

**Acorn Education  
And Care**

# **The Bartons** **Statement of Purpose**



**SC482344**

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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# Acorn Education And Care

## 1. QUALITY AND PURPOSE OF CARE

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The Bartons is an Ofsted registered independent Children's Home. We offer 52 weeks placements with inclusive education and a holistic approach to care for up to 8 children between the ages of eight and eighteen inclusively.

### **Our Aim**

The aim of The Bartons is to provide a stable home for children who present with complex needs due to their early traumatic life experiences, including patterns of missing from care episodes, attachment disorders, non-school attendance, and anti-social displays.

### **Our Belief**

We believe that all children, deserve the highest standard of physical and emotional care, alongside stability, consistency, predictable structure, and appropriate boundaries. We aim to help children heal, grow, and build resilience to cope with challenges and difficulties to help them navigate their world and reach their full potential.

### **Our Ethos**

The ethos of The Bartons is to offer a homely and welcoming environment where a child can thrive and grow. There is a strong emphasis upon establishing a secure base from which the child can experience a close relationship with their primary carers. This is undertaken within a safe environment where a child can test authority and have appropriate boundaries communicated.

Our care considers the child's age, sex, religious persuasion, racial origin, and cultural-linguistic background, any disability, and previous life experiences.

The Bartons are committed to fostering in each child a level of independence appropriate to their age, and by working in partnership with relevant agencies, facilitate further education, training, and employment opportunities. We make every effort to effectively engage and work with relevant persons involved in children's care to ensure that each child's needs are met.

The home is situated in Middle Barton on the main road running through the village. Middle Barton is located almost midway between Banbury and Oxford and just off the old main Banbury to Oxford Road with excellent road communications north and south. There are also links west to Chipping Norton and Cheltenham and east to Bicester and Milton Keynes. There is speedy access to junction 10 off the M40 and so north to Warwick and Birmingham and south to Oxford and London. In terms of suitability please see the location risk assessment.

Middle Barton is a large village with its primary school and school buses operating to Chipping Norton for secondary schooling. The area is surrounded by delightful countryside with many protected walks and woodlands to enjoy.

In terms of risk assessment, the location of the home offers many advantages in helping to keep children safe. The rural location and limited public transport links minimise missing from care episodes, and there are very few problems in respect of youth anti-social behaviour within the village. A smaller, closer-knit community also makes identifying issues around child exploitation much easier than it would be in larger, urban, highly populated areas where predatory adults are more easily able to commute relatively unnoticed. The village also lacks many of the known high-risk congregation areas which exist in large towns, such as late-night shops, public houses, fast food outlets etc. For further information please refer to the home's location risk assessment.

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## Our Core Values

Be you and believe in that.

Always be kind.

Respect each other.

Try to be the best version of you.

One small step at a time.

Never give up on what you want to achieve.

Stay positive, each day is new opportunity.

All the children and care teams have worked together to identify our statements which best illustrate the values we feel are important to us.

### **The Home**

On the two upper floors, the home has seven children's bedrooms, three sleep in bedrooms for adults, and three bath/shower rooms. The downstairs has two lounges, a snug/sensory area, a dining area, and an open-plan kitchen. To the rear of the property is a utility/laundry room and cloakroom. There is also a fully self-contained independence flat joined, although separate in access, to the main house, which allows older children to receive practical learning in independent living as they move forward to adulthood while being fully supported by the care team. This is not registered as a separate provision.

The home provides a safe, family-style living environment. The outside space to the rear is medium sized with two decking areas to relax and enjoy socialising or BBQs. There is also a lounge style lodge for gaming and relaxation as a separate space to the main home, designed by our current children and named 'The Hideout'. We have also recently developed the lodge space adjacent to the hideout as a multipurpose gym area, aptly named 'The Workout'. This will offer a space to exercise and/or relax.





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Storage & utility area

The dining table was handmade for the Bartons in January 2021. The table itself has 14 different types of wood - symbolising the number of children and adults who may sit around it.



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## **Arrangements for religious observation by child**

Upon admission, enquiries are made into the religious background of each child. Careful consideration is given concerning the practice of religion. If requested, arrangements are made to ensure that the child can maintain ties to their religious heritage, for example, by helping connect with local religious groups, providing for special dietary or clothing needs etc. Children are encouraged to respect and celebrate difference and equality with no form of political bias. Religious education forms part of the National Curriculum provided at our school.

