak to family and friends.

Ramsworth Cottage is in Hampstead Norrys, West Berkshire, renowned for its outstanding natural beauty. It is situated in a picturesque village, home to the popular Wyld court alpacas of West Berkshire. Several bus stops serve the town on the two hourly buses from Wash Commons calling at nearby villages to Newbury. The bus stop is a 20-minute walk to the home and a 4-minute drive away. Newbury train station is 20 minutes away by car and 48 minutes by bus. Within two miles east of the house is the tropical rain forest in Newbury, a tourist attraction all year round. The village hall houses a book club, table tennis and badminton equipment.
Hampstead Norry's players are a community resource for stage play at the community centre. There is also a yearly green fest and music fest, which promotes green living in a fun way- such as treasure hunting and encouraging young children to perform for Glee. A disability-friendly theatre and playground also ensures no one is left out.

Donnington Castle is approximately 9 miles away, and the magnificent Highclere Castle is a 30-minute drive. The Four Kingdoms adventure park in Thatcham, Longleat safari park in Warminster, or Coral Reef water world offer opportunities for children to develop nature hobbies on land or water. Love of walking can be fostered as several footpaths within the community offer themed walks to explore the beautiful countryside.
LEGOLAND Windsor is an hour away and offers opportunities to have fun with unique characters. An annual premises review considers the risks within the home and its environment.

The arrangements for supporting the cultural, linguistic, and religious needs of children.

Outcomes First Group is committed to eliminating discrimination, harassment, intimidation, or abuse of any kind and aims to create an environment which values each person connected with the organisation as a unique individual worthy of respect and understanding. In line with this, every child in our home shall receive equality of care irrespective of their sex, ethnic, cultural, linguistic, or religious background. Our staff will in no way show favouritism or disfavour to any young person or their families because of their sexual orientation, culture, language, or religion.

Where applicable, provisions will ensure that religious observances, dietary considerations, and festivals, for example, are recognised and catered for. The home encourages children to join in the celebrations of other cultures, but they are not compelled to do so. Children can, therefore, attend any appropriate religious service with staff support at established churches, mosques, and temples within the community but are not forced to do so. If required, we can support a young person attending a place of worship of their choice.

Details of who to contact if a person has a complaint about the home.

Professionals and parents who wish to complain themselves or on behalf of a child, can speak to the Manager who will strive to obtain an acceptable outcome. Managers will try to resolve complaints by children or complaints made on behalf of children first locally, but if this does not suffice, then it will be escalated to a formal complaint, which will be managed in line with company policy and procedure. A copy of the complaints policy is readily available at the service.

Management operates an open-door policy to resolve any grievances, which up to now has worked very well in negating the need for formal complaints being necessary. Grievances and grumbles are recorded, and staff support the young person to raise their concerns and work through this with them.
On admission, each young person receives a guide which tells them how raise a concern and who they can make a complaint to within the home and outside of the house as well.

A copy of the home's behaviour management policy is available from the home or regional manager. This information is available 24/7 on the company's intranet.

2. ENGAGING WITH THE WIDER SYSTEM

At Ramsworth, we endeavour to collaborate with all professionals who can assist us in meeting the needs of the children in our care. We maintain a positive relationship with our community PCSOs and encourage visits to the home regularly. We also have a good working relationship with our local Police Safeguarding Officer and notify them of admissions and discharges from the house, so they have up-to-date records of all young people in our care.
We work closely with the LADO for West Berkshire and consult with CAMHS, who provide a diagnostic and treatment element of our care if required.

3. VIEWS, WISHES AND FEELINGS

Weekly house meetings are one forum for the children to have the opportunity to have input into the day-to-day arrangements of the home. In addition, a young person's views can also be aired via key-working or general discussions within the home.

Children have the opportunity to provide feedback on their care through formal questionnaires; these are completed regularly in line with the Regulation 45 report. The outcomes from these are used to inform and improve our practice.
Children are actively consulted in developing the yearly development plan; their recommendations are followed through as much as is practicable. Our views on feedback are that it offers an opportunity for service improvement.

