



ARNFIELD CARE LIMITED



ARNFIELD TOWER ACTIVITY CENTRE

STATEMENT OF PURPOSE

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In order to comply with Regulation 16 of the Children's Homes Regulations (2015), Arnfield Tower Activity Centre has produced a Statement of Purpose. The Quality and Purpose of Care Standard specifies that the statement of purpose is clear and available to staff and children and reflected in any policies procedures and guidance.

Presented here is an abridged version in order to safeguard the location of the home and protect the identity of individuals employed by Arnfield Care Ltd. A full unabridged version is available upon request to the responsible authority; any parent or person with parental responsibility; and his Majesty's Chief Inspector of Education, Children's Services and Skills (Ofsted)



The Regulations prescribe nine Quality Standards which must be met by Children's Homes:

The Quality and Purpose of Care Standard

The Views, Wishes and Feelings Standard

The Education Standard

The Enjoyment and Achievement Standard

The Health and Well-Being Standard

The Positive Relationships Standard

The Protection of Children Standard

The Leadership and Management Standard

The Care Planning Standard

The Quality and Purpose of Care Standard

1. A statement of the range of needs of the children for whom it is intended that the children's home is to provide care and accommodation.

Arnfield Tower Activity Centre supports children and young people with a wide range of needs as a result of social, emotional and/or behavioural difficulties, which may be related to early life experiences or more recent ones.

The children and young people who come to Arnfield Tower will often be experiencing a crisis in their lives and have come from turbulent backgrounds. They may have suffered a range of harms including neglect or other forms of abuse, various forms of exploitation; who may have substance misuse issues, become involved in offending behaviour or have mild learning difficulties.

The age range of children is between 11 and 17 years, and we accept children of any sex or gender, and all racial, cultural and religious backgrounds.

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

Arnfield Tower Activity Centre meets the needs of children who are in crisis and require care and support over the short or medium term. Periods of placement at the home are normally between a period of six and twelve months, with progress being reviewed at various stages, such as statutory reviews. A longer-term plan may be agreed in line with a child's assessed needs, and their own views as much as possible. Instances where this may occur include, for example, where a young person has built trusting relationships with carers at the home when they may have previously been resistant to forming attachments, providing them with a sense of support and well-being that can help foster their resilience and development, or where a young person is continuing to make progress and it is agreed that continued support at Arnfield Tower Activity Centre is the most appropriate course for a further period of time.

We believe that the children and young people we support do not necessarily act or behave in ways wholly through choice, but have adapted to live in the circumstances they find themselves in.

We aim to help them develop and reinforce new ways of thinking about, and handling, situations and interactions that will enable them to become more successful in getting their needs met in socially acceptable ways.

- We welcome children and young people into a caring, supportive and nurturing environment, where they can feel safe;
- We treat every child and young person as an individual, where their rights to privacy, to make choices, and to be heard are fully respected;
- We offer all children and young people opportunities to assess their own situation and to take an active part in planning their own way forward. Being at the centre of all the work we do, each child and young person is involved, as far as possible, in their own personalised packages of care and education, supported in this decision making by the home's psychological support, as well as care and teaching staff;
- Our work initially focuses on settling children and young people into positive routines, providing support around behaviours that challenge, helping them to develop an understanding of risk and ways to reduce risks to help keep themselves safe;
- Subsequently, a major part of our work is enabling children and young people to develop emotional resilience and coping skills, and to build up their confidence and self-esteem;
- We provide a wide range of structured constructive experiences designed to lead to success and provide opportunities for children to be praised and develop an enhanced sense of self-value and worth;
- We encourage and enable each child and young person to begin to set positive and achievable goals for themselves, to achieve a greater degree of control over their own lives and develop a sense of purpose and self-esteem which can provide a more positive path for their future which can act as a buffer to future exploitation;
- With us, children and young people can settle into positive routines - engaging in education, taking part in hobbies and activities, as well as participating in the running of the home;
- Children and young people are supported to develop trusting relationships with care staff based on non-judgemental care, acceptance, and empathy where they can start to feel safe talking about their earlier experiences and begin to reflect on the events that led to them being moved to this home;
- We support children and young people to discuss and understand how they may have been previously placed at risk and the context in which this occurred as part of helping empower them to develop appropriate levels of control over their own lives;
- We encourage children and young people who have been sexually exploited in the past to participate in a programme of work to help them to understand and resolve their past experiences;
- We employ a consistent approach with firm and recognisable boundaries, within a framework that enables children and young people to feel cared for and safe from harm;
- The programme of activities at Arnfield Tower is designed to give children and young people the opportunity to attain personal achievement and success

through new and exciting experiences. It also provides an excellent base for learning the values of teamwork, co-operation and taking personal responsibility;

- We offer activities that provide stimulation, motivation and importantly a chance for children and young people to have fun, and develop confidence and positive self-esteem, in addition to the educational benefits; and
- We actively promote both structured and non-structured shared activities, with both care and education staff, as well as other children and young people at the home, as an alternative to involvement in socially unacceptable forms of behaviour.

Working together

- We build positive relationships with children and young people, working together in partnership with them as well as their families, placing authorities, and other relevant people, in order to help protect and promote their best interests; safety; and well-being; and
- We provide regular progress reports covering health, social and educational development, and progress to our partners in caring for the child or young person.

Promoting children's health and well-being

- We recognise that many children admitted to the home may have a wide range of physical, emotional, and sexual health needs that may have either not been identified or have been neglected in the past;
- To address this, we work together with a range of health professionals (including the CLA¹ nurse, local GPs, dentists, opticians, sexual health services, substance misuse advice services, CAMHS, etc) to ensure that all the children and young people's presenting physical, mental, emotional, and social needs are identified and met;
- Our relationship with bMindful Psychology² facilitates the provision of a therapeutic environment within the home in which children and young people can thrive as well as benefit from direct support from the clinical team if required;
- Through this support, children are able to undertake assessments around their psychological well-being which can be used to facilitate their development of pro-social means of feeling safe and meeting their needs;
- Each child is supported by a key team that actively work to build safe, nurturing and trusting relationships with them, using these to facilitate therapeutic work in collaboration with bMindful;
- Positive Behavioural Support Plans, Risk Management Plans and Health Care Plans are also developed with input from bMindful, to help identify effective means of support for children, especially when they may be in crisis; dysregulated; or have developed harmful coping mechanisms;