## **Complaints**

Children can make a complaint by sharing with any adult in the home, the Registered Manager, Responsible Individual, and/or Ofsted, with the complaints policy being available within the home. A copy of these procedures will be given to the child, parents, social worker, or any person with parental responsibility during the admission process.

## **2. ENGAGING WITH THE WIDER SYSTEM**

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### **Local community resources for children**

- Children regularly access various community activities such as bowling, swimming, bike riding, horse riding, football, trampolining, parks, and army/police cadets. These are driven by the child's choices once settling into the home and supported by the adults to engage and enjoy.
- Local jobs and volunteering positions, if a child wants to pursue this at an appropriate age, are also supported through successful links with local small businesses.
- Charity based events, including raising funds, are often sourced, and contributed to as a means to give back and expand knowledge and social skills.

## **3. VIEWS, WISHES AND FEELINGS**

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### **Consultation with children**

We are committed to ensuring that all our children are supported to 'have a voice' and feel listened to. We can achieve this in many ways such as group discussions, feedback forums, keywork, reviews and meeting with the home manager on a one-to-one basis.

The weekly home meetings and daily conversations are the appropriate forums for the children to have the opportunity to have input into other areas relating to the home: weekly menus, activities, re-decoration, and any other items they wish to bring to the group. Also, during these discussions the care team will regularly review areas of need, consistency and/or improvement. Certain procedures, such as fire safety and complaints, will also be raised as well as the home rules and boundaries in relation to whether those need adjustment or change. A child's views can also be aired via the key working system.

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Children can give feedback on their care by formal questionnaires, these are completed twice yearly. The outcomes from these are used to inform and improve our practice. Home documents are shared, and commented on if they wish to do so, and manager monitored.

The Home Manager operates an open-door policy, and is a consistent presence in the home, to resolve any grievances which up to now has worked very well in negating the need for formal complaints being made by the children.

The children are actively consulted in the process of developing the home development plan, their participation in this is recorded through consultation with the Home Manager. Some examples of this are the development of the snug area, uplift in bedroom decoration, and the development of 'The Hideout' and 'The Workout'. However, the development plan is a live document and can be added to throughout the year if the children have ideas of how they would like to improve their home and it's living spaces, like redecorating of the home including greater personalisation of their bedrooms.

## 4. EDUCATION

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Education can be provided by Park School, which is located seven miles from the home and follows the term times of Oxfordshire County Council. Park School is fully registered with the DfES and offers full access to the curriculum, is highly supported, and can offer individually tailored education packages, including vocational qualifications. Park School also employs a pastoral team, teaching assistants, and has clinical input. A separate annex of Park School is in Shipton-under-Wychwood, a short drive away. This is a more sensory environment for those with additional needs.

Park School is in no way isolated from the overall care programme – whilst producing the core curriculum, there is also the flexibility within the teaching day to ensure all care needs are met. This ensures a consistent system of communication between teaching and the care team operating within the home. Park School is a Registered Exam Centre.

Many children who attend Park School have an Education, Health, and Care plan (EHCP). Part of the initial educational assessment is to establish the individual needs of all children and to devise a programme which targets those needs and develops core literacy, numeracy and ICT skills as well as seeking appropriate accreditation through a range of appropriate certification.

Wherever possible, children are supported in attending or reintegrating into mainstream schooling or local colleges where appropriate. The Bartons has been highly successful in this historically and has strong links with local schools and colleges. To maximise the chances of a successful transition we can provide additional support during the school day, and transportation is also provided as required.

The home offers support and encouragement to all the children to carry out the homework provided or private study within the home. The home offers a private study area when needed, which is available to each child to complete homework, research, or revision. Alternatively, any child requesting to study in their own private space such as their bedroom, are provided with a desk and learning facilities of their own.

Each child is supported at Park School through an individual keyworker/tutor system. The keyworker and school tutor communicate on a regular basis to discuss progress and set individual targets for the child. This individual support encourages children to maximise their ability to reach their full potential. Park School provides an opportunity to 'meet the teacher', which is like a parents evening where the

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care team and parents are invited to go into the school and view the work of the children and meet the tutors and teachers. The care team, and parents/significant others where appropriate, are invited to educational meetings, such as PEPs, to stay informed of educational progress.

