

Statement of Purpose



March 2024

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Sunnycroft

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Acorn Education And Care Contents:

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1. QUALITY AND PURPOSE OF CARE

Sunnycroft provides a caring, structured, and homely environment, specifically designed to meet the needs of the young person in general. Each individual young person follows their own programme in an atmosphere of high expectations, and achievable aims and where they are valued for themselves.

The overall objective is to create the ideal conditions for each young person to reach the maximum of their potential and to prepare for a fulfilling life, thus meaning taking a control of their lives with the support of the staff within the home.

Sunnycroft offers specialised care to young people within the organisation, as they develop alternative placements could become necessary; these may include semi-independent provisions, foster placements, or independent provisions dependent on their age. These will be assessed on each individual child's progress, and decisions made will be through a multi-agency agreement and with the child in question. The organisation recognises that there may be a need to move the child within the company; other homes are more community based and offer opportunities for a gradual introduction in too an extended social environment.

Sunnycroft strives for good working practice and supportive and sensitive care, with a belief that education is a priority. We can support this by offering a room in a much quieter and more secluded from the main body of the home but remaining within a comfortable environment. They are supported continually by the team to achieve their goals and aims and encouraged to prepare for future development and personal aspirations.

There is also a further option, within the organisation of possible introduction in to fostering; this part of the service specifically works with children being fostered, by specially trained foster parents associated with the organisation.

The range of needs of the young people in our care can vary but some of the common needs are:

- ✚ Those who have suffered trauma and abuse.
- ✚ Those with emotional behavioural needs
- ✚ Those with attachment disorder and have a difficulty in forming and maintaining relationships.
- ✚ Those who have a diagnosis of ADHD or ASD
- ✚ Those with a history of non-attendance in education and who are under achieving.
- ✚ Those with mental health concerns, this may be that they display self-injurious behaviours.
- ✚ Those who present with sexualised or sexual harmful behaviours.

The home has a strong believe in having a strong and well-developed link between residential, education and therapeutic services.

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The homes ethos and the outcomes they seek to achieve, and its approach to achieving them.

The specific purpose of Sunnycroft is to provide a home that meets the needs of up to four young people of mixed gender, up to the age of 18 years old. Whilst it is our intention to work predominately with young people up to the age stated, there may also be the need to provide our specialist care to an individual outside of this age range; this will only be if it is appropriate having assessed their needs and is not detrimental to the needs of others in the home.

Objective

The overall objective of Sunnycroft is to create the ideal conditions for each of the young people to reach the maximum of their potential and to prepare for a fulfilling life. It is also hoped that through nurture and consistent care from the adults within the home the young people can integrate into the community, using ways such as leisure activity, groups and youth clubs.

Core Values and Aims

The staff team and young people have worked together to devise a set of core values that we all believe we want within the home, these are:

Honesty – it is important to build an environment and relationship built on honesty. It allows the young people to predict safety from the staff. The staff want the young people to feel and experience honesty, as well as understand the word.

Trust – this is important for the young people in the home. Due to what they have suffered in their past the young people need to be able to trust people who are an important part of their lives and who make decisions about their care including where they live. The young people do not always trust people especially adults due to being let down at some point in their lives, trust is built over time as the young people get to know individuals.

Resilience – if a young person is angry and showing negative behaviours, in reality, compassion is not always easy to show. During these times, the young people want to know that people will stick by them, that they are cared enough about, and that compassion is not based on conditions. This shows that individuals are resilient to the behaviours and struggles.

Safety – the young people need to feel safe and secure about not only where they live but with the adults involved in their care. This enables them to grow and develop. It also allows them to experience and manage risks to reach their potential whilst feeling safe and part of a 'family'. Using PACE, staff have created a safe homely environment and everyone works together to maintain this.

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Fun – having fun is giving the young people the positive experiences that they may have missed out on prior to moving to Sunnycroft. It allows memories to be made in a positive way so that their time at Sunnycroft is memorable for the right reasons.

A description of the accommodation offered by the home, including—

- a) How accommodation has been adapted to the needs of children.**
- 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**

Sunnycroft may provide care and accommodation for up to four young people of mixed gender with social, emotion and mental health difficulties. They can be aged up to 18 years of age. The home would not accommodate a new placement for an adult of 18 years, however pending admission before this age they are able to remain in the home at 18 with an appropriate transition plan in place to ensure they are supported to successfully move on from the service. Whilst it is our intention to work predominately with young people up to the age stated, there may also be the need to provide our specialist care to an individual outside of this age range; this will only be if it is appropriate having assessed their needs and is not detrimental to the needs of others in the home.

Sunnycroft is a well-presented bungalow with generous grounds set on the hill into Ironbridge, an English Heritage site.