¹ Child Looked After

² <https://bmindfulpsychology.co.uk/>

- Where appropriate (including where it is believed to be beneficial to the child and where the relationship between the child and the therapist is one conducive to therapy and will not be detrimental), children may be supported to access individual therapy with members of the bMindful team;
- Where appropriate, we will also work closely with other external specialist services (including CAMHS and other therapeutic services etc) to support children with mental and emotional health issues as well as ones around challenging and anti-social behaviours;
- We encourage and enable all children to make informed choices about more healthy lifestyles. Children's views about menus are sought regularly, and they are encouraged to cook meals and to learn about healthy eating and budgeting;
- We recognise that children can adopt habits through an underlying need to socialise in order to achieve emotional security within their peer group, as well as a means through which to mediate harmful experiences. As such, we understand that some children may use smoking for these purposes and that, to remove this, a more harmful coping mechanism may be adopted, especially as they transition to the highly structured environment of the home. For such children who have parental consent to smoke, we take a collaborative approach involving an incentivised smoking reduction programme alongside discussions around the impact on smoking on health, appearance and finances, with additional resources provided by local health services;
- We provide a wide range of physical activities to build the children's self-esteem and confidence, as well as improving their physical health and wellbeing; and
- We understand that children and young people may have been adversely affected by wide-ranging contemporary events, such as the impact of the COVID-19 pandemic and tensions in Ukraine and the Middle East. Through opening up safe discussions with trusted adults, we can help allay any anxieties children and young people may have over events they feel are beyond their control.

Safeguarding children and promoting wanted behaviour

- We provide children and young people with immediate respite from abuse, neglect, exploitation, and stressful situations, in a safe, secure and caring environment where they are treated as individuals and protected from harm;
- Where applicable, we work with external services such as Youth Justice Service to support children and young people in reflecting on past experiences, empowering them to be able to reflect and make more safe decisions in the future as well as working towards changing children and young people's attitudes around offending behaviours and reducing their criminalisation;
- All children are made aware that they have a right to be, and feel, safe, and are actively encouraged to access independent advocacy and advice, with a named advocate or service being sourced for each child and young person wherever possible;

- Children and young people are made aware of how, and who, they can make a complaint to, and what they can expect when they do so, with an onus on reinforcing that their voice, thoughts and opinions, are extremely important to the home;
- We carry out detailed individual risk assessments, with the children and young people being supported to understand the reasons for the risk management and behavioural support strategies that may be put in place to promote their wellbeing;
- In addition to general child protection and safeguarding training, all carers attend training courses covering specific safeguarding issues and emerging trends in safeguarding;
- The Responsible Individual, Head of Care, Registered Manager, Deputy Manager, Head Teacher and Outdoor Education Manager for Arnfield Independent School have all completed training provided to enable them to act as Designated Safeguarding Leads;
- A culture of open-ness and trust in the home, together with a high staffing ratio, ensure that children are supported to engage positively with one another. Carers are able to work as a team in order to have an awareness of group dynamics, being vigilant to any bullying or anti-social behaviours and addressing them promptly, as well as to assist children and young people to develop valued relationships where they are able to support one another through difficult times rather than be adversely affected by unwanted behaviours;
- We provide a supportive environment with clearly understood routines and consistent boundaries, allied with a focus on emphasising and energising constructive actions and behaviours with positive reinforcement and reward;
- All children and young people are made are of the clear rules and expectations on arrival, as well as potential sanctions for unwanted or challenging behaviours;
- Carers seek to provide sanctions and consequences that are restorative in nature, meeting their dual purpose of making it clear that the behaviour is not acceptable as well as supporting the child to learn from the experience in an empathetic and nurturing manner; and
- Where reparation requirements or consequences are placed for behaviour that challenges, these are delivered in a non-judgmental and non-emotive manner, with children being supported to reflect upon the reasoning for this and to learn more helpful ways of understanding their own individual needs and emotional triggers.

Promoting children's education and personal development

- We recognise that many children who come to us may have suffered disruption, rejection and other negative experiences of their education in the past, so may have anxieties around formal learning or special educational needs;
- The teaching staff, with the support of care staff and bMindful, develop relationships with children and young people to provide the reassurance they

need to feel safe and secure in engaging in education at Arnfield Independent School, where they can achieve and succeed;

- All children will have an educational assessment that informs their Individual Education Plan (IEP), which is developed in a creative way to help meet their specific needs, including identifying what learning resources and environments will be most beneficial for them;
- Teaching staff work individually with children and young people in order to tailor learning opportunities and take a flexible approach to providing education;
- We actively encourage children and young people to participate in a range of learning experiences, including 1:1 or small group work with teaching and care staff, both in and out of the classroom; outdoor education with qualified instructors (which includes residential trips away from the home), and involvement in the ASDAN personal development programme. Combinations of these strands of education provide tailored opportunities for learning, which are integrated into Individual Education and Care plans;
- The teaching, outdoor education and care staff work closely together to develop and deliver integrated plans to build on the strengths and interests of each child and young person, creating appropriate levels of challenge to enable them to experience success and achievement;
- Children and young people are supported to engage in work experience, where appropriate, which helps to develop confidence and self-esteem and an awareness of potential future careers opportunity;
- A strengths-based approach is taken to enable children and young people to develop on existing skills as well as pursue interests that may support education and vocational achievements; and
- The aim of the education programme is to encourage and support each child to develop and achieve their potential, including achieving ASDAN awards, outdoor education qualifications, re-integrating into mainstream school or college; and/or undertaking apprenticeship schemes.

Promoting equality, inclusion, and diversity, and building children's self-esteem

- We provide a living environment with appropriate adult role models, where diversity is celebrated, and any kind of discrimination or prejudice is challenged and addressed through role-modelling, education and discussion;
- We encourage children and young people to develop positive and trusting relationships with carers and friendships with other young people, as well as learning to value and respect others regardless of culture, racial origin, faith, gender, sexual orientation, disability or other factors;
- Carers are supported to understand the impact that being removed from their birth culture can have on a child or young person, including means of supporting them to maintain a sense of their own culture whilst being welcomed into the culture of this home, and developing their own identity as a child who is looked after;

- We help build on the experiences, knowledge, language and understanding that the children and young people bring, encouraging them as a group to share their experiences, and helping each one to develop a sense of identity with their own individual, and shared, goals and values;
- We engage in individual work, through which children and young people can explore and understand their own experiences, thoughts and feelings as well as help identify strengths & interests, enabling them to move forward and develop their potential;
- We provide opportunities, through education, hobbies, activities, and individual work with children and young people, for them to start to rebuild their self-worth and confidence;
- Children and young people are invited to share their experiences and cultural values in order to help inform our training programmes and enable carers to better understand their individual needs.