## 5. ENJOYMENT AND ACHIEVEMENT

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### Recreational/cultural activities

Weekly home meetings are used to consult with children to plan the forthcoming week's activities.

Oxfordshire has a range of opportunities and a wide scope of activities that children can become involved in. This ranges from local community events to exploring the adventurous countryside and surrounding area. This includes activities such as fishing, bonfire nights (local and afar), country fetes, car festivals, cycling and many more. On the other side of this, there are many local towns such as Banbury, Bicester, and Witney where cinema trips, clothes shopping, leisure facilities and live football matches take place. Opportunity for travelling further afield is regularly organised, The Barton's often take trips to various cities, such as London, and enjoy trips to the coast to experience some of the country's lovely beaches. During the Summer Holidays, The Barton's go on holiday as a group, some of the most recent destinations include Camping/Outdoor trips to Wales & Activity Holidays (JCA Activity Centre e.g., Abseiling, Climbing, Water sports).

Children may also express a desire to pursue individual hobbies and interests via key-working sessions. Currently, we have access and close links to, Oxfordshire fire service, Army Cadet Forces and a local equine centre for horse riding and equine related work experience. Previously children have played for local football, rugby and cricket teams and attended swimming lessons, gymnastics, and trampoline classes.

Internally, The Barton's offer two living rooms with full sky packages including movies and sports. One separate lodge is available and well furnished with arcade machines, Nintendo Switch, arts and crafts, puzzles and board games, and musical instruments. Another separate space is being developed for exercise and well-being.



The Hideout



The Workout



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The 'snug'

Special arrangements can also be made to ensure that any individual cultural needs are met.

## 6. HEALTH

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All children placed at The Bartons 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.

### **Clinical Input**

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.

The home care teams receive monthly reflective practice and multi-disciplinary team meetings to reflect on practice and focus on individual children in relation their needs and how we best meet those.

The Bartons utilises the 3 Cs Model of Trauma Informed Practice (TIP), developed by our Consultant Clinical 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. The Bartons has a dedicated TIP champion who supports the development and progression of TIP within our home.

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The trauma informed practice approach is what we're passionate about and have embedded. Our TIP mural was created between our team hub spaces in the hallway through to the lounge, to remind us, as we head into the living spaces to parent, of who we are and what we do.



The home has an allocated TIP champion, who regularly liaises with our head of Trauma Informed Practice and champion leads to assess our approach and develop it through a self-accreditation programme. We currently have a 'Silver' accreditation to date, which we're proud of, aspiring to gold accreditation long termly.

## 7. POSITIVE RELATIONSHIPS

**The positive and supportive relationships formed at The Bartons are fundamental to all the work that we do, and the outcomes we achieve:**

Time is devoted to developing positive supportive relationships with all our children – this is key in children processing, and working through their trauma, helping them make sense of what they have experienced and move forward developing the confidence, knowledge, and skills for adulthood. The more we interact with children, whether that be in play, curiosity, or conversation, the more we begin to

repair, bond, and develop. Our children need to feel listened to and have a sense of control in their lives when ordinarily they have had none. Our role is to facilitate that voice, include and share control until they have the necessary safety, knowledge, and skills to grow and be independent, confident people. This is the culture we aim to promote to the teams of adults providing the direct care.



We have now introduced 'My Time' into our weekly routines, which is 'protected' 1:1 time with an adult of choice, to connect with and share time with through play, company, and general conversation. In a group living environment, 1:1 time together with an adult can be difficult to naturally prioritise, but we recognised the value of doing so, and now prioritise that. Children are consulted on who they would like to spend time with, and what they would like to do together. The protected element of this time is not conditional on targets or behavioural presentation bar any significant risk. This has been a great success and enhanced those positive relationships we hold.

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We endeavour to work closely with all the professionals who can assist us in meeting the needs of the children in our care. We maintain positive relationships with the local school and youth support officer, who visits the home now and then to check in and/or conduct educational workshops. To support this, the Home Manager and care teams regularly connect with a variety of services including LADO, Kingfisher, Thames Valley Police, and other local children's home managers. The main aim of this is to share information, good practice and for professionals to discuss new strategies to improve the care of the children within the region of Oxfordshire.