Sunnycroft has been adapted to provide spacious accommodation for the young people; this includes bedroom door alarms, external door alarms, fire alarm system, and all other health and safety requirements that are required for a residential children's home. The young people and their social workers are consulted on whether they need a bedroom door alarm to support them in feeling safe and secure in their environment.

Sunnycroft comprises the following accommodation:

Main body of the home:

Entrance porch and hallway

Large lounge and dining area

Modern kitchen with good facilities and breakfast bar

Utility room

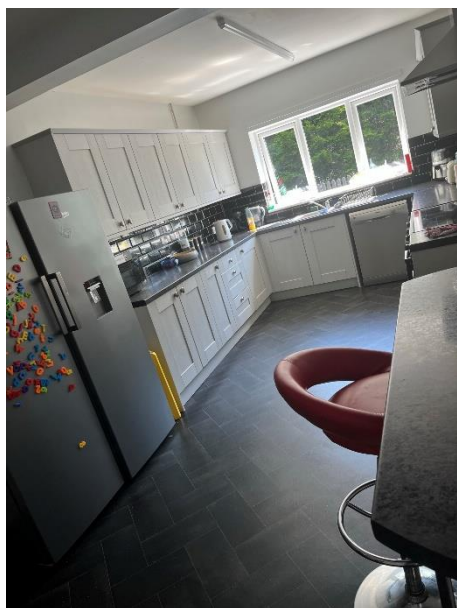
Office, this also doubles up as a staff sleep room.

Four young people's bedrooms

Two bathrooms, which both have showers.

Staff sleep room with shower room.

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Within the converted garage area, there is a games/cinema room along with the manager's office; private and confidential meetings would take place in here away from the main body of the home.

Grounds:

Lawn area to front and side of the house.

Large drive with ample room for house and staff vehicles

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Within Sunnycroft, there are no en-suite facilities however there are ample facilities for the use by both staff and young people; all young people have the choice of a bath or the use of a shower, which are separate.

Responsible bodies

Manager of the home – Laura Mayle (Laura.Mayle@acorneducationandcare.com)

Responsible individual – Mark Duckers (mark.duckers@acorneducationandcare.com)

Ofsted contact details:

OFSTED

Piccadilly Gate

Store Street

Manchester

M1 2WD

Tel: 0300 123 1231

Email: enquiries@ofsted.gov.uk

Website: www.ofsted.gov.uk

The details of who to contact if a person has a complaint about the home and how to access the homes complaints policy and procedure.

When a young person moves into Sunnycroft they are given a Young Person's Guide which outlines how they can make a complaint about any aspect of the home, this is written in a clear and age-appropriate manner. The young person's relatives and placing authorities are also encouraged to discuss any concerns at the earliest opportunity with a member of staff, who will do their best to resolve the matter or seek the assistance of a senior colleague if they are unable to help.

If the individual is not happy with the response or if the person making the complaint feels unable or unwilling to make an informal approach the complaint can be made directly to the Complaints Manager, who is responsible for the local operation of the complaint's procedure.

The registered provider is Acorn Education and Care previously Hillcrest Children's Services (2) Ltd.

Outcomes First Group

Atria

Spa Road

Bolton

BL1 4AG

The Home's Manager is Laura Mayle.

The Responsible Individual is Mark Duckers (Regional Manager/Responsible Individual) contacted at mark.duckers@acorneducationandcare.com

Outcomes First Group

Acorn Education And Care

Atria
Spa Road
Bolton
BL1 4AG

Acting Operations Director is Alison Blyth-Bishop

Managing Director is Daniel Cooke

CEO is David Leatherbarrow

Complaints about Sunnycroft can also be made to Ofsted, who can be contacted on 0300 123 1231.

The details of how a person, body or organisation involved in the care or protection of a child can access the homes child protection policies or the behaviour management Policies.

Organisational policies and procedures including the missing child policy are accessible to all staff on the company secured group resources portal.

The organisation recognises the risks to children around radicalisation and have developed a policy which outlines how the organisation will minimise those risks for the young people that we support. The anti-radicalisation policy can be accessed by all staff in the same way as the other policies.

The Designated Safeguarding Lead is Laura Mayle or Mark Duckers

The Local Safeguarding Board is Telford and Wrekin Safeguarding Children Partnership (Family Connect)

If you think a child or young person is in immediate danger, then call 999.

If a child or young person is at risk of significant harm call:

Family Connect

Tel: 01952 385385

Email: familyconnect@telford.gov.uk

They are open Monday-Friday 9am till 5.00pm. Outside of these hours call the Emergency Duty Team (EDT) on 01952 676500.

In the event of a safeguarding incident, the home's manager will report to the individuals below. In the event that the safeguarding incident involves or concerns the home's manager, the team member or Regional Manager would report it themselves. Details of how to report an allegation or safeguarding incident are shown within the flow chart.