Preparing children for leaving the home

- For some children and young people it may be appropriate for them to spend shorter or longer periods at Arnfield Tower Activity Centre and so we have an awareness of how to support children and young people in the short term whilst developing an understanding of their needs in the longer term;
- We use our knowledge of young people to help assist placing authorities in identifying appropriate support and placement for the child or young person's continued care;
- For children and young people who remain at Arnfield Tower Activity Centre for longer periods, we use this knowledge to help the child or young person to continue to grow and develop their potential;
- We actively help and involve children and young people to prepare for, and understand, the process of leaving and returning home, moving to another placement, into semi-independence or other;
- When a child or young person's circumstances change, we help them to understand fully the reasons for this and involve them as much as possible in plans for moving forward or support young people to access advocacy support where this is needed;
- As well as preparing for further education, employment, and independent living, we help and encourage all children and young people to achieve a balanced perspective on life and work, to build emotional resilience and coping skills; and
- We provide a specially adapted room with individual food preparation and cooking facilities where children and young people, particularly those who are preparing for independent living, can further develop their skills.

- 3. A description of the accommodation offered by the home, including:**
- a) how accommodation has been adapted to the needs of children;**
 - b) the age-range, number and sex of children for whom it is intended that the accommodation is to be provided; and**
 - c) the type of accommodation, including sleeping accommodation.**

(a) Arnfield Tower Activity Centre is based in a large detached Victorian family house set within its own extensive grounds. The home has been adapted to the required standards for a children's home and provides the full range of facilities to meet the needs of the children and young people.

The home has eight children's bedrooms, bathroom and shower facilities, with a lounge, games room and dining room, two classrooms with full facilities, staff offices and sleeping-in rooms. There is a family style kitchen where children and young people can make drinks and snacks, help to prepare, and cook their own food, plus facilities where children and young people can launder their own clothing if they wish to do so (with assistance if required).

There is a totally separate kitchen area for older young people to prepare and cook their own meals as part of their semi-independence programme, which is also available to use as a beauty room. There is also a bicycle store/workshop as well as an education and training hub for staff use.

The home has a large garden where children and young people can play safely, with facilities for playing various games and sports as well as enjoy picnics, barbecues and other communal events when the weather permits.

The home has been decorated to project an ambience of warmth, stability and security with the interior designed to provide privacy as well as enable children and young people to experience a safe and homely environment. Young people are encouraged to personalise their own rooms and to be involved in choosing the décor of the home.

There is space both within the house and in the grounds for children to interact with one another as well as staff members, for the purposes of education, individual work, leisure, and socialising;

(b) The home can accommodate up to eight children of any sex or gender, between the ages of 11 and 17 at the time of their admission; and

(c) Each young person has their own lockable bedroom allowing for both privacy and security. The bedrooms are fully furnished and provide children and young people a space to relax in their own personal space. Young people are encouraged and supported to personalise and maintain their own rooms, with each

one being fully furnished along with a television and sink which provides running hot and cold water.

For safety reasons staff can gain access to bedrooms, if necessary, though will always request permission before entering a young person's room where possible.

4. A description of the location of the home

Arnfield Tower is situated in an area of natural beauty, close to public transport, rail and road networks linking it to the rest of the country.

Local schools, shops, health, leisure, and other facilities are easily accessible, being either within walking distance, on public transport, or a short drive away.

There are no properties immediately neighbouring the home, and the home is screened from view of the main road by mature trees. There are no signs or notices to indicate to any passers-by that Arnfield Tower is a children's home.

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

Arnfield Care is not affiliated to any religious group, and we welcome children of any faith, culture, heritage, sexuality and gender.

We consider the cultural, religious, and spiritual needs of children and young people as being an important part of their identity, so make every effort in supporting children to meet these needs in order to feel accepted, cared for and valued.

This begins at the point of referral, and we factor the cultural backgrounds of children into their Impact Risk Assessment, which helps inform how we will meet their needs.

As part of this process, we consult with the placing authority and, where possible, family members, to identify the child's cultural, linguistic, and religious background and needs, as well as ways in which we can help meet them.

Any individual requirements, needs or wishes are carefully recorded and form part of the child's Placement Plan and we fully recognise the importance of maintaining continuity of religious or cultural observance in accordance with the wishes of the child and their family.

We support children and young people to practice or explore any areas and aspects of religion and culture they may identify with, as well as work towards

increasing young people's understanding and acceptance of different faiths and beliefs.

This includes accessing support and information from local religious figures and groups, supporting young people to attend places of worship, following any dietary rules, personal hygiene, dress codes, providing areas and materials to support worship and prayer, plus consulting with family members around their religious practices and beliefs, and external consultants to help develop our cultural awareness.

We acknowledge that for some children and young people, English may be an additional language, and we recognise the importance of the child maintaining their linguistic identity.

We take steps to always ensure that the prevailing atmosphere in the home positively supports children in practising any religion or belief they may hold or be interested in. We respect and support children and young people's needs for privacy and give special attention to ensure that dietary and other particular needs are fully met.

Our policy is to promote integration for cultural, linguistic, and religious diversity. All children and young people are encouraged to be aware of, and respectful of, the rights of all individuals to follow their own culture and beliefs in their own way, and to use their own language.

To facilitate this, we openly recognise and accept that there may be occasions whereby the religious or cultural observances and practices of an individual may be outside the direct experience of our staff team and associated networks. In these cases, we will promote the child's right to maintain their identity by involving families, external individuals, organisations and/or an independent visitor as appropriate.

6. Details of who to contact if a person has a complaint about the home and how that person can access the home's complaints policy.

Arnfield Care has its own comprehensive complaints and representations policy, which is available for all children, their parents, families and, on request, appropriate others. On admission, children are also given information on how to make a complaint to Ofsted, their placing authority, the Independent Person,³ and the Children's Commissioner.

This information forms part of the Children's Guide.

³ Independent Person as appointed under the Children's Homes (England) Regulations 2015: Regulation 43

Complaints will normally be considered by the home's Registered Manager in the first instance (unless the complaint is about the Registered Manager - in which case it will be considered by the Responsible Individual and/or Head of Care who are the Head and Deputy Head Designated Safeguarding Leads for Arnfield Care).

If the home's Registered Manager is unable to resolve a complaint, it will be passed on to the Responsible Individual, Head of Care, other Designated Safeguarding Lead, a Director, or other appropriate individual not directly involved within line management.

All children have access to independent advocacy, through their own placing authority, as well as to the Independent Review Officer for their own placing authority and will be supported by the home in accessing this support.

Details for advocacy services for the placing authority of each child are obtained by the home and provided to individual young people; as well as recorded in the young person's own welcome brochure (the Children's Guide).