Some of those services we work with have delivered training to the care teams around what their role is, and support in incident management.

We have a comprehensive location risk assessment in place, which we completed with the some of the professional networks noted above. We considered a wide range of factors and consider The Bartons a safe location for children in our care.

## **Family arrangements**

Frequency of connection with family and/or relevant others important to the child will be discussed at the admission stage. If it is felt appropriate and, in the child's, best interests' arrangements for time with the child's family, significant others and friends will be discussed and agreed with our full support. Time spent between a child and their family is seen as a crucial factor in a child's experience with us and will be actively encouraged and welcomed. Connecting with family, and supporting time together, is a particular strength of the home. We work in partnership with all family involved in the child's life, and actively support and facilitate that connection by supporting logistically and sometimes financially if needed. The teams can supervise both indirect and direct family time. Parents and significant others, where agreed, are regularly communicated with, involved in decision making where appropriate, and invited to relevant meetings.

Where agreed, children are encouraged and supported to maintain links with friends, this may be through letter writing, telephone calls, video calls, meeting in person and potentially visiting the home. Also, part of developing positive peer relationships in meeting new friends, children are supported in this process by encouraging them to attend individual social clubs such as army cadets, martial arts, badminton, football, and rugby but to name a few.

## **8. THE PROTECTION OF YOUNG PEOPLE**

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The admission of a new child can be a hugely anxious time and we aim to make any transition as smooth as possible. During the referral process consideration will be given to how the child would adapt to their new environment, emphasising how the care and education and clinical teams can meet the needs of the child. We use a pre-placement impact assessment to ensure consideration if given to the potential impact of admission on our residing children, and we also request placing authorities complete a risk assessment prior to admission, highlighting the presenting issues.

Admission cannot be considered for those children with high substance abuse, fire-setting, children who require continuous psychiatric supervision, and children who pose a serious physical threat to themselves or others (including a history of roof climbing, and those who have a physical or profound learning disability). Admission of any child in a planned or same-day manner would be subject to receipt of the relevant paperwork and the arrangement of a planning meeting, either on admission or within 7 days of the placement commencing (72 hours for same-day admissions).

It is accepted that consistent rules and boundaries form an integral part of a child's development. As a child develops, they gradually internalise these norms and reduce the need for external reinforcement. The care team are expected to help and support children to manage and control their emotions and coping strategies. The need for consequences is reduced by clearly setting boundaries of acceptable behaviour and achieving prominent levels of supervision and consistent care practice. Ambitious standards and expectations of conduct should always be encouraged as a normal part of day-to-day living. Our in-house target system supports accountability for the children and exposes each to

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disappointment at times, building resilience. Targets are linked to education, independence skills, and managing emotionally.

Rewards form an integral part of our support and are designed to encourage socially acceptable behaviour in the short and long term. Rewards can include verbal praise, extra pocket money, a trip out, items such as DVD's and games for their consoles, and many more.

Consequences will only be used sparingly and after all other alternatives have been considered. If the need is felt to impose a consequence, the child will be informed, and the matter discussed with the Team Manager before deciding an appropriate consequence. We believe in natural, logical consequences that the child can understand and logically link to the action resulting in the need for consequence. For example, unsafe actions in the front seat of a home car, may result in a consequence of having to travel in the rear seats. Consideration will be given to the child's emotional state, understanding of their transgression and the effect that imposing a consequence will have on future relationships. At this point, reparation/ restorative justice will be considered and used in the place of a consequence to rebuild the relationships following whatever incident has occurred to result in a consequence being required.

The Barton's policy on physical interventions is in accordance with Children's Homes Regulations (England) 2015 and the DfE guide to the Quality Standards.

Adults 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. 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. 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.

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. The care team inform all children before, where possible, and after physical intervention of reasons why it has been

used, such as to keep everyone safe from harm. The care team and child are given the opportunity to re-attune the relationship, look at ways it could have been prevented, if possible, via key working and open discussions. De briefs are used, and medical attention offered especially post physical intervention. Physical interventions will always be used as a last resort and will only be used to ensure safety. Children will be fully supported following any incident of physical intervention.