Individuals to notify:

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Telford & Wrekin Safeguarding Children Board
LADO – Family Connect
Regional Manager/Responsible Individual – Mark Duckers
Acting Operations Director – Alison Blyth Bishop
National Care Manager – Fay Shelton

We have clear guidelines, in accordance with local Child Protection/Safeguarding and OFSTED. Staff receive Safeguarding training as part of their induction process and are assessed regularly to determine their understanding of the appropriate procedure.

Sunnycroft and the organisation will not tolerate bullying and fully support the standard that children should be protected from bullying as a matter of policy. We operate an anti-oppressive childcare model.

2. ENGAGING WITH THE WIDER SYSTEM

Sunnycroft is situated just outside Telford in the vicinity of Ironbridge, which is an English Heritage site. There are no immediate risks in the area with regards to train tracks or main roads. The River Seven is within a mile radius and consideration to this is in the homes Location Risk Assessment (Regulation 46) which is reviewed regularly.

Sunnycroft affords easy access to most large conurbations of the Midlands. Telford about 10 minutes (4 miles), Shrewsbury town is approximately 30 minutes' drive time (13 miles), Stafford is approximately 45 minutes' drive time (25 miles), Wolverhampton is approximately 40 minutes' drive time (20 miles), and Birmingham about 50 minutes (26 miles). The region is well placed to afford easy access to the range of facilities and amenities of the industrial centre of England. The young people living at Sunnycroft are ideally placed to make use of all sporting and leisure that the area of Telford has to offer.

A location risk assessment (Regulation 46) is available upon request. Within this assessment there is details of places to visit within the local area in terms of leisure facilities and activities.

Sunnycroft works well with other professionals to ensure all relevant care plans and needs are met for the young people in their care. The home ensures it maintains effective professional relationships with local authorities, health professionals and all other organisations that are involved in the children and young people's care. Where needed the home will challenge placing authorities to ensure the child's needs are met. The home has established good working relationships with other professionals to ensure the outcomes of the children and young people.

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3. VIEWS, WISHES AND FEELINGS

The religious and cultural needs of all of the young people at Sunnycroft will be fully respected during the time that they are living at the home. The young person's religious and cultural needs will be sought as soon as possible to ensure their needs can be met within the immediate area. All necessary arrangements will be made to accommodate the needs, be this through dietary needs, daily observances, or attendance to places of worship.

Information on different religions and cultures will be made available to the young people. The home embraces quality and differences, these are all celebrated within the home and the home celebrates frequent cultural events. These cultural events include Ramadan, Christmas, Easter, Chinese New Year, Pride, and Diwali; staff and the young people investigate the event, and then enjoy completing activities and trying different foods available.

There are a variety of places of worship in close proximity to the home. Telford is a diverse town in regards to culture and religion so can meet most needs for culture and religion.

A description of the homes policy and approach for consulting children about the quality of their care

The views, opinions and wishes of the young people living at Sunnycroft are always considered. All young people have the right to make their views and opinions heard. This could include issues such as food, decoration, recreation, rules and responsibilities. A discussion is held weekly during which the young people can contribute to:

- ✚ Menu choice
- ✚ Activity choice
- ✚ Personal needs/requests

These discussions are recorded within a 'My Weekly Views and Ideas' document which are stored within the online system.

Each young person has planned key working session of four per month as a minimum; this is another format where their thoughts and feelings are heard. This may include work towards independence for the older young people residing at Sunnycroft.

On a monthly basis the young people are asked to contribute to the House Meeting where views and wishes are further sought in relation to:

- ✚ Meetings & Appointments
- ✚ Meal Planning – this can include any special days within the month i.e., valentine's day, Easter.
- ✚ Activity Planning
- ✚ House Routine/Boundaries
- ✚ Development to the Home
- ✚ Worldwide News & Current Affairs

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The young people are also consulted regularly in regard to their plans including Personal Plans, Positive Behaviour Risk Management Plan, outcomes and targets, and all of their Access Care Planning reports (i.e., Incidents, Rewards, Consequences).

The young people are aware that they can approach the staff or the home's manager at any time to discuss any concerns they may have.

To comply with Children's Homes Regulations 2001, (amended 2015) an Independent Regulation 44 Inspector will monitor the home on a monthly basis. Access to the children's files will be sought from the placing authority and the young people for agreed written permission.

Parents/carers/significant others are provided with a leaflet on Sunnycroft clearly explaining the information the home can supply and giving an opportunity for consultation.

At each LAC review, a questionnaire is given to parents/carers/significant others as well as the placing authority to ascertain their views of the home and the care of their individual child.

A description of the homes policy and approach in reflection to

**a) Anti discriminatory practice in respect of children and their families;
and**

b) Children's Rights

Sunnycroft is part of Outcomes First Group which is an organisation committed to equal opportunities and anti-discriminatory practice both in terms of the staff it employs and the children and young people it looks after.