The full complaints and representations policy and procedure document⁴ is available on request to all children, their parents and families, placing authorities, and any person, body or organisation involved in the care or protection of a child placed at the home.

Details for external agencies such as ChildLine, are provided in the young person's phone room along with additional advisory service helpline contact details.

7. Details of how a person, body or organisation involved in the care and protection of a child can access the home's child protection policies or the behaviour management policy.

Arnfield Care fully recognises its role and responsibilities, as an independent provider of residential care and education for children and young people, for safeguarding and protecting children and young people from abuse and harm.

We are fully committed to the principles that:

- the welfare of the child is paramount;
- all reasonable steps will be taken by us to protect children and young people from abuse, harm, discrimination, and degrading treatment;

⁴ Document C-52: Complaints and representations.

- we will respect children's rights, wishes and feelings; all disclosures, allegations and suspicions of abuse or unacceptable practice towards children will be taken seriously and will be responded to in an appropriate manner and without undue delay; and
- all carers, volunteers and students who come into contact with children will be recruited and vetted and provided with guidance and training in good practice and child protection procedures.

The home's child protection policies⁵ are available in the staff office and on the Company servers accessible via the Company computers at the home, and can be made available to any person, body or organisation involved in the care or protection of a child placed at the home.

The Views, Wishes and Feelings Standard

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

All children and young people are treated as individuals and their rights to privacy, to make choices and to be heard, are respected. We see enabling children to develop their strengths and improve their confidence, self-esteem, and communication skills as an extremely important part of our work.

We encourage children and young people to share their ideas and comments about the operation of the home, and their views are both listened to and valued, by us. We regularly consult about the operation of the home and their care both with individual children and with the whole group, through children & young people's meetings, individual discussions, and internal reviews.

Children and young people's views are also sought when discussing ways we can support them during times of distress, in risk assessments, for statutory meetings and in the longer term.

Wherever practicable, suggestions made by the children and young people are incorporated into the day-to-day running of the home.

Children and young people's meetings take place regularly and all children and young people in the home are encouraged to attend and to contribute. Planning for educational and leisure activities and outings, and menus for the week ahead, are important parts of this meeting, along with recognition of young people's

⁵ Documents C-50: Child protection statement; C-51: Safeguarding children; C-64: Missing children, C-65: Preventing bullying and S-78 Safer Recruitment.

achievements. Other topics for discussion are chosen by the children and carers, and a range of issues including minor complaints or areas for change may be discussed. The carers who are present may respond to issues raised at the meeting and make decisions wherever possible. Minutes are read and signed off by a manager. When a matter requires a decision to be made by managers or by the care team as a whole, this is recorded in the minutes, and feedback is given to the children and young people as soon as a decision has been reached. We try to encourage children and young people to take turns at chairing the meeting and taking the minutes.

On an individual level, we give children and young people as much personal choice as is appropriate and practicable, for example in buying clothes, toiletries, personal requisites, and in the décor of their own bedrooms. We fully understand and acknowledge that many of the children and young people may need to learn and develop their responsible decision-making skills, and we accept that they may make mistakes along the way. Carers always encourage and enable children and young people to make their own decisions and exercise choice, except where this is likely to put them at risk, or cause distress or harm to others.

All children and young people are made aware that they may speak to any member of staff in the home about anything that concerns them. Individual sessions with key workers offer an opportunity for children and young people to consult and discuss concerns or issues in private with a member of staff.

All children are introduced to the Head of Care and to the Independent Person⁶, at the earliest opportunity and can contact them if they wish to.

Information about, and contact details for, the Independent Visitor, as well as sources of advocacy and support, including the Children's Commissioner for England, are also in the Children's Guide which is provided to children before their arrival at Arnfield Tower.

If this is not possible for any reason, a personal copy is given to children on arrival.

9. A description of the children's home's policy and approach in relation to –
(a) anti-discriminatory practice in respect of children and their families; and
(b) children's rights.

Arnfield Care Limited opposes any form of discrimination, particularly against children and young people, and fully upholds the rights of children and their families as embodied in UK and international law.

⁶ Independent Person as appointed by Arnfield Care Limited under Regulation 43 of the Children's Homes (England) Regulations 2015.

During the referral process, we consider carefully the ethnic, cultural and religious backgrounds and needs of any child or young person for whom a place has been requested; and as to how we can meet that child's individual needs at Arnfield Tower.

We acknowledge that the local community may not be as culturally diverse as the child's home area. To balance this, we provide opportunities for children to access leisure and other facilities in nearby areas which are more culturally diverse, where there are others who share children and young people's own ethnicity, culture, and religion.

In order to help reassure children about to access Arnfield Tower Activity Centre, we provide information about these in our Children's Guide, as well as our 'Guide to the North', which provides a humorous look at some of the colloquialisms our carers and staff may use, as well as information about our proximity to nearby conurbations, including the facilities and resources they, and our surrounding areas, afford.

Additionally, we provide opportunities for children to learn about, and experience, different cultures, recognising that the absence of knowledge and understanding of other cultures can promote ignorance and may lead to prejudice.

To further reinforce our commitment to developing our knowledge around cultural, linguistic and belief-based needs of individual children, we work in collaboration with the Centre for Trust, Peace and Social Relations at Coventry University, to provide them with support for their research project: Expressions of Self: Children's narratives of identity

We believe education is the key to overcoming entrenched negative value systems. Through education and positive role-modelling, we promote the principles of anti-discriminatory and anti-oppressive practice to all children at Arnfield Tower.

To assist with this, the home holds a monthly cultural evening whereby children and carers work together to research a particular culture or topic then hold a celebratory evening around it. The celebrations can be of any area, time or concept and can include cultures from around the world such as a Mexican evening, religious events with Eid being celebrated, as well as topical events like the Queen's Jubilee.

Children play an active role in helping to prepare for this- from choosing the topic, helping research concepts, decorating the home and, of course, dressing up and trying new and exciting foods and games!

We actively challenge all forms of prejudice and racism, oppressive and discriminatory practice in as sensitive and constructive a way possible, consistent with the child's cognitive ability and understanding.

We actively promote the rights of all children and young people and will advocate on their behalf where there is evidence of injustice or denial of those rights.

The Education Standard

10. Details of provision to support children with special educational needs.

Many of the children and young people at Arnfield Tower have not attended formal education for some time, and most are educationally disadvantaged and/or have special educational needs. The education arrangements for all children are based around their individual needs as set out in their Individual Education Plan (IEP), which takes information from the child, the experience of the teaching staff when supporting them, their educational history, and recommendations from the child's Education and Health Care Plan (EHCP), if they have one. Based upon this, the IEP then outlines specific IEP Enabling Goals and educational programme targets that the young people are striving for. The priority for all children is to re-engage them with education, encourage them to attend education consistently and to enjoy and learn from the full range of educational opportunities available to them.