The Bartons is committed to the principle that the welfare of the child is paramount (Children Act 1989). Any suspicion or allegation that a child has been harmed while in our care will be dealt with in accordance with this principle. This means that the company will seek to work with placing authorities and investigating authorities collaboratively and swiftly to progress investigations. At The Bartons, the 'designated person' with lead responsibility for child protection is the Registered Home Manager – Ethan Taylor.

Any allegation or suspicion of a member of the care team causing harm to a child will be referred immediately to LADO.

Residential Care Workers who are told of allegations of child abuse or have reason to suspect that harm has taken place must report details immediately to the home's designated person. In the absence of the designated person, concerns must be reported straight away to a line manager, or to the Head of Care/Regional Manager. There must be no delay in reporting caused by the unavailability of the designated person.



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All matters relating to child protection issues or concerns must be reported as soon as possible to the Regional Manager and relevant safeguarding leads.

Further guidance on Child Protection and Safeguarding is contained in the Policy and Procedures. Available on request.

## **Bullying**

We see our care team as being the main resource we have in ensuring that children are not bullied in any way. We see bullying as an infringement of a person's human rights. All team members will complete training in relation to bullying. To educate children and prevent episodes of bullying, we run anti-bullying workshops, which includes age-appropriate books and worksheets. Children are also encouraged to engage in further learning via key working sessions. These are used when issues arise, to re-educate children and develop a respectful culture.

## **Missing**

Any child who is absent in the community without permission is deemed to be at risk. Our policy on Missing from Home is available from the home on request. The procedures followed are compatible with the local authority Children Missing from Care, Home, and Education Protocol. Missing and CSE protocols can be provided.

As general guidelines, all absences will be reported to the police and the senior team member on duty immediately, given the age and vulnerability of the children in our care. All unauthorised absences must be recorded on incident form on Access.

## **Supervision**

High levels of supervision during the day ensure children are safe from bullying or abuse from other boys. During sleeping hours, a waking night staff member provides supervision of the children, supported by one on-call member of the care team who sleeps in. When no waking night is present, through absence or annual leave, there are two care team members who sleep in. To assist with preventing safeguarding issues, all the children's bedroom doors are fitted with anti-wander alarms which trigger a mobile pager carried by the waking night, or on-call staff member, alerting them to which bedroom door/s have been opened. These are individually activated on the completion of a risk assessment and reviewed monthly or as required. All external doors are also fitted with a security alarm, if any external door is opened during sleeping hours the alarm will be raised thus alerting the waking night or on call. The external door alarms are only in operation during sleeping hours and not used to deprive children of their liberty but to safeguard them.

## **9. LEADERSHIP AND MANAGEMENT**

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The home is led in a supportive and inclusive way, the teams have a clear understanding of the ethos of the home and the therapeutic, trauma informed approach and can contribute to the development of the service.

The Bartons is part of the Outcomes First Group, whose Chief Executive Officer is David Leatherbarrow. The Chief Financial Officer is Jean-Luc Janet and Managing Director of Children's Services, Richard Power. Regional Manager and Responsible Individual, Alison Blyth-Bishop

The Bartons Registered Home Manager, Ethan Taylor, is responsible for the day-to-day management of the home, supported by a Deputy Home Manager as of 2024.

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The registered address is:

Atria  
Spa Road  
Bolton  
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We believe that stability and consistency are important factors in the lives of our children, and this is reflected in our shift pattern. AWSP is a system whereby the teams work 7 days on followed by 7 days off, which avoids the daily changeover of adults that can be unsettling and disrupt continuity/predictability - one of the things we strive to achieve and maintain. We also aim to recruit a care team that reflects our wider community and equal as possible in terms of gender/diversity.

During a 7-day shift, each of the team are entitled to an 11.5-hour time out, break. AWSP allows the adults to create a more natural environment for the children and gives the team the satisfaction of being able to provide support for the children consistently.

There is a total of 10 full-time Residential Care Workers employed at The Bartons when fully recruited. They are divided into two teams of 5, each team working AWSP. The 5 consist of a Team Leader, and 4 RCWs. Some variation is given to shift patterns from time to time to aid recruitment, but this is generally minimised to avoid any disruption to the children's routines. Waking Night adults work across both shifts. The home also has a good team of familiar, experienced adults who regularly support the home in a 'bank' capacity.

