

Statement of Purpose



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1. QUALITY AND PURPOSE OF CARE

Who we are

In 2016, NFA Group combined forces with Acorn Education and Care. 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 – 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.

2022 saw the division between NFA and OFG separating fostering from residential children's homes and education and in 2023, the model care changed to offer only care and education combined packages to all new placements to further ensure the best outcomes for young people.

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

Acorn education and care – this is our universal offering of SEMH care made up of 35 children's homes and 40 schools. Our services support young people with emotional behavioural difficulties.

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 13 services. The options Brand also has the benefit of move on provisions within adult care.

Weaveley is an Ofsted registered independent children's home. We offer 52-week placements with inclusive education, providing a holistic approach to care for up to 8 young people between the ages of 8 and 18 years of age. The home offers short, medium, and long-term care dependent on the individual needs of each young person.

Our Aim

The aim at Weaveley is to provide a stable, safe, and nurturing home to our young people who present with challenging behaviours and needs due to their ACE'S. With experienced trained and qualified staff, the aim is to provide the best care possible by building appropriate relationships to help them deal with previous traumatic experiences.

Our Belief

We believe that all young people, deserve the highest standard of physical and emotional care, stability and consistency, structure, and appropriate boundaries. We aim to encourage our young people heal, grow, thrive, and build resilience to cope with future challenges and difficulties. Helping them to understand and move on from past experiences, move forward to adult life and exceed all expectations.

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Our Ethos

Our ethos is to welcome and nurture our young people in a loving, caring, nurturing family style environment. There is a strong emphasis upon establishing a secure base from which our young people can develop a strong and trusting relationships with the care team and especially their identified keyworker as their primary care provider. This is undertaken in a safe environment where they can test authority and have appropriate boundaries communicated and explained.

Weaveley aims to provide a stable and nurturing environment where young people can heal and to experience or rediscover a sense of their own self-worth. To this end, personal plans alongside positive behaviour risk management plans will be implemented for each individual young person. The individual positive behaviour risk management plans are compiled in consultation with the young person and the care team, with the aim of providing a bespoke care package to address their individual needs. Our care takes in to account the young person's sex, religious persuasion, racial origin, sexual orientation, cultural and linguistic background, any disability, and previous experiences.

Weaveley is committed to supporting the young people to develop a level of independence appropriate to their age. This is done by working in partnership with other agencies, facilitating further education, training, and employment opportunities. We make every effort to work with relevant people involved in young people's care, with the aim of ensuring that each young person's needs are met. We hold close links and communicate regularly with other professionals that include the community police officer, LADO, education, placing authorities and health professionals.

The home is situated outside of the main village called Tackley and off the main road running from Kidlington to Banbury. The main road has excellent connections to both Oxford and Banbury. There are also links West to Chipping Norton and Cheltenham and East to Bicester and Milton Keynes. There is quick access to junction 10 of the M40 and so North to Warwick and Birmingham, South to Oxford and London. In terms of suitability please refer to the location risk assessment.

Tackley is a small village with its own C of E primary school and buses operating to Kidlington and Bicester for secondary schools and colleges. It has a small sub post office which also acts as a local shop for necessities. The area is surrounded by delightful countryside with many protected walks and woodlands to enjoy.

Being situated in a small knit community results in the location being private and low risk from predatory adults. The location offers advantages in helping to keep young people safe. The rural location with limited transport links minimises missing from home episodes, and there are very few problems in respect of youth anti-social behaviour. A smaller, closer-knit community also makes identifying issues around child exploitation much easier than it would in larger, urban, highly populated areas where predatory adults are more easily able to commute relatively unnoticed. The village also lacks high risk congregation areas which exist in towns such as late-night shops, public

houses, and fast-food outlets. For further information please refer to the home's premises review. The Homes Manager and Senior Team Manager attend, when arranged, the Oxfordshire residential safeguarding forum which is chaired by the LADO team.

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Our Core Values

These values have recently changed with having a new group of young people. The young people and adults all came up with, and agreed to, these values that are important to us.

Hopes and dreams

Overcome fears

Making marvellous memories

Enjoy, excel, exceed.

The Home

The home is purpose built and has a ground and an upper floor. The ground floor consists of an en-suite bedroom, two offices, reception area, toilet, laundry room, two large lounges and a large open plan kitchen/dining room. Upstairs there is a large landing space, adult bedroom, 7 young people bedrooms, 3 bathrooms – all have showers, and one also has a bath.

The home is surrounded by fencing to ensure privacy and security. There is a log driveway which has an electronic gate. At the far end of the driveway there is a car park and a smaller house. Adult accommodation is on the upper floor. The games room and gym are located on the lower floor. To the side of the property is a self-contained independence flat. The flat allows older children to receive practical learning to develop independence skills. As our young people get older there is the option for them to move into the flat if this is part of their plan and safe to do so. When this happens, the young person will continue to be supported by the care team. This is not registered as a separate provision.

At the front of the property there's an all-weather football pitch and at the rear of the property there is a large garden. Behind the smaller home there's an additional grassed area, external games room and decked area which is enjoyed in the summer months.

Arrangements for religious observation by a child

Upon admission, enquiries are made into the religious background of the young person and careful consideration is given concerning the practice of their religion. Where necessary arrangements are made to ensure the young person can continue to celebrate and maintain ties to their religious heritage. The young person, where required, would be supported to attend, and find local religious groups. They will be provided with special dietary or clothing needs. Young people within the home are encouraged to respect one and other, celebrate equality and diversity.

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Complaints

A Complaint is a written or verbal expression of dissatisfaction or disquiet requiring a response, in relation to any aspect of the service provided to an individual child/young person, or other matter relating to the company's fulfilment of its obligations. Complaints may be either informal or formal.