Children are encouraged to attend meetings and reviews, if a child is unable to attend their views will be sought prior to the meeting, the manager will feedback to children following professional discussions.

4. EDUCATION

New Barn School is a Department for Education registered Independent School and provides highly effective education, therapy, welfare, and support for both boys and girls aged from 6 to 16 years who have social, emotional, and mental health needs (SEMH), as well as other complex needs. New Barn is rated a good school by Ofsted.

New Barn differs from most schools as it can offer a bespoke curriculum for every student. Its ethos is based on nurturing, making progress, and helping young people unable to learn in mainstream education achieve stability by, firstly, feeling safe and cared for. With time, they learn to trust and build relationships with the staff supporting them through their challenges, take responsibility for their actions and concentrate on the complex business of learning and development.
The school also houses our in-house multi-disciplinary team, which comprises clinical psychologists, psychotherapists, speech and language and occupational therapists. Our clinical team is led by a Consultant Clinical Psychologist who coordinates and oversees the clinical team input to our therapeutic children's homes and schools. Brochures for the clinical team can be issued on request.

For more information about New Barn School, please see the prospect below.www.acorneducationandcare.co.uk/uploads/new-barn/new-barn-prospectus.pdf

5. ENJOYMENT AND ACHIEVEMENT

Recreational and cultural activities at Ramsworth Cottage are a comprehensive, extensive, well-structured daily programme of adventurous activity that is key in addressing problem behaviours, fostering a positive self-image, and improving low self-esteem. Each day, the adults use a planner detailing the home's plan for recreation and engagement onsite and offsite for the week.

Weekly house meetings are used to consult with the children to plan the forthcoming week's activities and menu planning. Children may also desire to pursue individual hobbies and interests via key-working sessions. Special arrangements can also be made to ensure that any individual cultural needs are met.

6. HEALTH

All children placed at Ramsworth Cottage will have statutory annual health assessments and will be registered with the local GP, dentist, and opticians. The care team monitor any changes in the state of the child's health and arrange appropriate care or treatment where required. The children are actively encouraged to always maintain good personal hygiene and supported to purchase their own toiletries that suit their hygiene needs if they wish, separate to those already supplied.

We lead an active lifestyle, and promote regular exercise and activities that encourage movement, play and cognitive challenge. Meals are varied, and well balanced with a mixture of healthy, fresh home cooked meals and ad hoc treats such as BBQs and occasional take out.

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 living and learning within the region's homes and schools. Their 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.

Ramsworth integrates the 3 Cs Model of Trauma Informed Practice (TIP), developed by our Consultant Clinal Physiologist and Head of Trauma Informed Practice. The 3 Cs model consists of – Connect, Co-regulate, and Co-reflect. It is a comprehensive approach based on the current evidence base, emphasising the importance of relationships that children require in trauma recovery. The TIP approach encourages the homes care teams to standardise their practice through the lens of connecting, co-regulating, and co-reflection. Ramsworth has a dedicated TIP champion who supports the development and progression of TIP within our home. A self-accreditation approach is now underway to enable us to begin to understand the strengths of our home while also highlighting where we can progress further, working toward a gold standard of practice.

7. POSITIVE RELATIONSHIPS

There is an expectation that a child's social worker will remain in regular contact with the child, both by visiting them at home or by telephoning. The frequency of contact with family will be discussed at the admission stage and form part of the written agreement. Similarly, if it is felt appropriate and in the child's best interests, arrangements for contact between the child's parents (or those with parental responsibility), friends or relatives will be discussed and agreed upon at the admission stage.
Contact between a child and their family is an essential factor in a child's residential experience and will be actively encouraged and welcomed. We work hard to ensure any requirements needed to help facilitate family time are met, for example, staff supervision, family support, or transportation. There is a dedicated private room for children to contact their families if this is agreed upon at the initial placement plan or ongoing at reviews. Any restrictions on contact, i.e., supervision of telephone calls or visits, will be as directed by the young person's placing authority or the Court.
Where agreed, children are encouraged and supported to maintain links with friends; this may be through letter writing, telephone calls or direct contact. Also, part of developing positive peer relationships is meeting new friends; children are supported in this process by encouraging them to attend individual activities such as Youth Clubs, scouts, rainbows, horse riding, gymnastics, badminton, football and rugby.