## **Standard Residential Care**

Our first and foremost aim is to provide a safe and complete home for the child that includes:

- Predictable structure and routine to provide a sense of security and safety.
  - Reliable, consistent care teams.
  - Claiming the child and having personalised spaces.
  - Engagement and progress in education.
  - Participation in individual and group activities to explore talents and interests.
  - Support in connection to family and relevant others important to the child.
  - Positive identity formation and making friends.
  - Experiencing holidays and making memories.
  - A healthy clothing budgets.
  - All personal needs, including pocket money, toiletries etc.
  - Clinical assessment following admission.
  - Direct clinical input, which may consist of music, art, play therapy following assessment.
  - Formal and informal education and guidance through key working.
- 
- Independence development for adult living
  - Positive, multi-agency working and regular communication.

## **Induction Process**

Our induction process will cover core knowledge to ensure that all new starters have a base understanding of key information and skills; it will create a sense of belonging to help our new starters to feel orientated, welcome, and helps to build confidence in themselves and us; and also covers support processes, so that all new starters are aware of what good looks like, how things work at OFG, and how they will be supported. This is a two-week induction process before attending the home, completing all mandatory training. An internal induction, that is home specific, is then undertaken on starting in the home.

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Each of the team receive regular supervision with their line manager or senior, to discuss the well-being and performance of the individual, key working issues and any child protection concerns. Supervisions are 6 times yearly in line with organisational policy but aim to be conducted 10 times yearly in line with

good practice. Group reflective practice takes place monthly with the clinical team, this is an opportunity for the teams to discuss issues and successes as a whole group. Supervision is regarded as a valuable two-way process which supports positive development. Supervisors are trained in supervision skills to ensure the needs of the care team can be supported and met. Annually, an appraisal is carried out, during which training needs are identified and a plan formulated, together with a review of progress to date.

## 10. CARE PLANNING

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The admission of a new child, whether planned or unplanned is a difficult time and we aim to make any transition as smooth as possible. During the referral process consideration will be given to how the child would adapt to their new environment, emphasising how the home can meet their needs. We use a pre-placement impact assessment to ensure a successful move into the home. We also ask placing authorities to complete a risk assessment, highlighting the presenting issues we need to assess.

The care teams are equipped to support emergency placements and we have an arrivals checklist in place, which we follow to welcome a child in a consistent way, which the children in residence are familiar with and recognise. We always aim to have a well-planned, meaningful journey into our home where the child can feel included.

All placement and care plans will be tailored to meet the individual's needs and encourage positive progress; we work closely with each placing local authority to achieve this. A Personal Plan and Positive Behaviour Risk Management Plan are compiled in line with the local authority's care plan, these are compiled in consultation with the child. Plans are regularly reviewed and updated where necessary, and automatically reviewed every 6 months in line with the review process.

### **Leaving/Moving on**

For many children, part of a successful transition to moving on is having effectively developed a range of independent skills to prepare them for self-sufficient living. The Bartons benefit from having a separate self-contained flat offering a bedroom/kitchen/lounge and an ensuite bathroom. This is designed for children who have progressed sufficiently to be able to cope with living on their own. They will have their own front door and be responsible for the day-to-day upkeep of the flat but supported by the care team where required. They will be allowed to develop and implement their independent skills whilst having the benefit and security of trusted adults close by.

When a placement ends, we strive to ensure this is managed positively. Full support is given to any transition planning, and ongoing outreach work can be arranged in agreement with the placing authority. Before moving on, keyworkers hold regular sessions with the child to discuss their departure and ensure the process of moving on is done in a manner that supports their emotional and practical needs.

We also maintain links after a child has moved on, we keep in contact by telephone and organise visits to meet them throughout the year where appropriate. This will continue for as long as the child, The Bartons and the wider team around them feel it is appropriate.

Any person reading this statement of purpose can obtain full policies and procedures by request from the Registered Home Manager.