An informal complaint, usually verbal, is less serious or contentious and can be resolved quickly, preferably on the spot, without resort to complex correspondence or investigation.

We aim to resolve complaints in a timely manner, this will usually be led by the manager. The person making the complaint will be asked about what the problem is and what they want done about it. They will be asked if they are happy with what is going to happen, the complaint will then be recorded on Access (Our care planning system), detailing the outcomes of that. Where a complaint is made by a child, the child will receive a response to the complaint and will be asked if they are happy with the outcome or not. The full complaint policy is available on request.

In some cases, a complaint maybe looked at by somebody outside of the home, this is likely to happen if the person making the complaint isn't happy with what the home has done about the problem so far. The person investigating the complaint will be independent and look into the complaint and will write to the child or young person to explain what they think should be done.

If this still does not resolve the problem, then it will go to a complaints panel who will look at the complaint again. This panel will be independent and will not have had anything to do with the complaint up to this point. The child or young person who has made the complaint can attend the panel if they want to or choose someone to represent them.

Complaints made against a member of staff will be referred to Oxfordshire LADO.

Young people can complain about their social worker or their placing authority. All local authorities have a complaint procedure, and should any children/young people have any concerns regarding what their social worker/local authority is doing then they can raise these concerns using the placing authorities' complaints procedures.

All young people will be given a copy of their local authority complaints procedure, and the key worker will go through it with them.

All complaints will be recorded on Access.

At any stage the child/young person may wish to short-circuit the above procedure and contact his or her social worker directly.

An advocate can support children/young people to make a complaint, they will help a child/young person:

- express their views, wishes and feelings, or by speaking for them.
- help sort out the problem
- support the child or young person to take the complaint to the

Weaveley has established contact with Coram voice (NYAS), they provide a children's rights service, independent visitors for young people with limited family contact, advocacy, and support for young

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people with problems, and participation activities to help young people make themselves heard. They can be contacted on 0808 800 5792.

Alternatively, the child/young person can contact Ofsted (0300 123 1231 or 0300 123 4666).

As before, the representative of the child/young person can short circuit these procedures and contact the social worker directly. Alternatively, they too can contact Ofsted (0300 123 1231 or 0300 123 4666) or The Children's Commissioner on (0800 528 0731) or at www.childrenscommissioner.gov.uk, to voice their complaint.

Any complaints or representations concerning issues of safeguarding will be dealt with via The Children, Young People and Families team (01865 816670).

A copy of these procedures will be given to the child, parents, social worker, or any person with parental responsibility during the admission process or at any time on request.

Further guidance is contained within the Complaints policy.

To obtain a copy of the Complaints policy please call Outcomes First Group on 01204 552667

2. ENGAGING WITH THE WIDER SYSTEM

A description of the location of the home

Weaveley is situated just outside Oxford in the vicinity of the village of Tackley. We are in a very rural location and there is a train station within the Village of Tackley, where you can take the train to Banbury for connections to Marylebone, or to Oxford or Didcot for connections to Paddington. We are within walking distance of Banbury Road which is a main road. Consideration to this is in the home's Location Risk Assessment (Regulation 46) which is reviewed regularly.

Weaveley affords easy access to most large conurbations of Oxfordshire. Oxford is 12 miles away; Banbury is 14 miles away and Bicester is 11 miles away. The home is well placed to afford easy access to a wide range of facilities and amenities in the southeast of England. The young people living at Weaveley are ideally placed to make use of all sporting and leisure that the area.

Weaveley 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. Other professionals include Police, Education Providers, LADO and individual young people's sports clubs and coaches. 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. One example of this would be our relationship with Thames Valley Police Force. We often have visits by our local PCSO who interacts well with the young people and delivers workshops on various topics.

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3. VIEWS, WISHES AND FEELINGS

Consultation with children

The weekly house council meeting is the appropriate forum for the young people to have the opportunity to have input into other issues relating to the home: weekly menus, activities etc. We did move away from the meetings and introduced individualised feedback forms that have personalised replies from the Home Manager. This forum is now a mix of group discussion and

completion of feedback forms – this gives the opportunity for the young people to communicate any issues confidentially or part of a group. A young person's views can also be aired via key working. Young people can give feedback on their care by formal questionnaires, these are completed twice a year. The outcomes from these are used to inform and improve our practice.

The management operate an open-door policy to resolve any concerns which, up until now, has worked very well in negating the need for formal complaints being made by the young people.

Young people are involved in and encouraged to support with changes and updates to the décor of the home, including colour schemes, photos displayed and any other ideas they have to put their own stamp on the home. This will often be discussed and recorded as group key working or recorded in their individual weekly feedback forms.



As practitioners, we need to assess the discrimination that occurs in society and our own setting (consciously or subconsciously) and the effect this has on the children. Young children's antennae readily tune in to both overt and subtle messages about who is 'better' than who and who is valued in society, at a time when they are beginning to put together a picture of their own identity. But while they may ask awkward direct questions, they seldom make value judgements without the influence of adults.

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Staff are expected to actively demonstrate tolerance, understanding and empathy with every individual in their care as well as their families. In addition, show sensitivity to issues raised.

Racism usually stems from fear and ignorance. Every attempt should be made to combat any instances within the young people's group. This should take the form of educating and familiarising the young person with the issues rather than a stern lecture or sanction as this tends to entrench attitudes and breed resentment.

Discrimination, apart from being undesirable, is in some instances illegal. Any sexist or racist comments, practices, 'jokes etc. will render the staff member liable to disciplinary action and possible dismissal.