We encourage open discussion through processes such as individual and group supervisions in order to provide and check that we are achieving this in practice. In turn, staff helps children to treat others with respect and fairness. Staff use plain, jargon free language appropriate to the age and culture of the young people.

Regular meetings are held to allow young people a forum to be heard, and to ensure the best possible care is being practiced. The children are actively encouraged to participate in all aspects in the running of the home and their wishes and feelings are continually taken into account using this forum.

Sunnycroft works within all requirements and regulations, and this is supported by relevant policies in place by Outcomes First Group SEMH. These can be accessed through the organisations Live Portal System and can be printed on request. This includes all policies for anti-discriminatory practice, children's rights, missing from care, complaints etc.

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Children have the right to raise complaints in regard to their own care and all those involved in their lives. Sunnycroft and the organisation have policies and procedures in place to recognise and manage these complaints in a timely manner.

Around the home are posters that outline the 54 articles set out by the United Nations Convention on the Rights of the Child (UNCRC). These articles cover all aspects of a child's life and set out the civil, political, economic, social, and cultural rights that all children everywhere are entitled to.

4. EDUCATION

Sunnycroft is a part of an overarching organisation (Outcomes First Group) which is split into two sectors, with Sunnycroft being part of Acorns Education and Care. There are a number of schools with the organisation and young people from the home attend Hillcrest Shifnal School, in Shifnal. They provide residential education and therapeutic support to young people who experience severe emotional social and behavioural difficulties, and the most complex of needs. Hillcrest Shifnal School is a highly successful DfE-registered independent day special school for children and young people aged 7 to 18.

Young people have an IEP, PEP and an EHCP of personal attainment on their file. This is regularly updated in line with statutory reviews. In addition, Educational Statement reviews are held annually or as and when details change.

Key workers are identified to support each child; this will include attending meetings on a regular basis with tutors to discuss his development within the school. Attendance at school is on a full-time basis, which commences after a part time introductory period.

Attainment targets are achievable with the correct help and support in place by education and care staff working together.

At Sunnycroft, all young people have access to a desk and relevant learning materials to enable them to complete homework. The young people have access to a computer with monitored internet use dependent on their needs.

If the home is registered as a school, details of the curriculum provided by the home and the management and structure of the arrangements for education.
Not applicable

If the home is not registered as a school, the arrangements for children to attend a school local to the area which is part of outcomes first group schools

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and the provision made by the home to promote children's educational achievement.

Young people living at Sunnycroft will have access to the appropriate education which is Hillcrest Shifnal School and Smallbrooke school and will be guaranteed a placement as part of their care package.

The school provides individualised education programmes, access to National Curriculum, and a wide range of vocational subjects. The school divides the teaching year into eight terms of similar length with frequent breaks to help the young people remain focused on their learning.

The school's detailed assessment and induction processes enable us to assess the students individual learning styles and plan their learning targets in partnership with them. As well as offering nationally accredited courses such as GCSE, AQA Entry Level Certificate and units, ASDAN, CLAIT, and BTEC vocational skills qualifications the school run practical activities on site that promote the development of life skills.

Sunnycroft will work closely with whichever school our young people attend, staff will attend SEN and PEP meetings and support the young people to attend school, complete work set and reach their full educational potential, whatever level this may be. Young people are encouraged to look to the future with regard to further education. Depending on individual needs and age, they are encouraged to pursue courses at college.

Wherever a young person attends school, Sunnycroft staff will transport them to and from school.

5. ENJOYMENT AND ACHIEVEMENT

Once the young people have settled into the home they will be asked about their hobbies and interests so a plan can be devised to incorporate the activities that they will enjoy. These can be anything from joining clubs such as football, swimming, Guides/Scouts, rock climbing, skiing, badminton, or gymnastics.

At Sunnycroft, we believe that joining local clubs helps to promote self-esteem and inclusion within the young person, but we also recognise that this may prove difficult for some young people who live at the home. If this is the case, then alternative local activities will be looked into with the young person to aid them to develop social skills and build their self-esteem with the support from the staff team.

An activity planner is produced weekly to detail the clubs the young people would like to attend; in addition, they can complete other activities. There are a variety of activities available within the local area which include trampoline parks, go kart tracks, cinema, and local rural walks.

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Staff at the home will facilitate the young people attending clubs and activities; this may include them attending the clubs initially, driving to and from the clubs, and ensuring they have the correct equipment and uniform.