## Appendix A – workforce experience and qualifications

| Staff member Name | Start date | Job Role                | Experience  | Qualifications  |
|-------------------|------------|-------------------------|---|---|
| Ethan Taylor      | 04.05.21   | Registered Home Manager | Residential care experience since 2015, working through all levels of care. Supported multiple homes across different organisations.                            | BA Hons Social Care & Social Policy<br>QCF Level 3 for the children's workforce<br>ILM Level 3 in leadership and management<br>Currently completing QCF level 5 residential childcare |
| Thomas Butler     | 13.02.20   | Deputy Home Manager     | Residential care experience at The Bartons since 2020, working through all levels of care.  | Level 4 in Residential Childcare<br>TIP champion  |
| Olivia Cooke      | 26.11.14   | Shift Leader            | Experienced in Residential care since 2014. Worked through different levels of care with different genders and ages.  | Level 3 in Residential Childcare  |
| Danielle Burgess  | 13.09.17   | Shift Leader            | Worked at The Bartons since 2017, now experienced in residential childcare working various roles.   | Level 3 in Residential Childcare<br>CPI Trainer   |
| Amrita Gill       | 10.07.23   | Senior RCW              | Residential care experience since 2015, working through all levels of care from RCW to Deputy Manager. Supported multiple homes across different organisations. | Level 3 in Residential Childcare  |
| Hannah Disbury    | 11.04.22   | RCW                     | SEN school experience, commenced at The Bartons 2022.   | Undertaking Level 4 in Residential Childcare  |
| Rachel Warrington | 14.11.22   | RCW                     | Previously volunteered and worked for mental health charities. Commenced role at The Bartons 2022.  | Undertaking Level 3 in Residential Childcare<br>TQUK Level 2 Certificate in Awareness of Mental Health Problems<br>Mental Health First Aider  |
| Mark Seccull      | 16.06.21   | RCW                     | Previously worked at sister residential home, transferring to The Bartons initially as bank before becoming full time.  | Undertaking Level 3 in Residential Childcare  |
| Sade Butler       | 02.10.23   | RCW                     | Studied psychology at university and had previous work experience roles involving children in a   | Undertaking Level 4 in Residential Childcare  |



# Acorn Education And Care

|              |          |              |   |   |
|--------------|----------|--------------|---|---|
|              |          |              | primary school. Other roles have included catering, where she had to work in an organised way for multiple people and preparing food for large numbers. |   |
| Zoe Foote    | 20.09.16 | RCW          | Over 5 years' experience. Previously worked at sister residential home, transferring to The Bartons initially as bank before becoming full time.        | Level 3 in Residential Childcare  |
| Lisa Hopkins | 22.07.05 | Waking Night | Nearly 20 years of residential care and experience at The Bartons.  | Level 3 in Residential Childcare  |
| Sam Kabuye   | 11.03.24 | Waking Night | Previous experience in adult and child residential homes.   | Will undertake Level 4 in Residential Childcare on completion of probation. |

| Temporary Staff member Name | Start date | Job Role                    | Experience   | Qualifications                               |
|-----------------------------|------------|-----------------------------|--|--|
| Steve Keenan                | 26.02.24   | Bank RCW                    | 25 years in residential care – the vast majority at The Bartons. Returned in Bank capacity after initial retirement.                               | Level 3 in Residential Childcare             |
| Kyrie Sullivan              | 13.12.21   | Bank RCW                    | Previous roles in Barnardo's and commenced role in 2021 supporting The Bartons regularly.  | Undertaking Level 4 in Residential Childcare |
| Helen Sowdon                | 15.07.15   | Bank RCW                    | Commenced role in 2015, experienced in residential care supporting multiple homes and education.   | Level 3 in Residential Childcare             |
| Ian Cox                     | 15.02.16   | Pastoral Lead (Park School) | Experienced in residential childcare supporting multiple homes. Now pastoral lead in Park School but supports The Bartons in bank capacity weekly. | Level 3 in Residential Childcare             |
| Sara Hope                   | 02.05.23   | Bank RCW                    | Parent to two boys and commenced role in bank capacity in 2023, supported in multiple homes.   | Undertaking Level 3 in Residential Childcare |
| Brenda Barker               | 02.05.18   | Bank RCW                    | Worked in a bank capacity on and off since 2018. Experience in Residential childcare.  | Undertaking Level 3 in Residential Childcare |

## Appendix B - Wellbeing and Clinical Service

### Who Supports the Home and Young People

Wellbeing and Clinical Service support is available for all of our young people, residential teams and school teams, and is provided by a team of clinicians which serve a 'hub' of residential care homes and schools and includes a range of clinical professionals. Each residential setting's designated clinical support will reflect the strengths and needs of the young people that live within the setting; however additional support can also be accessed from other specialists within the wider clinical services across the group where required. This enables us to be responsive to the needs of an individual throughout their placement with us.