4. Education



Education is provided at Park School which was rated "Good" in March of 2022 by Ofsted, it is located 8 miles from the home and runs in line with the term times of Oxfordshire County Council. It offers fully registered, highly supported, and individually tailored education packages, including vocational qualifications. The educational facility 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 care staff operating within the home. The teacher, in consultation with the Home Manager, placing Social Worker, and clinical team will develop an individual education plan for each student that will meet their needs within the National Curriculum. Park School is a Registered Exam Centre.

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Many young people who attend our educational facility have an already transferred to an Education Health Care Plan (EHCP), part of the initial educational assessment is to establish the individual.

needs of all young people and to devise a programme which targets those needs and develops core literacy, numeracy and ICT skills as well as seeking appropriate accreditation such as BTEC.

Wherever possible young people are supported in attending or reintegrating into mainstream schooling or local vocational colleges where appropriate. Weaveley has strong links with local schools and colleges.

Weaveley offer staff support and encouragement to all the young people wishing to carry out homework or private study within the home. It offers a study area with access to extra resources, this is available to each young person to complete homework, research, or revision. Alternatively, any young person requesting to study in their own private space such as their bedroom, are provided with a desk and learning facilities of their own.

Each young person 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 young person's Individual Education Plan. This individual support encourages young people to maximise their ability to reach their full potential.

Our large kitchen space is often used for developing independent skills, young people are encouraged to cook and bake, try new dishes and generally be involved in the everyday tasks at an age-appropriate level to develop individual skills.

5. ENJOYMENT AND ACHIEVEMENT

The young people at Weaveley have an array of activities on offer within the home. The all-weather pitch is often used for daily games of football however can be and has been used for tennis, badminton, and volleyball to name a few. During the summer months we often hold gatherings with the other homes in the area and arrange BBQ'S, fund raising days and sporting competitions. At the side of the pitch there is a hard ground area with a basketball hoop which is used regularly and at times we bring out the archery set which most young people enjoy.



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During the summer months two large pools are erected, slip and slides are laid out and games such as swing ball are a favourite.

Currently several of the young people enjoy playing Dungeons and Dragons as well as War Hammer. The former summer house has been converted into a games room by the young people and will be used during the summer months as an extra space to play board games and paint their figures.

The home has a separate games room in an external building which young people enjoy playing games consoles, pool, and darts. Next to this room there is a fully equipped gym at the young people's disposal.

Within the main house young people can enjoy several spaces, there are two generous sized lounges that show 100's of channels that include Netflix, Disney+, Amazon Prime and SKY. The home has a large kitchen that overlooks the all-weather pitch, young people enjoy this space to cook, relax and socialise. Arts, crafts, and musical instruments are also enjoyed at the home.

As well as all the activities at the home we actively encourage the young people to peruse any external hobbies they enjoy or may want to try. Several young people within the home train and play for local football teams and Boxing gyms. Other young people attend the local army and police cadets. By joining external clubs this promotes friendships and links outside of the home.

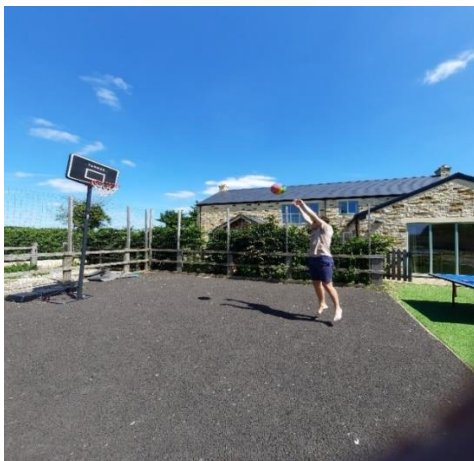
Due to the location of the home, the young people are lucky enough to enjoy a walk or a cycle ride in the lovely countryside. The home is located not far from several towns where the young people can enjoy activities such as bowling and the cinema. At least once a month all the young people and adults within the home experience dining out. All look forward in deciding as a group what type of restaurant/food they would like to experience.

Trips further afield are often arranged, the most popular currently are pleasure pools and theme parks. Weekends away and summer holidays are enjoyed by all. Activities on these holidays range from days on the beach to kayaking, sea fishing and enjoying the UK'S longest zip wire. Where there are higher risk-taking activities on offer, permission is requested from local authorities or parent's (dependent on circumstances). Comprehensive risk assessments are put in place to ensure the young people are as safe as reasonably possible.

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Achievements and positive behaviours are recognised through incentivising activities. This works well and as a result there is little need for consequences. Where young people enjoy sleep overs permission is also sought. Where school trips are an option, this would always be encouraged.

6. HEALTH



All young people on their arrival at Weaveley will be registered with the relevant health professionals (local GP, dentist, and opticians). All young people will have a statutory annual health assessment. All health needs, having been identified, will be dealt with in a timely manner and detailed within relevant plans. The young people will be encouraged and supported to take care of their personal hygiene (young people will receive a toiletry allowance which is sufficient to meet their needs).

The home will provide a well-balanced diet and an array of activities that will promote their fitness and enjoyment. All staff have undertaken (or are undertaking) training in Trauma Informed Practice, which includes an introduction to an evidence-based model for working therapeutically with young people who have experienced trauma.

Clinical input

Adults within the home and young people are supported by a designated and integrated multi-disciplinary team. Their combined expertise aims to meet the needs of the young people living and learning at Weaveley. The team aim to improve the quality of evidenced based care in an efficient manner to maximise the quality of life in an integrated manner. This is achieved by sharing good practice and working closely with the adults within the home who work and live with the young people. Regular child focused consultations and reflective practice takes place which is led by the clinical team. These whole team sessions are particularly helpful in aiding the understanding of the wider needs of the young people and reviewing clinical plans.