6. HEALTH

Details of any health care or therapy provided, including:

a) Details of qualifications and professional supervision of the staff involved in providing any health care or therapy; and

b) Information about how the effectiveness of any healthcare or therapy provided is measured, the evidence demonstrating effectiveness and details of how the information, or the evidence can be accessed

Sunnycroft is supported by the in-house clinical team that provides therapy and/or assessment based upon each child's individual needs based on the Wellbeing Rainbow Strategy Model. Members of the clinical team receive supervision from the clinical lead and /or from an appropriate qualified external professional. The clinical lead receives supervision from Head of Governance & clinical services.

The Wellbeing Rainbow is a three-tiered model of support, which informs the well-being and clinical offer and places well-being at the core of everything we do. The three tiers follow a continuum of intensity support from Universal, Enhanced to Specialised. For instance, at a universal level, every child or young person is supported by a care team trained in delivering a therapeutic parenting approach and adheres to each child or young person's behaviour support and educational plans. Members of the well-being and clinical team trained to deliver group-based interventions further complement this support. Our enhanced support tier refers to our qualified health professionals who focus on increasing well-being through communication (Speech and Language Therapists), movement/environment (Occupational Therapists) and mental health (Psychologists and Psychotherapists). The specialised level consists of highly skilled clinicians supporting our children or young people's well-being using evidence-based psychological intervention and holistic consultation.

Information gathered during an initial assessment within the first month of placement will inform the level of clinical support required for the child, whilst also informing risk assessment and behaviour support documentation. All documents are held within the child/young person's file or for those where this would be appropriate, they can be accessed via the clinical team.

The core practice model for understanding the children and young people in the care of children's services is the complex trauma model. This model ensures the needs of the children/young people are addressed in a holistic manner and considers each child/young person's presenting needs and strengths.

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Staff are experienced trained and supported on an ongoing basis to help them work with traumatised children with a variety of presenting behaviours. These include children who display sexual harmful behaviours, self-harm and suicidal ideation.

Initially when a child/young person moves into the home the priority is on establishing a sense of safety and containment for the child in a nurturing environment. The staff use a therapeutic approach and consider how the child may view themselves, the world and those around them (their internal working model) in order to interpret, manage and contain behaviours that may emerge. They utilise the principles of therapeutic parenting PACE model (playfulness, acceptance, curiosity and empathy) to understand and interact with the young people ensuring they remain empathetic and accepting of the child regardless of any challenges they may present.

The current model of clinical service delivery is in the process of being reviewed: the reviewed model will be reflected in the above statement in due course.

Clinical team qualifications are recorded in Appendix A.

7. POSITIVE RELATIONSHIPS

The arrangements for promoting contact between children and their family and friends.

Visits from relatives, friends and visits home are encouraged, where the care plan agrees it and in consultation with the placing authority. Staff are always available to family members for support and discussion. Should the young people have arrangements to go home or to relatives on overnight contacts, there will be a member of staff on standby for them should support be needed.

Individual contact arrangements are highlighted in the young people's care plans. Some of the young people have supervised contacts, these will be accommodated by staff and in line with placing authority.

Sunnycroft staff will accommodate travel to and from contacts but will also encourage (where safe to do so) for the young person to develop their own independence by helping them travel on public transport. This will be individual to the young people dependent on their age and ability.

8. THE PROTECTION OF YOUNG PEOPLE

A description of the homes approach to the monitoring and surveillance of children

The children at Sunnycroft are usually placed on a 1:1 staffing ratio. Where necessary this may be increased to a 2:1 ratio, if it is deemed necessary to keep the young person safe; regular consultation will take place with the placing authority.

Door alarms are fitted on the young person bedrooms; these are not used unless it is deemed appropriate to keep the young person or others safe. Reasons for the alarms to be activated would be entering other bedrooms during the night, unauthorised absence, or the young people requesting them to be turned on. In all instances, a risk

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assessment would be produced, as well as a letter of authorisation from the young person's social worker and/or parent.

The child will always be informed of the use of such an alarm, the purpose and their agreement sought where possible. These alarms will only be used to ensure the safety and welfare of the young person and also maintaining the homes security at required times. Some of the young people within Sunnycroft have a preference for their individual door alarms to be on at night, as this supports them feeling safe and secure in the home.

Exit doors classed as fire escapes will have internal thumb locks as young people can exit the building safely and are not forcefully held in their placement's.

We recognise the risks to children around radicalisation and have developed a policy which outlines how the organisation will minimise those risks for the young people we support. The Anti Radicalisation Policy is available on request.

The homes approach to behavioural support including information about;

- a) The home's approach to restraint in relation to children; and**
- b) How persons working in the home are trained in restraint and how their competence is assessed**

We aim to provide a high standard of individualised behaviour management support within all of our homes. Our young people are encouraged to actively participate within their behaviour support profiles, respecting their choices, wishes and experiences.