8. THE PROTECTION OF YOUNG PEOPLE

There are no monitoring or electronic devices within or external to the home. The only form of electronic surveillance which may be used at Ramsworth Cottage is if a young person is electronically tagged as part of a court-imposed sentence. In this instance, the appropriate surveillance equipment will be installed at the home, and external professionals will be responsible for this equipment.

There are occasions when a young person's risk assessment identifies issues with drug or alcohol misuse, missing/absconding behaviour, illness, or self-harm. Staff may need to enter a young person's bedroom to check

on their safety or conduct a room search; this is conducted and recorded in line with our safe, caring policy and procedure. Young people are always made aware of this procedure during their placement induction.

The home's ethos is that behaviour support is based upon positive professional relationships between the staff and children. When a child shows signs of dysregulation, de-escalation and diversion strategies must be fully explored, any physical interventions must meet the thresholds stated in 20(1) of the Children's Home Regulations 2015.

We view the appropriate use of physical intervention as a necessary action to safeguard both staff and children (please refer to Appendix D).

The principles relating to the use of physical intervention may be summarised as follows:

1. Staff should have good grounds for believing that immediate action is necessary to prevent a child from significantly injuring himself or herself or others.
2. Staff should take steps in advance to avoid the need for physical restraint, e.g., through dialogue and diversion and the child should be warned orally that physical restraint will be used unless he or she desists.
3. Only the minimum force necessary to prevent injury or damage should be applied.
4. Every effort should be made to secure the presence of other staff before applying restraint. These staff can act as assistants and witnesses.
5. As soon as it is safe, restraint should be gradually relaxed to allow the child to regain self-control.
6. Physical intervention should be an act of care and control, not punishment.

Appropriate reports should be recorded in relation to all physical intervention incidents and the incident communicated to senior management as well as other relevant members of staff. A record of the physical intervention must be recorded in the young person's file on Access, and this recording must include the reason physical intervention was necessary, i.e., the behaviour the child was exhibiting, witnesses to the restraint and those staff members involved in the restraint. A record of any Physical Intervention occurring is sent to the young person's social worker weekly.

After a suitable time, a resolution meeting / de-brief for the child and staff should be undertaken and recorded, and any patterns/actions noted and acted upon within an identified timescale.

The home focuses on positive reinforcement and a restorative justice approach. To obtain a copy of the behaviour management policy please call on 02392 492165.

9. LEADERSHIP AND MANAGEMENT

Ramsworth Cottage is owned by Outcomes First Group Limited operating under Acorn Education and Care.

Home Manager: Isabelle Gillman
Email: Isabelle.gillman@acorneducationandcare.com
Phone: 07970226478

Regional Manager, RI: Andy Spicer (starting May 2024)
Email:
Phone:

Alison Blyth Bishop:	Director of Care
Daniel Cooke:	Managing Director
CEO:	Richard Power

The Home Manager:

Isabelle has 15 years' experience in residential children's homes and is passionate about providing high quality and consistent care for young people. She truly believes in a therapeutic, holistic approach, which is in line with the ethos of the home; as such she completed a Level 4 Therapeutic Counselling qualification to further develop her knowledge, understanding and practice skills. More recently she has been undertaking a BA Hons Social Work degree to broaden her legislative awareness and the journey of a looked after child, which she utilises to inform her practice.

Staffing Structure -

Regional Manager and Responsible individual.
Home Manager
(on shift) Deputy Manager

Team Leader	Team Leader
RCW	RCW
RCW	RCW
Night RCW	Night RCW

The Responsible Individual supervises the Home Manager. Staff within the home are supervised by the Home Manager, or a senior member of the team assessed as competent to do so. All staff will have a minimum of 6 supervisions a year, including an appraisal.