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Trauma Informed Practice

Weaveley 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 home care teams to standardise their practice through the lens of connecting, co-regulating, and co-reflection. Weaveley has a dedicated TIP champion who supports the development and progression of TIP within our home. A self-accreditation approach is now underway to enable us to begin to understand the strengths of our home while also highlighting where we can progress further, working toward a gold standard of practice.

7. POSITIVE RELATIONSHIPS

The positive and supportive relationships formed at Weaveley 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 young people. This is key to processing and working through trauma, helping young people 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 young people 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.

We endeavour to work closely with all the professionals who can assist us in meeting the needs of our young people. We maintain positive relationships with local schools and youth support officer, who visits the home regularly 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 young people 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 Premises Review in place, we completed this with the professionals named above. We considered a wide range of factors and consider Weaveley a safe location for young people within our care.

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Contact arrangements.

There will be an expectation that any Social Worker (or those with parental responsibility), who places a young person with us will remain in regular contact with them, both by visiting the home and/or by telephone. Frequency of contact will be discussed at the admission stage and will form part of the agreement. Similarly, if it is felt appropriate and, in the young person's, best interests' arrangements for time with the young person's family, significant others and friends will be discussed and agreed at the admission stage. Time spent between a young person and their family is seen as a crucial factor in a young person's experience with us and will be actively encouraged and welcomed.

Where agreed, young people 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, young people are supported in this process by encouraging them to attend individual social clubs such as Army Cadets, police cadets, and Football to name a few.

Policy on professional boundaries

The ethos and style of the home is intended to generate a warmth and closeness between the adults and young people. This has created an environment in which the young people are able to unburden themselves of personal feelings and episodes in their past life which have remained 'locked away' through feelings of guilt, uncertainty, and lack of opportunity.

Adults in the home approach children, not only from a professional standpoint, but also with empathy and sympathy based on friendship and emotional involvement. This includes practicing in a manner that accepts and respects others as they are without judgment.

There is potential danger and conflict for staff and children alike in attempting to operate in such a style and all adults in the home must have a clear awareness of the ground rules needed for the protection of young people and their own professional safety.

The following is a formal statement of the areas and degree of permissible interaction:

Physical contact/touch

As a natural development of the child's trust in the staff we would expect certain interactions to involve touching:

- It is permissible for a member of staff and a young person to greet one another or say farewell with an embrace or handshake.
- It is permissible to ruffle a child's hair or to touch a child on occasion of mutual approach.

In both above cases, the carrying out of such intimate gestures can only be undertaken when it is fully understood by both parties concerned that it is appropriate and in line with their wishes at the time. The action will not be able to be undertaken without there being a basic knowledge of one another which will usually be determined by the length of time the two people have been acquainted, together with the nature of their ongoing contact within the home.

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If there is a sound relationship between a member of staff and any young person then such actions described above are not only normal but a real expectation on the part of the child.

The professional aspect of the care of the children can also be brought to bear at such junctures as review meetings, keyworker meetings and staff meetings which will have already identified children who may need educating in their display of affection, i.e. there are children who are overt in their emotional display and for whom this may not be genuine but part of their cycle of deprivation. In these circumstances, members of staff are expected to resist such advances in a gentle and considerate fashion. They may take the child to one side and counsel them in the inappropriateness of such display. This forms part of our emotional therapy.

All the children are made aware of the appropriateness of displaying emotion as part of their social education and have full knowledge that it is a permissible part of adult/child interaction within the home.

8. THE PROTECTION OF YOUNG PEOPLE

The admission of a new young person 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 a young person 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 is given to the potential impact of admission on our residing young people. We also request placing authorities complete a risk assessment prior to admission, highlighting the presenting issues.

Admission cannot be considered for those young people with high substance abuse, fire-setting, young people who require continuous psychiatric supervision, and young people who pose a serious physical threat to themselves or others. Admission of any young person will be carefully planned and 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.

It is accepted that consistent rules and boundaries form an integral part of a young person's development. As young people develop, they gradually internalise these norms and reduce the need for external reinforcement. The adults within the home are expected to help and support young people to manage and control their emotions and coping strategies. The need for consequences is reduced by clearly setting incentives, boundaries of acceptable behaviour and achieving prominent levels of supervision and consistent care practice. Ambitious standards and expectations of conduct are always encouraged as a normal part of day-to-day living.

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, spin of the wheel, extra pocket money, trips out, items such as DVDs, and many more.

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Consequences will only be used sparingly and after all other alternatives have been considered. If the need is felt to impose a consequence, the young person will be informed, and the matter discussed with the Team Manager before deciding an appropriate consequence.

We believe in natural, logical consequences that the young person 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 young person'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.

Reasons for Consequences

- Criminal damage such as damage to windows, furniture, and decoration of the home.
- Damage caused outside the home - i.e. in the local community.
- An assault on an individual.
- If a resident refuses to go to bed and/or disrupts other residents when they are trying to sleep.
- Consistent disruptive behaviour within the schoolroom.
- Transgression of any rules or boundaries within the home.

Permitted Consequences

The following list comprises the only consequences permissible within Weaveley.

- Reparation/restorative work - Helping towards the cost of repair or performing a task that makes amends. This will be the preferred and most promoted form of consequence.
- Restitution, for repairing or replacing.
- Loss of privileges
- Loss of leisure activities
- Additional household tasks
- Increased supervision
- Supervised spending of pocket money

All consequences must be recorded on Access.