The IEP aims to develop the whole person, and to enable each student to achieve personal and social as well as educational development. We understand and acknowledge that each student brings their own agenda of individual experiences, expectations and needs which demand a flexible and dynamic approach to the education that is provided for them.

11. If the home is registered as a school, details of the curriculum provided by the home and the management and structure of the arrangements for education.

Arnfield Independent School is based on the sites of Arnfield Tower Activity Centre and the other two children's homes operated by Arnfield Care; Greenfield House and Moorfield Barn. The school provides education exclusively for children who are looked after by Arnfield Care Limited at these homes.

The goal of Arnfield Independent School is to enable students to fulfil their potential, through helping them to access, attend and meaningfully engage with education. The school also aims to support students in developing positive and appropriate means of communication and behaviour conducive to a learning environment, and for students to be able to ask for help and accept support and guidance.

To achieve this, the school operates a full educational programme consisting of classroom-based learning, outdoor education activities and trips, plus ASDAN project work, which can include developing independence and social skills.

In fulfilling their potential, students may be supported to engage in work experience, achieve awards and qualifications in all areas of their education, as well as opportunities to re-integrate into mainstream education at a local school or college; and/or undertake apprenticeship schemes, if this is appropriate.

The classroom is on-site and teaching staff work closely with the care teams to help meet the needs of individual children and address any anxieties or difficulties they may have in accessing education.

Teaching is on a small group or 1:1 basis, enabling teaching staff to actively work to build safe, nurturing and trusting relationships with children, using these to facilitate their engagement in education, whilst offering reassurance that they are safe in requesting adult help when needed.

Classrooms are fully stocked with a variety of educational resources, including computer and internet access, with a comprehensive filtering and monitoring system⁷ that meets the requirements of Keeping Children Safe in Education, and the Department of Education's [Meeting digital and technology standards in schools and colleges](#) guidance.

As no filtering system is 100% effective, children are also supported to access the internet as part of their education by staff who provide an additional safeguard to accessing inappropriate and illegal content.

This system is reviewed annually, as well as whenever a safeguarding risk is identified; there is a change in working practice such as children accessing the internet remotely, or new technology is introduced.

Arnfield Tower operates a positive daily routine which involves children and young people being offered rewards and incentives for engaging in education, as well as facilitating the adoption of a positive bedtime and morning routine to help address any sleeping problems. The curriculum offered by Arnfield Independent School is combination of traditional classroom pedagogy, individualised and flexible project-based learning, and a dynamic out-of-classroom learning approach.

⁷ iboss supplied and managed by [ekte](#), which is a member of Internet Watch Foundation (IWF); signed up to Counter-Terrorism Internet Referral Unit list (CTIRU); and blocks access to illegal content including child sexual abuse material (CSAM)

The three principal areas covered by the curriculum are:

- Classroom
- ASDAN (*Award Scheme Development and Accreditation Network*) award schemes
- AQA (*Assessment and Qualifications Alliance*) accredited outdoor education unit awards

As part of the classroom-based curriculum at Arnfield Independent School, students study the National Curriculum subjects: Maths, English, and Science. They engage with project-based work that incorporates History, Geography, Technology and Art. There is also a strong emphasis on PSHE learning which is individualised to each student to support their specific needs.

The curriculum provides a learning programme which is designed to⁸:

- Achieve the inclusion of all children into an educational programme;
- Meet the individual needs of the child as outlined in the EHCP;
- Produce and follow an Individual Educational Programme (IEP) for each student;
- Promote a positive experience of education and learning;
- Provide appropriate support for students with learning difficulties or special educational needs;
- Enable each student to develop new skills and acquire new knowledge;
- Enable each student to achieve personal and social development;
- Enable each student to enjoy recreational activities and maintain physical fitness;
- Enable each student to re-enter mainstream education wherever possible; and
- Enable each student to reach their full potential.

Arnfield Independent School is a welcoming and inclusive school and believes that all young people, regardless of their sexual orientation or gender identity, deserve equal access to quality education and opportunities.

12. If the home is not registered as a school, the arrangements for children to attend local schools and the provisions made by the children's home to promote children's educational achievement.

Many of the children at Arnfield Tower have experienced a disruption to their education and may have had negative experiences at school, which they may continue to associate with formal learning environments.

Combined with other adverse childhood experiences, these may manifest as the child having special educational needs which, in most cases, cannot be fully met at

⁸ See education policies for further details

a mainstream school and so most children will initially attend Arnfield Independent School.

Depending on the individual child, one of the aims of the education programme may be to help prepare children for re-entering mainstream or external education. In such instances, a plan to support this will be devised in collaboration with the home in order to ensure that they have the academic and social skills necessary to undertake such a transition.

Due to the shorter-term placements Arnfield Tower typically supports, this may not be achievable though children will still be able to make progress which can be continued when they move on through record sharing with the placing authority's virtual school and liaison with future educational establishments.

Some children and young people at Arnfield Tower, and particularly those who are expected to spend longer with us, may be enrolled at a local school or college, but this decision is always based on the child's individual needs and wishes.

Arnfield Tower has built excellent working relationships with several local schools, work experience placements and colleges. Children who do attend mainstream education are encouraged to do so and are supported to make the most of their opportunity through positive reinforcement and the use of the classroom facilities at Arnfield Independent School.

Education and Outdoor Education

- We provide challenging educational and other opportunities for learning which are integrated into each child's individual education and care plan and are tailored to the child's needs and wishes.
- We provide opportunities for children to learn teamwork and a variety of new skills as part of a cohesive group.
- We create achievable challenges for individuals and for the group which will enable children to achieve success. We tailor all of these educational activities to individual needs as appropriate.

Each child and young person at Arnfield Tower will participate in educational activities each weekday. This may include classroom time (often one to one with a teacher), Outdoor Education A.Q.A unit awards (with a qualified instructor) work on ASDAN, a work experience placement or specific college/school course.

In addition to the outdoor education provided for children at Arnfield Tower as part of their individual education plan, residential outdoor education trips and expeditions take place each week to locations in Great Britain, these can be for either one or two children, with a residential care worker and a qualified outdoor education instructor. Outdoor education facilitated learning takes place by using

the outdoor environment as a teaching medium, with a strong emphasis on experiential learning.