Alongside supervision, reflective practice sessions are offered by the clinical team for all home staff every month and are facilitated by a qualified member of the clinical team. This reflective session provides staff with the opportunity to reflect on the impact of working with traumatised children and the effect this has on their emotional processes about their role.

A written record of induction and supervision sessions will be kept on the employee's personnel file.

All staff will have their performance individually and formally appraised annually by their line manager. The employee's file contains a record of the appraisal showing the level of performance achieved, targets for the coming year, and the agreed training needs to be met within the following year as part of the individual's Personal Development Plan, where applicable.
All staff will be provided with and have access to written guidance on the home's procedures and practices (Policies and Procedures held on ENGAGE).

Shift pattern

Stability is one of the most important features of residential care, and this stability can only be provided by the staff.
One adult sleeps in the home every evening and is on call, ready to respond in the case of an emergency. Another adult is employed as a waking night; the night worker is also available to support the children should they require assistance. However, the night worker's role extends to domestic household tasks, help with any preparation for the following day and support with administrative duties as required.

Given the current group dynamic and associated level of risk, the home can run with two sleep-ins during the night. There is a procedure for this, which includes informing the children of the plan, and will only be put in force should there be any unforeseen circumstances. While this only happens on rare occasions, it carries an opportunity to help the children gain some experience of what it would be like in a typical home environment, which is particularly beneficial to those moving towards foster care.

Due to feedback received via staff exit interviews, the managers are reviewing the current shift pattern to ensure staff wellbeing is promoted. Once a finalised plan is in place, this will be updated.

Both sexes are represented in the staff team at Ramsworth Cottage thus promoting appropriate role models.

10. CARE PLANNING

Using the organisation's preplacement risk assessment, the manager will carefully assess potential referrals to ensure that:

- The home can effectively meet the child's needs.
- The child's needs fall within the home's Statement of Purpose.
- Effective placement planning and risk assessment can be achieved should a place be offered.
- To support the assessment, documents requested from the referring authority will include the most recent statutory review report.
- All specialists' reports, e.g., psychology or psychiatry report School reports.
- EHCP or Statement of Educational Need (if applicable); the core assessment, if available
- Any relevant court reports, or the youth offending team writes plans if the child is a youth justice child.
- Chronology of significant events on the child; Risk assessments.

The placing authority must provide detailed and comprehensive documentation as much as possible about the child. This will enable the home to make an informed decision about the appropriateness of the referral, including the capacity of the house to meet the assessed needs of the child and any additional resources or services that may be required to achieve this.
As part of assessing the suitability of the referral, where appropriate, the child should be visited in their current placement, provided with the opportunity to visit the home, and have the chance to be part of the decision-making process about the possible move. This reduces some of the anxiety around transitions for children.

Emergency placements

Whilst planned placements are our preferred option, there may be circumstances where it is appropriate to agree to the admission of an emergency placement i.e., an admission made within 24 hours of the initial referral contact. In such circumstances there is likely to be less information available about the needs and characteristics of the child.

We will only consider an emergency placement in exceptional circumstances once we have received up to date relevant documents from the Local Authority. The local Authority must then attend a placement planning meeting within 72hrs of the Child's placement at the home and provide all outstanding documentation.

Planning

The child's bedroom will be prepared in advance, ensuring it is warm and homely. The home will provide appropriate toiletries. A key worker will be appointed. As soon as is practicable, the child will have an informal meeting with their key worker. If not already provided, be given an information pack containing information about life in the home including daily routines, pocket money, use of telephones, household jobs, activities, education and how to raise concerns, complaints, and the fire evacuation procedure. The child will be given the opportunity to ask questions, meet other resident children, and staff. The induction checklist will be completed with the child.
An inventory will be made of all clothes and personal possessions bought in with the child. The staff member responsible for the admission must ensure that the child has secure lockable facilities for storage of valuables and / or important personal possessions. They must be offered the opportunity to pass items of financial or personal value to the home for safe keeping. A record of all such items must be maintained, signed by the staff member and the child.
Care must be taken to ensure that child's health care/medication needs are maintained. The child must be registered with local primary health care providers (G.P., dentist, optician) and initial appointments made.