Physical Interventions

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

As of May 2021, 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 young person within the home demonstrates increased extreme risk behaviours, the home can increase training to the advanced/emergency training model - this is assessed through behavioural observation and

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assessment of risk and tailored to the individual needs of the young person. 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 adults involved will inform all young people before, where possible, and after physical intervention of reasons why it has been used, such as to keep everyone safe from harm.

The adults within the home and young people are given the opportunity to re-attune/repair the relationship. They will 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. Young people will be fully supported following any incident of physical intervention.

Weaveley is committed to the principle that the welfare of the child is paramount (Children Act 1989). Any suspicion or allegation that a young person 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 Weaveley, the 'designated person' with lead responsibility for child protection is the Registered Home Manager – Sian Kelly.

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

Adults within the home 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 their line manager (Team Manager/Senior RCW), Regional Manager or on call senior Manager in her absence. There must be no delay in reporting caused by the unavailability of the designated person.

All matters relating to child protection issues or concerns must be reported as soon as possible to the on-call Manager or Regional Manager.

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

Bullying

We have a zero-tolerance approach to all incidents involving bullying.

We expect staff to:

- Challenge any person found bullying another.
- Report any incidents of bullying to their line manager.
- Ensure that any such incidents are recorded, including action taken to stop any further incidents.

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- Make sure that the young people are aware of how to complain, and that they feel able to do so.
- Work with the young people to modify any bullying behaviour.
- Offer support to victims of bullying.

In cases of serious or persistent bullying a professionals meeting should be called, and a decision made in respect of whether to move a young person to protect other young people at the home.

We see our adults 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 adults within the home complete an anti-bullying training course as well as Keeping Children Safe in Education. To educate young people and prevent episodes of bullying we run an anti-bullying educational protocol, which includes age-appropriate books and worksheets.

Missing

Any young person 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.

In the case of all unauthorised absences, it must be recorded on an incident form on Access and the young person's missing from home protocol must be followed.

Procedure when Children go missing from the home.

Any young person who is missing in the community without permission is deemed to be 'at risk'. Staff will make every effort to locate them and ensure their safe return to the home.

When a young person goes missing or away from the placement without authorisation the following information will be given to the Police:

- The young person's physical description, including age, height, weight, clothing, distinguishing marks etc.
- All relevant details of behaviour that is likely to increase the risk to the young person.
- Possible address of known associates, if relevant.
- Home address and telephone number.

The social worker (or EDT if out of hours) and the young person's parents will be notified at the earliest opportunity.

In all instances the home follows the runaway or go missing from Home or Care protocols of the Department of Education and Oxfordshire.

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Return of Missing Person

Due to the vulnerability of young people in care and incidents involving sexual exploitation we are committed to being pro-active in ensuring the safety of young people placed in our care. Adults within the home offer warm and consistent care when a young person returns, and running away should not be viewed as behaviour that needs to be punished.

To this end, measures are put in place to minimise further incidents and safeguard the young person's welfare.

- As soon as the missing person returns to the home the senior staff member on duty will contact the Police, the social worker, and the parents.
- The return should be recorded on access.
- Where a young person has been missing, their local authority will be requested to visit within 72 hours as per guidelines.
- Ensure the young person has an opportunity to eat and talk privately to their key worker if they wish to do so.
- Personal plan and risk assessment/positive behaviour risk management plan updated to reflect any changes.
- Key workers to give the opportunity for daily key work sessions if the young person would like to talk on a one-to-one basis.
- All staff to monitor closely the emotional and physical well-being of the young person after their return and arrange appropriate health appointments if any concerns are evident.

Supervision

High levels of supervision during the day, ensure young people are safe from bullying or abuse from other boys. During sleep hours a waking night and an on-call adult provides supervision of the young people.

It is maintaining a homely family-style environment, we aim to employ male and female members to work as care workers. There are, however, occasions when female members will be needed to form some part of supervision of boys on the residential side of the home Obviously, danger points in such a mixed supervision are concerned largely with sleeping and bathing areas. There are commonly accepted grounds rules for conduct in such situations:

It is permissible for staff of both sexes to enter any sleeping area occupied by a young person provided that their entry is preceded by a knock on the door and incorporates knowledge of the adult as to the possible state of dress of the young person, dependent on the time of entry.

The young people are expected to be appropriately dressed in all common areas, i.e. common rooms, and corridors. This will include putting on a dressing gown when out of their room during the night.

Adults within the home must never consider their personal position regarding codes of practice and professional conduct if they genuinely believe that emergency action is needed. The ground rules of

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the home, government statutes and other codes of practice must not constitute a reason for no action being taken in situations of suspected or real emergency.

The management will support adults who violate the ground rules regarding privacy based on immediate action being considered necessary for the safety of any young person following an assessment based on professional subjectivity.

No room in the home must ever be considered a “no-go” area including bathrooms, toilets, and bedrooms if there is reason to believe that a young person could be at risk.

Sensitivity is required on the part of the adult to ensure that the young people have privacy; therefore, no adult will normally go into bathing areas without first clearly announcing their intention and inquiring if the child is adequately clothed/covered.

The home has adopted the attitude that children have the right to hold private conversations with adults and similarly adults need to speak to young people on a private basis. This is generally applicable to male and female adults irrespective of the gender of the child.

The rules of the home (as generally agreed by all adults in conjunction with informing the young person) are that it is permissible for an adult within the home to see a young person in a room, alone and, in some cases; it will be natural for the door to be closed. The agreed safeguards for this to take place are that adults should be aware that the young person is going to be seen privately, but informal conversations will often take place in standing with a normal family living environment. One-to one time will promote a sense of trust and connectedness.