Please find below a list of clinical members of the Bowlby Hub together with their professional qualifications. These clinicians may support any of the residential settings within the Bowlby Hub.

| Athena Hub Wellbeing and Clinical Service |   |   |
|---|---|---|
| Clinical Employee Name                    | Job title   | Qualifications  |
| Rachel King                               | Play Therapist  | BA Early Childhood Studies, MA in Play Therapy. Member of BAPT and BACP.                                |
| Mary Latham                               | Occupational Therapist  | MA (with Hons) Psychology, MSc Occupational Therapy. Member of Royal College of Occupational Therapists |
| Alice Theakson                            | Speech and Language Therapist   | Postgrad Diploma in Speech and Language Therapy, BA in French. HCPC registered and member of RCSLT.     |
| Charmaine Banks                           | Assistant Psychologist.   | BSC Hons in Psychology.   |
| Zahra Moledina                            | Art Psychotherapist   | BA Illustration, MA Art Psychotherapy, HCPC and BAAT registered   |
| Hayley Gazeley                            | Locality Clinical lead  | MSc, BSc (Hons) (Speech and Language Therapy degree, a master's in psychology and Dysphagia trained     |
| Helen Hughs                               | Head of Clinical Operations (South)/ Consultant Clinical Psychologist | DClinPsych, CPsychol, MSc, BA(Hons)   |
| <i>NB. list is live as of 8.12.23</i>     |   |   |
|   |   |   |

## Appendix C – Wellbeing Model

### How The Home and Young People Are Supported

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



The overarching red and orange stripes apply to every OFG employee

### **Wellbeing and Clinical Approach**

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

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

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

# Acorn Education And Care

Our homes embed, implement, and take ownership of the concepts of AAD and CCC through training and the accreditation process. This allows us to plan, consistently deliver training and monitor best-practice in collaboration with care governance processes. The homes will self-review to identify areas for development. Homes can 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.



# Acorn Education And Care

## Specialist Offer

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

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

## Appendix D – Crisis Prevention Institute Safety

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

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

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

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

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

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

## Safety Intervention - Foundation™



Table 1: Disengagement

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

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

## Safety Intervention - Advanced™



Table 1: Disengagement

| Name & Sequence<br>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<br>Market | Seated |     |      | Standing |     |      | Team Interventions (2 staff) | Transitions (2 staff) | Children Holds |                |          | 3 <sup>rd</sup> 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     |       |         |      |      |      |      |                        |        |      |                  | 115                 |             |        |        |         |        |            |        |            |        |        |        |   |   |

Table 2: Holding

| Name & Sequence   | Seated |     |      | Standing |     |      | Team Interventions (2 staff) | Transitions (2 staff) | Children Holds |                | 3rd 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 | Emergency Team Interventions (3 staff) | Supine | Supported Prone |
| Education         | ✓      | ✓   | ✓    | ✓        | ✓   | ✓    | ✓                            | ✓                     | ✓              | ✓              | ✓          | ✓                                     | ✓                     | ✓  | ✓  | ✓                                      | ✓                       | ✓      | ✓        | ✓                 | ✓                 | ✓                 | ✓                                      | ✓      |                 |
| Health/Human      | ✓      | ✓   | ✓    | ✓        | ✓   | ✓    | ✓                            | ✓                     | X              | X              | X          | ✓                                     | ✓                     | ✓  | ✓  | ✓                                      | ✓                       | ✓      | ✓        | ✓                 | ✓                 | ✓                 | ✓                                      | ✓      |                 |
| Timings (minutes) | 150    |     |      |          |     |      |                              |                       |                |                |            | 30                                    | 20                    | 15   | 35   | 35                                     | 35                      | 35     | 40       | 50                | 50                | 30                | 30                                     | 30     | 30              |

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

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



## Appendix E – Outcomes First Group

### Who are we?

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

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

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

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

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

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

Updated by Ethan Taylor  
Registered Manager  
15.04.24

# Acorn Education And Care