If not already received, consent forms e.g., for medication and medical treatment, must be obtained.
Within 7 days of the placement starting there should be a placement planning meeting involving the home, the child, their family, and the placing authority.

- To formally reiterate the importance of the child having a voice in the process of planning for their future.
- To ensure no vital information has been missed in the matching and subsequent placement.
- To clearly set out from the start the specific expectations of the placement.
- To establish the exact level of support/interaction expected of the Social Worker and placing authority.

- To establish placement targets and goals and ensure the child is aware of these expectations.
- To summarise for the child the expectations of group living and school attainments at the home.

As part of ongoing planning, placement review meetings must take place within statutory timescales, in accordance with the Placement Planning Regulations.
The date of the first statutory review in placement will be agreed between the placing authority and the home and school at the time of admission.

Whilst it is the responsibility of the placing authority to initiate statutory reviews, the home will be pro-active in advocating on a child's behalf if there is any delay.
It is the key worker's responsibility to prepare a written report for the statutory review under the guidelines contained in The Care Planning, Placement and Case Review (England) Regulations 2010. It is also the responsibility of the key worker to ascertain verbally, or in writing the child's view(s) and wishes regarding the placement.
The key worker will ensure that they are fully prepared for the review, have a clear understanding of their role in the review process and will have facilitated the child being able to express their view or wishes.
The review process involves all professionals, the child, and relevant key members from their family. Key objectives and tasks are set within the planning forum to indicate work to be conducted on a range of criteria individual to the child.

Internal reviews are in place to regularly bring together the key staff and professionals within Ramsworth Cottage involved in the child's care and assess the progress made on set targets in all areas of the home's placement plan based on assessed needs benchmarked by quality standard.

Any treatment or therapy undertaken will be evaluated with clear aims/objectives set for the next stage of the planning process. Interval reviews are not seen as a separate system but to complement the Social Services own statutory reviews.

Placement plans will be reviewed as part of the agenda of Statutory Childs Reviews, in accordance with the Care Planning, Placement and Case Review Regulations (2010).

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Appendix A – workforce experience and qualifications

Staff member Name	Start date	Job Role	Experience	Qualifications
Sarah Mattimore	19/08/2019	Senior Residential Care Worker	Sarah gained a psychology degree before beginning her journey in residential childcare.	Advanced Level Apprenticeship in CYP workforce: residential care (level 3)
Krista Braithwaite	23/04/2021	Residential Care Worker	Krista was previously a foster carer before taking on her first role as a residential care worker.	NVQ 3 Residential Care CYP BA Hons Early Years Child Development
Emmanuel Dirisu	2/1/24	Residential Care Worker	Emmanuel was an agency worker at Ramsworth before transferring from a temporary to permanent member of staff	
George Dragan	15/1/24	Residential Care Worker	Experience caring for a member of his own family which led to who wanting to change career and work in care.	
Emily Holmes	26/2/24	Residential Care Worker	Experience as a Nanny and working with autistic children	
Simon Waggett	26/2/24	Waking Night	Simon has previous experience in residential children's homes and as a missing person's officer	Level 4 Diploma in Therapeutic Counselling

Appendix B - Wellbeing and Clinical Service

Who Supports the Home and Young People

Wellbeing and Clinical Service support is available for all 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 Bowlby Hub, together with their professional qualifications. These clinicians may support any of the residential settings within the Bowlby Hub:

Bowlby Hub Wellbeing and Clinical Service		
Clinical Employee Name	Job title	Qualifications
Katie Weaden (maternity leave)	Wellbeing and Clinical Locality Lead Art Psychotherapist	MA Art Psychotherapy HCPC registered Full BAAT membership
Harriet Chandler	Art Psychotherapist	(MA) Art Psychotherapy Foundation (Art Therapy) (BA) Fine Art
Denise Wilson	Occupational Therapist	MSc Autism, BHSc Occupational Therapy, Grad Dip Play Therapy, Certificate Counselling and Groupwork, DORFloortime Training Leader and Expert Level Provider Grad Dip in Nutritional Therapy (sep 2023)
Celine Bartlett	Occupational Therapist	BSc (Hons) Occupational Therapy, PgDip in sensory integration therapy and PgDip in health and social care. HCPC and RCOT registration.
Hannah Loveday	Speech and Language Therapist	BSc (hons) Speech and Language Therapy. HCPC and RCSLT registration
April Ali	Assistant Psychologist	BSc Psychology Level 2 Understanding Autism Level 2 Understanding Challenging Behaviours
Tristian Servajean	Therapist Assistant	BSc Psychology Master's in Forensic Psychology

**All qualified clinicians are registered with their designated regulatory bodies and receive clinical supervision. Oxford and Newbury Clinical Teams are part of the Bowlby Wellbeing and Clinical Hub. Bowlby Wellbeing and Clinical Hub Statement of Purpose is available upon request*

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Appendix C – Wellbeing Model

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

The overarching red and orange stripes apply to every OFG employee.

Wellbeing and Clinical Approach

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

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

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

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

Universal Offer

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

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

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

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

Enhanced Offer

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

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

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

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

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

Specialist Offer

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

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).

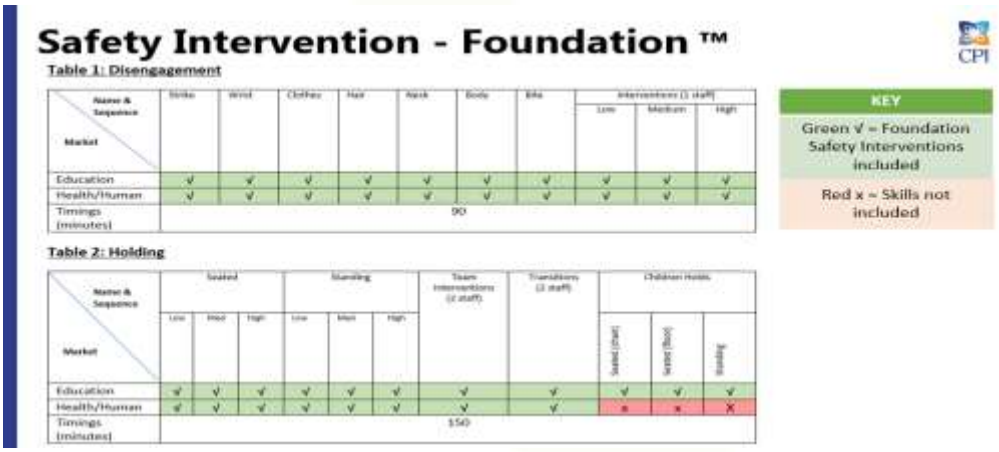
This first tier training incorporates trauma-informed and person-centred approaches integral to the application of the model. CPI focus on prevention through de-escalation techniques through to non-restrictive and restrictive intervention.

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 ™

CPI

Table 1: Disengagement

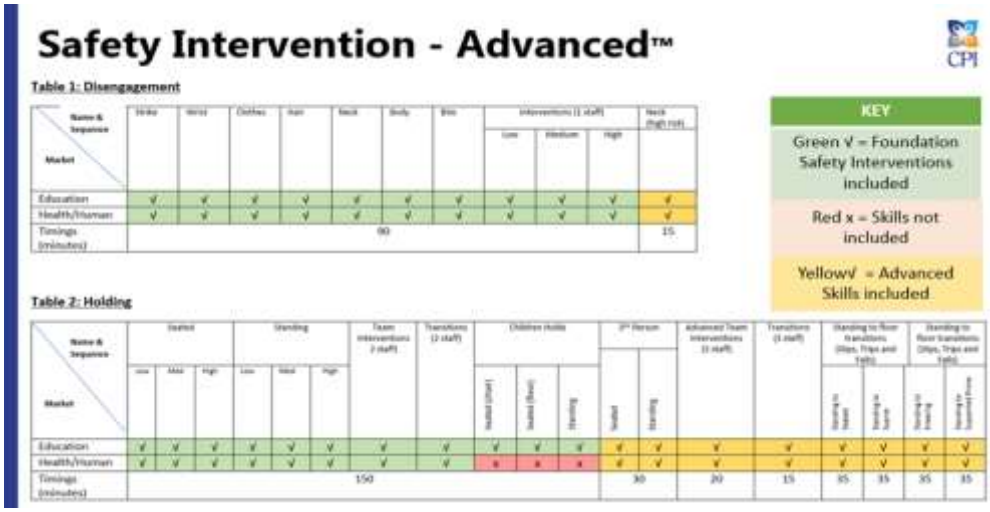
Name & Sequence / Market	Strike	Wrist	Clothes	Hair	Neck	Body	Bite	Interventions (1 staff) Low	Medium	High
Education	√	√	√	√	√	√	√	√	√	√
Health/Human	√	√	√	√	√	√	√	√	√	√
Timings (minutes)	90									