Child Exploitation (CE)

Weaveley is committed to preventing young people being subjected to CE. Adults are trained to spot the signs of CE and are vigilant when out in the community with young people, to further minimise the risk of sexual exploitation. The completion of Child Sexual Exploitation screening tool including E-Safety is carried out for all young people. The screening tool will help staff to focus on specific indicators and determine whether further investigations are needed. On completion of the screening tool, if adults within the home unsure of the level of risk to the young person, the Kingfisher Team are able to provide advice and guidance on 01865 309196.

The Home Manager, or Team Manger in her absence, will regularly attend the Oxfordshire safeguarding forums where issues of young people being at risk of sexual exploitation are discussed. This ensures regular communication with key agencies, thus ensuring a collaborative working approach within the wider community.

Where CE is a particular risk for a young person, it will be detailed in their relevant plans. The school curriculum also includes workshops for young people around CE to provide them with information about how CE can begin, how to keep themselves safe and who to ask for help if they are worried about themselves or a friend who may be at risk of or experiencing CE.

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Prevent

Adults are trained in the prevention of radicalisation, and are committed to actively promoting the spiritual, moral, social, and cultural development of young people in line with British values. They are also trained to spot signs of behaviour which undermine British values and have clear pathways to report any such behaviour through the channel process.

County Lines

Adults within the home and young people are educated on criminal exploitation and county lines through in-house training and regular workshops delivered by our local Police Community Support Officer. Workshops cover what county lines exploitation involves, how young people are affected and what signs of criminal exploitation and county lines we can be sensitive to.

9. LEADERSHIP AND MANAGEMENT

Organisational structure

Weaveley is registered under the provider.

Outcomes First Group,

Atria,

Spa Road,

Bolton,

BL1 4AG.

Weaveley is a part of the Outcomes First Group, where the senior management structure looks like:

Chief Executive Officer is David Leatherbarrow

Chief Financial Officer is Jean-Luc Janet.

The Chief Operations officer is Richard power,

Managing Director of Children's Services is Daniel Cooke

The Responsible Individual for the region, Alison Blyth-Bishop

Alison has worked in residential care setting since 2001 in a variety of settings and roles including registered manager, responsible individual, and director of care. Alison joined outcomes first group in 2019 working on care improvement and currently managing operations in acorn residential care.

Weaveley's Registered Manager in post – Sian Kelly.

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Whole time and working patterns.

At Weaveley, we believe that stability is one of the most important features of residential care and that this stability can only be provided by adults. Following a radical appraisal of staffing, the Local Leadership decided to implement Whole Time Working within its children's homes who see it as beneficial to the young people.

Whole Time Working means that two teams of staff work seven days on duty followed by seven days off duty. This completely breaks with the standard shift system where staff often leave work in the middle of a problem or activity.

The consistency of care this approach offers means that Weaveley can be successful in building strong attachments with young people in a relatively short space of time, often in cases where this has proved difficult in previous placements. It also contributes greatly to the family style, relaxed environment, due to not having the ambiance of a workplace. Whole Time Working can enable staff to provide a more natural environment for the children, offering both stability and support through a continuum of care. It can also give greater satisfaction to the staff as their commitment is more sustained.

Service structure.

The Home Manager, works every week between Mondays to Friday (however is flexible and will alternate working patterns to meet the needs of the home), linking the Whole Time Working teams.

Each team is headed by a Senior Residential Care Worker, three Residential Care Workers and a Waking Night/On call Staff. Both teams are managed by two Senior Team Managers, who work opposite each other on a shift pattern which ensures they each work with both teams. Due to the high numbers of staffing, it is possible to counteract any adverse effects of large child numbers by breaking the group down for most activities and providing one to one key work sessions with the children.

Residential Care Package

Our standard care package aims, first and foremost, to provide a safe and complete home for the child and includes:

- Full board and lodgings including reasonable special dietary requirements.
- Qualified management supervising experienced adults.
- Detailed observation, by the adults within the home, of the young person's needs during the assessment period collated into a report for the case review.
- For ongoing placements, a strong emphasis by adults towards achieving the aims of each young person's personal plan and ensuring that each young person's relevant plans are regularly revised in consultation with relevant agencies.
- Participation in all activities organised by the home.
- Minimum of two weeks of UK activity holiday per year.
- Everyday clothing up to a total of £40 per month.

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- All personal needs including pocket money at our standard rate, toiletries, etc.
- Education – young people excluded from mainstream schooling are automatically offered in-house education, with a package tailored to each child's individual needs until a provision is found. We do not offer home education as a long-term plan.
- Full assessment with a psychologist where required.
- Needs focused therapeutic intervention where appropriate. Currently Weaveley is supported by an in-house clinical team.
- Escorts: Any reasonable cost of staff time and vehicle mileage for transporting and accompanying a young person for individual journeys e.g. attendance in court, family visits etc.
- Any therapeutic interventions are only carried out by qualified therapists.

The arrangements for the supervision, training, and development of employees

All adults will receive a comprehensive 2-week induction programme prior to commencing work at Weaveley. A written record of induction and supervision sessions will be kept.

All adults working in the home will receive regular supervision on one to one basis from a senior member of the team. The Registered Manager of the home will also receive regular supervision by the Regional Manager.

All adults including the Registered Manager will receive written job descriptions and person specifications related to the homes current Statement of Purpose, which clearly state their responsibilities, the duties currently expected of them and their line of accountability.

All adults will have their performance individually and formally appraised at least annually by their line manager. The employee's personal file contains a record of the appraisal showing the level of performance achieved, targets for the coming year, and the agreed training needs to be met within the following year as part of the individual's Personal Development Plan.

All adults will be provided with and/or have access to the homes/companies Policies and Procedures held on Engage/Cascade. This is kept up to date and accessible to all staff members.