The staff team at Arnfield Tower have a wide range of skills, and an impressive inventory of equipment is available to provide the adventure activities. This means that even during a short period of time at the home a programme of outdoor activity tailored to each child's individual needs and interests can be planned and delivered.

The aims of the outdoor education programme are to:

- Broaden children's horizons and enrich their life experiences;
- Promote risk awareness and decision making;
- Promote teamwork, trust, self-awareness and self-confidence;
- Promote environmental awareness;
- Encourage a culture of vitality and physical fitness;
- Incorporate necessary key skills into a range of alternative activities; and
- Provide a platform for learning, in order to develop the skills necessary to gain accredited awards, which recognise and reinforce the child's success.

Arnfield Tower Activity Centre is a licensed provider⁹ of specified activities to children and young people under the age of 18 years in accordance with current legislation and guidance¹⁰. The approved activities under the AALA licence are:

Abseiling	Stand Up Paddle boarding (Sheltered Inland Water)	Mine Exploration
Caving		Off-Road Cycling
Coasteering		Open Canoeing
Gorge Scrambling	Hill Walking & Mountaineering	Paddle Surfing
Sea Level Traversing		Rock Climbing
Ice Climbing		Kayaking

⁹ Arnfield Care Limited is licensed and regularly inspected by the Adventure Activities Licensing Service (AALS), 17 Lambourne Crescent, Llanishen Cardiff, CF4 5GG, telephone 029 2075 5715

¹⁰ The Adventure Activities Licensing Regulations 2004, and 'Guidance on the Licensing Regulations 2004'.

The Enjoyment and Achievement Standard

13. The arrangements for enabling the children to take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, intellectual, physical, and social interests and skills.

Leisure activities

Within the home, there are games media, large communal televisions in the lounge and games room, with a range of DVDs, books, board and card games, arts and craft materials plus games consoles and access to some on demand services such as Netflix.

All DVDs and games are appropriate for the age of the children and young people accessing them, and parental controls are in effect for the on-demand services.

These allow children and young people to partake in a variety of communal activities with carers and other children in the home, and each child has a television in their bedroom should they wish to relax in their own company.

The grounds of Arnfield Tower provide space for a wide range of outdoor games and activities, with different surfaces and environments including grass, hard surface, gardens and woodland.

At Arnfield Tower we understand the importance of peer relationships during adolescence and that belonging to groups can help children to develop a positive sense of identity. To facilitate this, we encourage children and young people to participate in local community activities¹¹ and there is a wide array of these, including rugby and football team, boxing, martial arts, gymnastics and trampolining coaching, Army and Sea Cadets, as well as youth clubs and community projects.

Children and young people are also encouraged to participate in group activities with their friends in the home - subject to dynamic risk assessment which considers presenting behaviours and potential impacts from one to another.

We are also able to facilitate access to a wide range of outside activities and encourage hobbies; bowling, swimming, horse riding, ice skating, indoor skiing, go karting, laser quest, swimming, singing, dance, gym, music & language lessons being some examples.

¹¹ Subject to individual risk assessment

The emphasis on these is to help children and young people pursue their own interests, help them to develop new ones and enable the child to benefit holistically from these.

We are also able to facilitate in-house group and communal activities, including through dance and song-based console games, having fitness challenges and theme based residential trips to enable children and young people to share their interests with the group and help develop relationships with their fellow children, young people, and carers.

We risk assess and supervise all activities appropriately, and where required, provide appropriate protective clothing.

Residential Trips out of the Home

Our residential trips and activity-based programme is part of the care provision at Arnfield Tower Activity Centre.

Children and young people engage in various residential experiences with care staff and an outdoor education instructor, or with two care staff.

These can range from a weekend through to a maximum of twenty-eight days (which would always be agreed with parents and/or the placing authority etc). Locations used by the home are varied and the trips take place in holiday accommodations such as caravans and cottages booked through reputable holiday letting sites. We comprehensively risk assess the arrangements for all residential trips.

Our care programme may include an induction trip for newly admitted children and young people. These normally consist of one child and two members of staff, and usually last for approximately one week but can be longer if required. During this time, the child is offered an opportunity to participate in a range of new and exciting experiences and activities, to develop relationships with carers, learn about the home and school and to talk through their views and feelings about moving to the home before being gradually introduced to the home and the other children and young people.

Five-day residential outdoor education trips for two children with a residential care worker and a qualified outdoor education instructor are part of the education programme and take place most weeks.

Shorter residential trips, usually for two children and two residential care workers, take place most weekends. These can help young people to develop positive relationships and encourage communication with carers; can be planned in line with behavioural support work; independence development; support where there are child protection concerns; or be planned around any individual work that a

child may benefit from. These trips can also be arranged to help support group dynamics where a young person is believed to be being influenced in an unhelpful way by another young person or to support relationship building between young people, etc.

They can also simply provide a break from life in the home and the opportunity for children and young people to have short holiday experiences with recreational and leisure activities.

On a residential trip, the staff and, wherever possible, the children and young people will help plan the programme, including activities and one-to-one work.

During the trip, the care and outdoor education staff maintain contact with the home and encourage the children and young people on the trip to speak regularly with carers at the home by telephone. Where there are particular difficulties being experienced, for example in the relationship between one child and another or where there is concerning behaviour that challenges taking place, then arrangements will be made to ensure support is in place and/or return a child to the home, or any other intervention deemed appropriate.

If a child or young person were away from the home for a prolonged period, we would ensure that they have contact with other children.

Holidays

Where opportunity arises, we may take small groups of children and young people on holiday trips. Short breaks of this kind enhance the range of facilities offered by the home.

Cultural Interests

Arnfield Care is not affiliated to any religious group, and children are welcomed regardless of faith or cultural heritage.

We make every effort to understand, maintain and develop each child's cultural interests, and to broaden their awareness of other people's culture and heritage through education, individual and group activities.

The Health and Well-Being Standard

14. Details of any healthcare or therapy provided, including –

- a. details of the qualifications and professional supervision of the staff providing any healthcare or therapy; and**
- b. information about how the effectiveness of any healthcare or therapy provided is measured, the evidence demonstrating its effectiveness and details of how the information or the evidence can be accessed.**

a) All staff in the home are proactive in promoting all aspects of the children's health and well-being in accordance with their role. As part of our Foundation Training programme, all staff are trained in the Safe Handling and Administration of Medication, with this knowledge being refreshed every 2 years, as well as in Emergency First Aid at Work, which is refreshed every 3 years.

We liaise closely with all external providers of health care and/or therapy, including local providers through the local Integrated Health Board (including GP and dentist services plus, where required or deemed appropriate, CAMHS- Child and Adolescent Mental Health Service) and local optician and sexual health services.