Staff within the home are trained within CPI (Crisis Prevention Institute) Safety Intervention Foundation level training. This training incorporates trauma-informed and person-centred approaches integral to the application of the model. With focus on prevention through de-escalation techniques through to non-restrictive and restrictive intervention. This will then be refreshed every 12 months as part of mandatory training. Also covered as part of the training will be the law around physical interventions, including any changes/updates to legislation, (DFES & DOH) and regulations such as the Children's Homes (England) Regulations.

If a child in the home demonstrates increased extreme risk behaviours, the home can increase this training to the Advanced/emergency training model – this is assessed through behavioural observation and assessment of risk and tailored to the individual needs of the child. Details of the Advanced and Emergency level training can be found in the appendices.

The CPI ethos is to ensure physical intervention is used as a last resort except in circumstances of immediate risk or threat of danger or harm as per company values and legislation. Staff to inform all young people before and after physical intervention of reasons why it has been used, such as to keep everyone safe from harm. Staff and young people are given the opportunity to re-attune the relationship, look at ways it could have been prevented, if possible, via key working and/or Repair Together. Debriefs are used and medical attention offered especially post physical intervention.

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Physical interventions will always be used as a last resort and will only be used to ensure safety. Young people will be fully supported following any incident of physical intervention.

The homes focus on positive reinforcement and a restorative justice approach.

9. LEADERSHIP AND MANAGEMENT

The name and work address of—

- a) The registered provider.**
- b) The responsible individual (if one is nominated); and**
- c) The registered manager (if one is appointed)**

Sunnycroft is owned by Acorn Education and Care, which is part of Outcomes First Group (registered company number 9162759). The Chief Executive Officer (CEO) is David Leatherbarrow.

The Registered Provider is Acorn Education and Care previously Hillcrest Children's Services (2) Ltd.

Outcomes First Group
Atria
Spa Road
Bolton
BL1 4AG

The Responsible Individual is Mark Duckers (Regional Manager)

Outcomes First Group
Atria
Spa Road
Bolton
BL1 4AG

The Home's Manager is Laura Mayle.

Details of experience and qualifications of staff, including any staff commissioned to provide education or health care.

Details of staff qualifications and experience are available as an appendix to this document (Appendix A).

Sunnycroft provides 1:1 and 2:1 staffing ratio depending on the needs of the young person. Staff also sleep in at night and waking nights can be implemented dependent on the needs of the young people in the home at any given time. In these circumstances the placing authority would have been in agreement. A member of the clinical team is allocated to each young person based on the therapeutic input that is required.

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Basic staffing levels will be enhanced or reduced to meet the needs of the young people. At times that the home reduces the staff this should not be a detrimental impact on the level of care provided and will be at the discretion of the home's manager.

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

Details of staff and their qualifications are held within Appendix A.

Staff receive monthly supervisions from the Home's Manager or allocated Team Leader. The staff outside of their probation period within the home are required to have a minimum of 10 supervisions a year by policy although as best practice they receive one on a monthly basis. The Homes Manager receives supervision from the Regional Manager allocated to the home. Staff on probation or performance development plans can receive 2 supervisions a month during their first 6 months or duration of their plan if the manager feels this is necessary.

Agency and bank staff will also receive supervisions from the Home's Manager or an assigned Team Leader dependent on the frequency that they are working within the home. If the member of staff is used regularly, they should have a supervision after 8 shifts of working in the home (as a guide).

Learning & Development

Our training is bespoke in order to meet the service needs and the needs of the young people who we support. Staff will engage in an initial induction programme. This will incorporate face to face training, a virtual learning environment, online learning, shadowing, and mentoring. We take exceptional steps to ensure that their training meets the needs of the young person and is safe, relevant, proportionate and engaging.

Training is refreshed and updated as required. Additional specialist ongoing training is offered on a rolling annual programme covering relevant and up to date issues and topics.

Therapeutic Support Workers will be supported and encouraged to participate in the CWDC Induction Standards upon commencing their employment. All Therapeutic Support Workers are enrolled on the Level 4 Apprenticeship in Residential Childcare – covering the Level 3 Diploma for Residential Childcare (previously the NVQ 3 Health and Social Care Children and Young People / Level 3 Diploma for the Children and Young Peoples Workforce). All staff are expected to have achieved this qualification within two years of employment in line with the Children's Home Regulations. This will ensure care practitioners are competent and qualified within their role and have the necessary skills and knowledge to apply to their everyday practice.

If the staff are all one sex, or mainly of one sex, a description of how the home promotes appropriate role models of both sexes.

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Sunnycroft has a mix of male and female staff, all staff promote positive behaviours, a healthy lifestyle and good social skills and hold a variety of personal and life skills. These include outdoor pursuits, extreme biking, sports, and cooking.

The team promote positive interactions and encourage this through their relationships with each other; the team does not segregate stereotypical tasks to one sex. Both male and female staff complete all tasks to ensure the young people experience equality in a diverse and varied manner, in order for them to gain positive experiences that will assist in developing essential life skills.