Visitor's policy

Visits are by arrangement, although it is expected that visitors will vacate the home by 9.00 pm. Exceptions to this policy will be determined by the social worker and/or a court order.

Our visitors' policy for persons coming on site at one of the company's childcare homes will be as follows:

- All persons who are not employed by us must sign the Visitors' Book when they enter and leave the home.
- All persons will be observed and/or supervised by an assigned member of our staff while they are visiting and/or performing some assigned tasks in the home to ensure that they (the visitor/workman) will at no time have unsupervised contact with a young person in our care.

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- All visits will be in a designated area, without exception, unless other documented arrangements have been agreed in advance of the visit by the young person's social worker and the Home Manager.
- The young person's Social Worker has the right of unsupervised access to their young person.
- Appointments with known or police (DBS) checked people may be unsupervised at the discretion of the manager.
- Workmen coming on site must be briefed prior to commencing work with regard to the safe storage of tools, smoking, reading materials etc.

10. CARE PLANNING

Admission Criteria

The admission of any young person whether planned or short notice will be considered on:

- i. Receipt of all relevant documentation, plans, assessments, and reports.
- ii. Agreement to an admission meeting within 72 hours

Admissions Procedures

Philosophy

Effective child centred admission procedures which clearly identify a purpose for the placement, reduces the tendency for young people to drift in residential care. It provides an opportunity for young people to change and assists them in re-establishing themselves in the wider community.

Admission Procedure

Since we aim to always maintain a balance, the acceptance of a placement is determined by a risk assessment of the young person's perceived ability to integrate into the existing group. An emphasis is placed upon ensuring that a young person's needs can be met within the existing group without impacting upon them. Emphasis is put upon developing strategies to counteract any adverse effects arising from group living in a home our size.

Breaking the group down into smaller numbers or facilitating one to one sessions are made possible by our staffing ratio. Also, the young people are encouraged to participate in activities and hobbies outside of the home environment as a means of facilitating social development. Weaveley can consider placements to young people who display emotional and behavioural difficulties, inappropriate sexualised behaviour and conduct disorder/challenging behaviour.

Placements will not be considered for current hard drug users, convicted fire raisers, previous incidents/traits of roof climbing.

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Short notice admissions are considered following the same criteria. It is our expectation that following a short notice admission a planning meeting be convened, normally within 72 hours, but in exceptional circumstances no later than seven days after admission. This will be to discuss the placement and formulate a care plan.

General Procedure

An initial telephone call from the social worker is necessary to establish whether we can offer what is required. A placement will only be considered on submission of a referral form to be accompanied by any other appropriate reports, e.g. education, psychiatric etc. We reserve the right to terminate a placement within 48 hours if a placing authority fails to provide relevant information relating to a young person.

The placing social worker is invited to an informal meeting to discuss the care needs of the individual in more detail. A visit with the young person from a representative/s of the home will be arranged to determine, on meeting, if they are a suitable match to the current group. Following a successful meeting, the young person, will be invited to visit the home.

If the placement is to proceed, an admission date is set.

Oxfordshire Local Authority will be notified of all new placements and young person/s leaving at placementdutyteam@oxfordshire.gov.uk

The Arrangements for Dealing with the Review of Placement Plans

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

Admission Information for Young Person upon Arrival

On admission, the child has an informal meeting with their keyworker and is given a Children's guide. This gives details of such things as the home's routine, pocket money, use of the telephone, target system, rewards/sanctions, activities, education, and the complaints procedure. The young person will also go through an induction with a member of staff where they will discuss things such as likes/dislikes, this also gives them the opportunity to ask any questions they may have.

Leaving/Moving on

For many young people, part of a successful transition to moving on, is having effectively developed a range of independent skills to prepare them for self-sufficient living.

Weaveley benefits from having a separate self-contained flat offering a bedroom/kitchen/lounge and an ensuite bathroom. This is designed for young people 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 running of the flat. They will be given the opportunity to develop and implement their independent skills whilst having the benefit and security of onsite support from staff.

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When a placement ends it is essential that this is done in a positive way. Full support is given to any transition planning, and ongoing outreach work can be arranged in agreement with the placing authority. Prior to moving on, keyworkers hold regular sessions with the young person to discuss their departure and ensure the process of moving on is done in a manner that supports the young person's emotional and practical needs.

We also maintain links after a young person 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 young person, Weaveley and the wider team around them feel it is appropriate. Any person reading this statement of purpose can obtain full Outcomes First Group Policies and Procedures by request from the Home Manager.

Appendix A – workforce experience and qualifications

| Staff member Name | Start date | Job Role | Experience | Qualifications |
|-------------------|------------|--------------------|--|---|
| Sian Kelly | April 2021 | Registered Manager | <p>Almost 18 years in residential childcare. Starting as a residential childcare worker, quickly progressed to a senior care worker then team Manager. Following 12 years with the same company left and became a Deputy Manager still within the sector and remained at that position for 3 years. In April of 2021 then took the current role of Home Manager at Weaveley.</p> <p>Prior to working in residential childcare worked in management, retail, admin, sales, and sports coaching.</p> | <p>QCF Level 5 Management in residential childcare, NVQ Level 3 children and young people, GNVQ Level 2 in health and social care, units of accreditation GNVQ Level 3 health and social care and UKCC Level 2 - sports coaching.</p> |
| Diana Kuenen | 04.11.2019 | Deputy Manager | <p>Previously managed services for adults with learning difficulties. Worked in education with primary ages children. Raised 2 of her own children and now has several grandchildren.</p> | <p>9 x GCSE'S A-C Grades. QCF Level 4 in young people and families practitioner</p> |