In addition to this, Terry Heathcote (Deputy Manager) is a qualified Designated Mental Health Lead and we collaborate with bMindful Psychology to facilitate a therapeutic environment within the home in which children and young people can thrive as well as benefit from direct support from the clinical team if required.

Therapeutic Care

Children and young people may become involved in socially unacceptable and challenging behaviours due to their fundamental needs not being met in prosocial ways.

In order to help address this, Arnfield Tower employs a system of positive routines, clear and consistent boundaries and expectations, alongside both tangible and social rewards for engaging in wanted behaviours and non-emotive sanctions for unwanted ones, to help manage and contain these.

To augment this, we work closely with bMindful Psychology's Clinical Team to support children and young people gain a greater awareness of their own needs as well as the ability to better regulate their emotions and so meet their needs in more desirable and productive ways.

Through this model, we are able to not only manage and contain difficult behaviours, but also identify and address the underlying needs behind these

behaviours, and support children and young people to develop skills they can use throughout their life.

This is led by the Clinical Director, who is supported by a team of Clinical and Forensic Psychologists, Psychotherapists and Assistant Psychologists. The care team collaborates with the clinical lead attached to the home and bMindful team when working in areas of need with each young person, ensuring that a whole team approach is taken to attaining the best outcomes for the young people in our care.

At Arnfield Tower, the clinical interventions are delivered via a blended model of team consultation, training and tailored interventions delivered jointly by the bMindful team.

In line with the Care Planning standard, all psychology staff are registered with the Health Care Professionals Council (HCPC), and psychotherapy staff are registered with a relevant professional body, such as the British Association for Counselling and Psychotherapy. All clinical staff receive supervision in accordance with the guidelines specified by their relevant professional body. Where an individual is in the process of registering with the relevant body, their status is denoted as 'pending' and they will receive appropriate supervision during this period.

Therapeutic Model

The high ratio of carers to children at Arnfield Tower enable carers to ascertain how individual children form connections, whilst actively focusing on developing safe, nurturing, and empathetic relationships, working towards helping children feel valued, accepted & safe.

As these relationships develop, they will be used to support children in feeling secure enough to discuss any difficulties they may be having, or have had, including any disclosures around previous issues.

Carers combine these with a system of positive routines, clear and consistent boundaries and expectations, alongside both tangible and social rewards for engaging in wanted behaviours and non-emotive sanctions for unwanted ones. These are clearly explained to children and reinforced to facilitate their understanding, whilst fostering a sense of trust in adult care.

As these are consistently applied, children learn to develop appropriate and socially acceptable strategies for meeting their need for connections and relationships.

This is augmented through a series of cognitive assessments undertaken by bMindful Psychology in order to produce a clinical formulation of the presenting behaviours of individual children whilst being contained within this supportive environment.

These are undertaken within 90 days of a child being placed with us, and include assessments around adverse childhood experiences; the Assessment Checklist for Adolescents; the Trauma Symptom Checklist for Children; the Resiliency Scale for Children and Adolescents; and the Wechsler Intelligence Scale for Children.

These help to support the provision of a therapeutic environment in which care and education staff liaise with the Clinical Lead to discuss the individual needs and presentations of children, thus ensuring that the support provided by bMindful is both dynamic and flexible in meeting the changing needs of children and young people.

Collaborating in such a way ensures that children are able to access trauma informed therapeutic support from care staff with whom they have developed trusting relationships, with staff able to pivot and personalise their support through the comprehensive training they receive in these areas; their knowledge of the child as an individual; and regular fortnightly consultations with the Clinical Lead, plus guidance and support accessed in addition to these as required.

This enables children and young people to develop positive attachments with adult carers, helping provide a base from which they can form safe and respectful relationships in the future, as well as model to the child what a positive relationship looks and feels like.

To augment this, the Clinical Lead supports the home through collaborating in producing Positive Behavioural Support Plans that help carers understand the underlying needs being represented through acute and more chronic behaviours; as well as the provision of a comprehensive suite of therapeutic key working resources that can be used flexibly by carers in response to individual children's needs.

The Clinical Lead is also able to spend time alongside children in communal areas, where individual children may engage in conversation and games; with this regular and informal contact being offered to children as applicable, who can choose whether or not they engage.

In order to ensure that each child is supported as an individual, 1:1 therapy is only offered where appropriate; and will take into account the child's willingness & ability to engage with the therapist; plus whether this is deemed suitable for the child, with such considerations being discussed during the fortnightly consultations between the Clinical Lead and the team.

Through such an integrated approach, Arnfield Tower promotes the use of a three-phase recovery model for children and young people.

Throughout each of these phases, the care and education teams will work closely with bMindful through fortnightly meetings and ad-hoc consultations so as to share

information about the progress of individual children, as well as their presenting behaviours and what they may signify.

This collaborative approach will enable the home to implement a therapeutic approach that is able to meet the needs of the children as a collective group, as well as each as an individual.

As well as providing a general framework for the children and young people, this will also enable care staff to utilise their developing relationships with individual children to carry out targeted therapeutic direct work in a manner in which the child is able to accept and benefit from this.

Phase 1 – Safety and Containment

Each child and young person will undergo a comprehensive psychological assessment in order to produce a clinical formulation of their presenting behaviours while being contained within a supportive environment.

Whilst there may be difficulties with individual children engaging with this, the care team will utilise their trusted and nurturing relationships with the child to encourage them to participate in these.

This phase aims to establish a general therapeutic alliance between the young person and the care staff. Due to the life histories of the young people, their relationships with others may be characterised by anxiety that, upon admission to Arnfield Tower, is likely to manifest in destructive acting out behaviours, or unhealthy over compliance.

These will be met with the firm implementation of boundaries in a non-judgmental way, with the use of logical and natural consequences, which will be delivered in a non-emotive way to allow the child to separate who they are as a person, from the unwanted action.

This enables children to make tentative steps towards exploring boundaries and the expectations of the care and education teams, who take active efforts to engage in emotionally meaningful relationships whilst supporting them with feeling safe and secure at Arnfield Tower-both physically and emotionally.

Phase 2 – Resilience and Relationship Building

The initial assessments undertaken in Phase 1 will be used to help identify the young person's underlying needs, such as unresolved trauma and dysfunctional attachment relationships.

These will be viewed in conjunction with their development and progress in the home, considering how they have settled; their attendance and engagement in

education; participation in daily routines and relationship building activities; self-care; and the relationships they have formed with carers and other children and young people.

Specific therapeutic interventions designed to address these individual needs can be delivered during this phase, utilising the security of the ongoing attachments formed between trusted care staff and the child.