10. CARE PLANNING

Any criteria used for admission of children to the home, including any policies and procedures for emergency admissions.

Where possible admissions will follow a clearly defined procedure, which will include:

- ✚ Young people will usually be 7 to 18 years of age. An exception may be possible where it is established that this would be in the child's interest to be placed with us. This would be agreed with the OFSTED Inspector and would be reviewed regularly.
- ✚ Based on the full referral process where the manager will meet with the child and receive full, detailed information. A visit to Sunnycroft will be arranged and a home visit may be made too.
- ✚ Considerations of peers, including discussion with current residents in order to better match the referral child.
- ✚ Introduction process with the child's social worker and family (if appropriate) visiting the home.

Sunnycroft will consider emergency placements subject to an appropriate impact risk assessment being completed, and sufficient information is shared from placing authority. Staff are aware and trained in emergency placements and can welcome young people into the home as and when the need arises. In the event of a vacancy, the bedroom is fully refurbished and furnished to a high standard and all relevant administrative requirements are in place.

Young people in residence are aware through key working sessions, there may be occasions that a young person may be placed without full consultation with them, young people fully understand this, and staff are trained in how to support them during this time.

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Athena Hub Clinical Team		
Clinical Employee Name	Job title	Qualifications
Dr Katie Caddick-Eardley	Wellbeing and Clinical Locality Lead and Senior Specialist Educational Psychologist	BSc Hons - Psychology Degree PGCE - Post graduate Certificate in Education QTS - Qualified Teacher Status MSc - Education Psychology Master's Degree DEdPsy – Professional Doctorate in Educational Psychology HCPC - Registration No. PYL00044 AEP Member - Association of Education Psychologists
Michelle Hopkins	Wellbeing and Clinical Services Coordinator and Senior Specialist Art Psychotherapist	BA Hons Art Degree MRCC (level 4- Managing residential children's services) MA Art Psychotherapy HCPC - Registration No. AS13975 BAAT member – British Association of Art Therapy
Dr Linda Sunday	Wellbeing and Clinical Services Coordinator	BA Hons Drama and Performance. MA in Dramatherapy PhD in Philosophy HCPC Registration – AS15028

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Dr Yuvender Prashar	Senior Educational Psychologist	BSc Hons (Biomedical Science) MSc (Psychology) Professional Doctorate in Applied Educational and Child Psychology HCPC Registration – PYL35660
Katie Brereton	Occupational Therapist	BSc Hons (Psychology and Sociology) BSc Hons Occupational Therapy HCPC
Joanne Pearson	Psychotherapist	MSc Integrative Psychotherapy Post Graduate Diploma Integrative Psychotherapy Post Graduate Certificate Integrative Psychotherapy BSc (Hons) Psychotherapy BACP Registered Member
Janet French	Drama Psychotherapist	Masters – Drama Therapy
Sarah Baker	Counselling Psychologist	BSc Hons – Psychology City and Guild– Teaching Certificate for Adult Learners Masters – Counselling Psychology Post-Master’s Diploma – Counselling Psychology HCPC Registration – PYL06692
Helen Sim (contractor)	Contractor - Speech and Language Therapist	BSc Speech Pathology and Therapy
Benjamin Howells	Therapies Assistant	BA Hons- Education Studies Degree

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		MSc- Psychology in Education Degree Current- Pre-clinical Psychotherapy Training
Priya Khutan	Assistant Psychologist	BSc Hons - Psychology
Jasdeep Kaur	Assistant Psychologist	BSc Hons - Psychology & Criminology Degree
Jasmine Hare	Assistant Psychologist	BSc Hons – Psychology with Sociology Degree

APPENDIX B: The Well-being Model

Our Therapeutic Model

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

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

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

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

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

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

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the yellow stripe of the rainbow) ensures that every young person is supported by a staff team, who are nurturing and have a compassionate approach.

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

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

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

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

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

Therapeutic Approach

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

Working with a 'bottom up' developmental approach and utilising the principles within the framework of Playfulness, Acceptance, Curiosity and Empathy (PACE), our Therapeutic Parenting approaches initially focuses on developing safety and containment for the child or young person; feeling safe is an essential pre-condition for new relations to be explored, attachments developed and engagement in therapeutic and educational tasks.

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

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

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

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

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

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

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

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The teams work closely with clinical colleagues in our local communities and ensure that our children and young people also access statutory services such as CAMHS as necessary.