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

Table 2: Holding

Name & Sequence / Market	Seated Low	Seated Med	Seated High	Standing Low	Standing Med	Standing High	Team Interventions (2 staff)	Transitions (2 staff)	Children Holds 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™

CPI

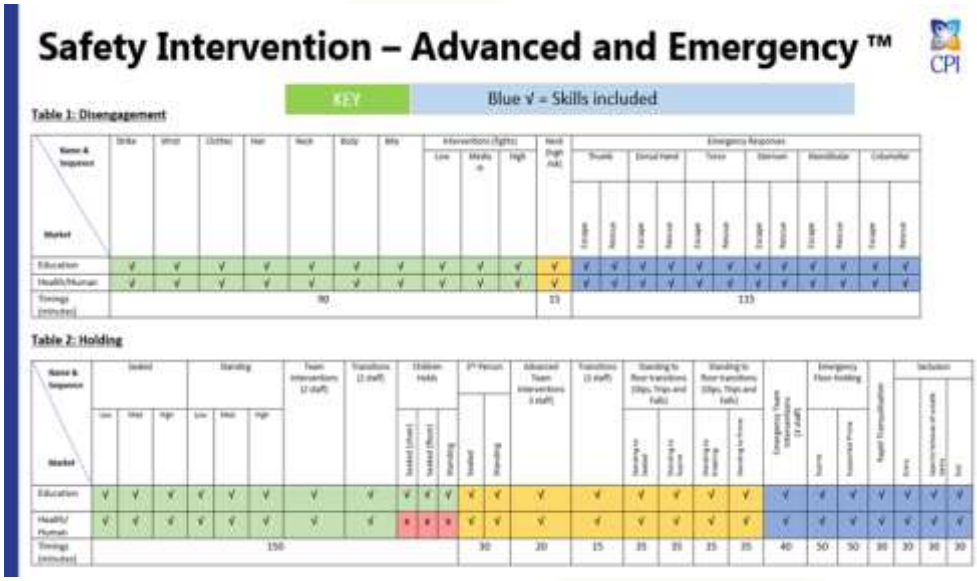
Table 1: Disengagement

Name & Sequence / Market	Strike	Wrist	Clothes	Hair	Neck	Body	Bite	Interventions (1 staff) Low	Medium	High	Neck (high risk)
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 Low	Seated Med	Seated High	Standing Low	Standing Med	Standing High	Team Interventions 2 staff	Transitions (2 staff)	Children Holds Seated (chair)	Seated (floor)	Standing	3rd Person Seated	3rd Person Standing	Advanced Team Interventions (3 staff)	Transitions (3 staff)	Standing to floor transitions (Slips, Trips and Falls) Standing to Seated	Standing to floor transitions (Slips, Trips and Falls) Standing to Kneeling	Standing to floor transitions (Slips, Trips and Falls) Standing to Seated Prone	Standing to floor transitions (Slips, Trips and Falls) Standing to Kneeling
Education	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Health/Human	√	√	√	√	√	√	√	√	x	x	x	√	√	√	√	√	√	√	√
Timings (minutes)	150											30		20	15	35	35	35	35



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.