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| Staff member Name | Start date | Job Role | Experience | Qualifications |
|-------------------|---------------|---------------------|--|--|
| Alex Dodd | March 2021 | Senior Team Manager | 19 years of experience within the sector. Interim Manager of 2 separate homes. Team Manager experience of 14 years. | Senior Team Manager - BSc (Hons) computer science, NVQ 5 and 4 in children and young people. |
| Chainey Smith | February 2022 | Team Manager | 2 years working at Weaveley with young people. Worked in sales and construction/decorating since leaving education. Has transferable skills from his days in constructing that may be of benefit in the upkeep of the home. Chainey has 3 nieces and 4 nephews that he spends time with regularly and this contributed to him looking to working sector. | GCSE'S – Science Double Award (DD) English Literature (C) English Language (C) English Media (C) Design Technology (C) Mathematics (D) German Currently undertaking QCF Level 3 young people and families practitioner |

| Staff member Name | Start date | Job Role | Experience | Qualifications |
|-------------------|------------|--------------------------------|--|---|
| Paul McCallister | April 2014 | Senior Residential Care Worker | 20 years the level of acting Home Manager, predominantly Team Manager. 4years experience in drug, alcohol, and mental health assessment. Temporary accommodation officer for a year. | NVQ level 3 in children and young people, Higher Scottish certificate of education English, German, French and Modern studies. BA (Hons) in social sciences. |
| Katie Cannon | May 2023 | Senior Residential Care Worker | Has an array of transferable skills in relation to childcare primary age. Transferable skill in an array of admin roles. | GCSE - Food Tech A*, History A, Geography A, Maths A, English language A, P.E A. English lit B, RE B, Biology, physics, and chemistry B'S. Extended diploma in sports level 3 Foundation degree in fitness, coaching and rehab. |

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| Staff member Name | Start date | Job Role | Experience | Qualifications |
|-------------------|----------------|-------------------------|---|--|
| Alex Burns | January 2009 | Residential care worker | Over 15 years in childcare, physical intervention trainer for 7 years, first aid qualified, previously a health and safety advisor, level 3 NVQ in leadership and management. | Level 3 NVQ Leadership and management QCF level 3 in young people and family's practitioner |
| Ashley Banner | February 2021 | Residential care worker | Ashley worked for an agency in various roles for some years having left the army. Following this worked as an engineer testing equipment. Ashley has some experience which is relevant to the role - volunteer at a youth centre for a period. | Basic skills city and guilds English and maths. Currently undertaking Leve 3 QCF in children's residential |
| Ilena McCann | July 2023 | Residential care worker | Has an array of transferable skills in relation to caring. Ilena has looked after and worked with adults with learning needs in a voluntary capacity. | GCSE, Maths 5, English lit 9, English Language 8, RE 9, History 7, science 2 x 5, BTECH sports distinction *, BTECH Drama distinction * A Level English Lit B, History B, film studies A Degree in LAW 2:1 |
| Jack Phelps | September 2023 | Residential care worker | Helped coach young people football and has a large family - he is one of 6 siblings and therefore has a lot of transferable skills. | GCSE English D, Maths D, Numeracy C, PE, C, Business 2x C, Science C and D. Currently undertaking Level 3 QCF in Children's Residential |
| Louise Farey | November 2023 | Residential care worker | Has worked in Tertiary Education for 6 years, 5 of those in Special Needs Dept and the last teaching Basic Skills. 1 academic year in Primary as a TA to rising 5s 6 academic years as a Cover Supervisor in Secondary education. single parent and has a 30-year-old son. Advocate to her younger brother who has PMLD. Extensive knowledge of barriers facing people with disabilities and additional needs too. Experience of being a special needs nanny, PA/carer and then working with professionals with disabilities including spinal injuries. | City & Guilds 7307 stage 1 & 2 , Access in Humanities, Diploma in NLP, First Aid in Mental Health, National Care Certificate, Life Saving (swimming), |

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| Staff member Name | Start date | Job Role | Experience | Qualifications |
|-------------------|---------------|-------------------------------|---|---|
| Bin Sadasivan | February 2024 | Night Residential Care Worker | Worked for NHS – Supervisor for pharmacy – working with the public. Large family with children who Binu is involved with | BBE in business administration, SSD in sterile services, Window C+ IT |
| Rebecca Tyack | December 2016 | Night Residential Care Worker | Rebecca has raised her own children and has worked as a waking night for 8 years. | Rebecca has an NVQ Level 3 in children and young people. |

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Appendix B - Wellbeing and Clinical Service

| 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 | Post Grad 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 Masters in Psychology and Dysphagia trained |
| Helen Hughs | Head of Clinical Operations (South)/ Consultant Clinical Psychologist | DClinPsych, CPsychol, MSc, BA(Hons) |
| NB. list is live as of 8.12.23 | | |

Appendix C – Wellbeing Model

How The Home and Young People Are Supported

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



The overarching red and orange stripes apply to every OFG employee

Wellbeing and Clinical Approach

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

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

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

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

Universal Offer

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

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

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

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

Enhanced Offer

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.

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

Specialist Offer

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

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

Appendix D – Crisis Prevention Institute Safety

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

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

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

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

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

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

Safety Intervention - Foundation™



Table 1: Disengagement

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

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

Table 2: Holding

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

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

Safety Intervention - Advanced™



Table 1: Disengagement

| Name & Sequence Market | Strike | Wrist | Clothes | Hair | Neck | Body | Site | 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 |
| 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 | |
| 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) | Seated | Standing | | | | | | Standing to floor | Standing to prone | Supine | Supported Prone | Rapid Tranquilisation | Entry | Search/Remove of Unstable Items |
| 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 into 2 clear areas.

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

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

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

Acorn Education And Care