Appendix A – Care experience and Qualification

Staff member Name	Start date	Job Role	Experience	Qualifications
Laura Mayle	21/03/22	Registered Manager	Laura has over 8 years' experience working with children and young people in a residential setting with emotional, behavioural and social difficulties including child sexual exploitation and eating disorders for a different provider. Laura has a wealth of knowledge and experience that is valuable in the home and the role of manager.	Level 3 children and young people's workforce Level 5 Leadership and management
Zoe Johnson	02/09/19	TLDR	Worked in the organisation for over 3 years, she has gained experience working with a range of different young people with differing needs. She has an understanding of therapeutic parenting and the use of PACE parenting model	Level 3 children and young people's workforce
Rosie Harvey	18/04/17	Team Leader	Worked within the organisation for a number of years at Barnfield	Level 3 children and young person's workforce

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			Lodge as both a Therapeutic Support Worker and Team Leader, she moved to Sunnycroft in February 2023	
Essie Turvey	17/05/21	Team Leader	Essie joined the organisation in May 2021 she transferred to Sunnycroft from the Paddocks. Prior to working for outcomes first group Essie has come from a care background working with nursery children and the elderly.	Level 3 children and young people's workforce
Jake Dixon	06/03/23	Support worker	Joined the organisation in February 23 transferred to Sunnycroft in June. Previous experience working with children and young people with Smitheridge agency as well as several years' experience working in a secure setting.	Enrolled on Level 3
Neil Knight	04/04/22	Support worker	Neil joined the organisation on the 04/04/2022. Neil has worked in several homes within the organisation and has now transferred to Sunnycroft. Neil has a background in care and has previously provided care to residents in a psychiatric hospital.	Enrolled on level 3
Tahnea Mcdonald	11/12/23	Support worker	Tahnea has worked within the home as part of	In probation

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			agency and has completed 12 shifts as part of a temp to perm. Tahnea's first shift at Sunnycroft as agency was 02.03.23 so has some experience within her role. Prior to working at sunnycroft, Tahnea has volunteered in a school setting and has also done work experience in a school setting.	
Samantha Smith	11/12/23	Support worker	Samantha has no experience in working in a children's residential home. Sam has previously managed a hotel, cared for her grandson and worked in retail. She also has experience in administration and leisure	In probation
Laura Barlow	11/12/23	Support worker	Laura has no experience in working in a children's residential care home. Laura has undergrade and master's in forensic psychology.	In probation
Mya Wright	27/03/24	Support worker	This is Mya's first experience working in a residential children's setting. Mya has experience working in a hospital setting with children and adults. Mya also has her own events planning business.	In probation

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Temporary Staff member Name	Start date	Job Role	Experience	Qualifications

Appendix B – The well-bring model including trauma informed practice and ADD – Including clinical experience and qualifications.

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 (clinical service to insert hub name), together with their professional qualifications. These clinicians may support any of the residential settings within the (clinical service to insert hub name):

Athena Hub Wellbeing and Clinical Service (clinical services to complete for all clinicians using same format throughout table...)		
Clinical Employee Name	Job title	Qualifications
EXAMPLE FORMAT	Wellbeing and Clinical Locality Lead	BSc Hons – Psychology Degree MSc - Applied Forensic Psychology Master's Degree DClinPsy - Doctorate in Clinical Psychology HCPC - Registered No.
	Wellbeing and Clinical Services Coordinator	
<i>NB. list is live as of (clinical service to insert date)</i>		

Appendix C – Wellbeing Model

How The Home and Young People Are Supported

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



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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.

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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 Intervention

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

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

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

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

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

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

Safety Intervention - Foundation™



Table 1: Disengagement

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

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

Table 2: Holding

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

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

Safety Intervention - Advanced™



Table 1: Disengagement

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

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

Table 2: Holding

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

Safety Intervention – Advanced and Emergency™



KEY

Blue ✓ = Skills included

Table 1: Disengagement

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

Table 2: Holding

Name & Sequence	Seated			Standing			Team Interventions (2 staff)	Transitions (2 staff)	Children Holds		3 rd Person	Advanced Team Interventions (3 staff)	Transitions (3 staff)	Standing to floor transitions (Slips, Trips and Falls)		Standing to floor transitions (Slips, Trips and Falls)		Emergency Team Interventions (3 staff)	Emergency Floor Holding		Seclusion			
	Low	Med	High	Low	Med	High			Seated (chair)	Seated (floor)				Standing	Seated	Standing	Standing to floor		Standing to prone	Standing to prone	Standing to prone	Supine	Supported Prone	Rapid Tranquilisation
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 – Who we are explained.

Who are we?

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

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

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

1. **Acorn education and care** – this is our universal offering of SEMH care made up of 35 children's homes, 2 residential Schools and 32 schools. Our services support young people with emotional behavioural difficulties, young people diagnosed on the ASD spectrum, emerging mental health, 12-week assessment and homes that specialise in pathway to fostering and transitions to adulthood. (These services include
2. homes under the following legal entities Bryn Melyn Care, Pathway Care homes, Hilcrest children's services and ECS homes)
3. **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.