During this phase, consideration will also be given to the transition plans for the young person, in order to ensure that the work undertaken with them supports their intended future moves.

Phase 3 – Restoration and Lifelong Learning

During this phase, the young person will be preparing to transition away from the home, whether this is a return to their family home and/or their home area, or in starting their own life as part of a community.

Children and young people will be actively involved in the planning of their next placement as they learn to recognise their own triggers around unmet needs and dysfunctional behaviour, being supported to both practice and implement prosocial strategies to meet those needs.

In particular, abilities to develop stable loving relationships; positive self-esteem; autonomy; a sense of self-determination and self-efficacy; and an ability to gain pleasure, enjoyment, and stimulation in prosocial activities.

In order to maintain optimum therapeutic impact, all care staff undertake training in the therapeutic models used and receive regular clinical consultation with the Clinical Lead.

Care teams are trained in the key aspects of the model, direct work, plus the use of dedicated direct work and resources that can be used for each part of the programme.

Direct work, records of conversations and observed behaviours within different contexts will be shared with the clinician attached to the home to facilitate a greater understanding of each child's needs; ways of meeting these; and supporting the child to develop an understanding of their own individual circumstances and future.

To measure outcomes, a range of nationally recognised assessment tools specific to children and adolescents are used that allows Arnfield Tower, in conjunction with bMindful, to measure progress through the recovery phases and regularly review children's progress.

This collaborative approach enables us to see care as an episode in a child's life and recognise that a significant proportion of looked after children return to their family and community, with one of our primary aims being to prepare them for this.

Below are some of the aspects included with the therapeutic care utilised. The list is not exhaustive and not all may be applicable to specific individuals:

- Training for carers and staff supporting children and young people;
- Consultations and liaison with carers;
- Development of direct and key work modules, with support for carers in supporting children and young people to undertake these;
- Low-arousal environments;
- Self-regulation;
- Individual and group work;
- Life Story work;
- Risk assessment and support for risk management; and
- Liaison with multi-agency colleagues.

(b) At Arnfield Tower, we are aware that many children and young people coming to live here may not have had continuity of health care. Although some children may only have a short placement at Arnfield Tower, it is the home's policy that each child's health needs are professionally assessed, identified, and addressed. Through education, children and young people are taught to understand the importance of all aspects of health care and risks to their health associated with smoking, alcohol and drug use, unprotected sex, etc. Children and young people are encouraged to take age-appropriate responsibility for their own health.

Prior to, or at the time of, admission, consent for routine health and dental procedures and for the administration of emergency first aid will be in place. In the case of major procedures being required, parental consent will be sought, except in cases where any delay would be dangerous to the child. We acknowledge that a child or young person of 16 or over, or who is of sufficient understanding, may give consent to or refuse medical treatment.

We ensure that health checks and assessments are carried out as required, and that individual children and young people's health needs are actively considered at every review. Each child's health is regularly monitored by either the C.L.A. nurse provided by their placing authority or the one attached to the local Integrated Health Board.

This is supported by active support from each child's key team and their active monitoring of the child's health, including through subjective means such as how the child presents.

The home's management team regularly monitor children and young people's health care and therapy.

All staff undertake training around Mental Health Awareness, including understanding how previous experiences in a child's life can impact their emotional well-being and be a factor in behaviour that challenges, and so an emphasis is put on supporting children to feel safe as a basis for managing anxieties and emotional difficulties.

This was particularly pertinent with the COVID-19 pandemic where children and young people experienced some difficulties around restrictions on their movements and ability to socialise as well as attend activities they may have found enjoyable in the past.

Carers see a number of events through such empathetic lens and realise that children and young people may develop feelings of fear and anxiety due to situations beyond their control.

Where carers believe this may be the case, they open up discussions with children and young people to better protect them from misinformation, as well as ensure they have a platform to ask any questions.

Such conversations can also help children to develop a sense of ownership and empowerment, such as how they could donate clothing and fundraise for children during the invasion of Ukraine.

The effectiveness of our approach to children and young people's health care and well-being is demonstrated by the progress that they make during their time with us. Evidence of this can be found in individual children's statutory reviews which include a review of the child's health and of therapeutic input provided.

The Positive Relationships Standard

15. The arrangements for promoting contact between children and their families and friends.

At Arnfield Tower, we fully understand and acknowledge the importance of a child's continuing family time with their parents, relatives, friends, and those with parental responsibility.

We fully support the principles within current legislation and guidance¹² that such contact should be promoted, unless this is in conflict with the best interests of the child.

Decisions about family time contact are usually negotiated between the home and the child's placing authority before admission. These decisions consider any court order(s) that may apply. We play a significant part in making these arrangements work for the child; in assisting the child's placing authority to reach informed decisions about family time contact; and in facilitating formal and informal contact between the child and other people who are important to them.

Details of any family and friends' visits are made available to the child's placing authority, and we will share with them our views, and any views expressed by the child, about the arrangements that are in place.

We always ensure that a welcoming and congenial setting is available for all visits taking place at the home.

Where restrictions on family and friends time have been agreed, (for example where these must be supervised), we will provide the necessary carers and facilities. Visits at the home may be either discreetly observed, or fully supervised by carers, as required to ensure these take place safely.

The home has a children's telephone room with a modified payphone with which children and young people can make and receive calls in private to parents, social workers, and other professionals¹³

Where there may be difficulties in children maintaining face-to-face contact with significant others and professionals (such as experienced during the Covid-19 pandemic), we have means of providing remote contact such as through Skype, Microsoft Teams, Zoom as well as more traditional means such as telephones.

Each child receives a weekly telephone allowance in addition to their pocket money. At the request of social workers, we can monitor incoming calls to a child if it is deemed to be in their best interest; as well as in circumstances where there are inappropriate attempts at contact with a child (for example where the child's placing authority, or a Court order, has placed restrictions).

When children and young people are on outdoor education activities or away from the home such as on a residential trip, a mobile phone is made available for them to use if there is no public telephone nearby.

¹² Children Act 1989 Guidance and Regulations: Volume 2 Care Planning, Placement and Case Review, paragraphs 2.78 to 2.80, Children's Homes (England) Regulations 2015: Regulations 11 and 22, 'Guide to the Children's Homes regulations and the quality standards' DfE, April 2015: paragraphs 8.6-8.10 and 11.14-11.18

¹³ Children's Homes (England) Regulations 2015: Regulation 22

Some children and young people have access to a personal mobile phone at the home. This is risk assessed and young people sign a phone contract agreeing that carers will help them to use this safely.

We do not refuse or restrict agreed family and friends time arrangements as a result of a child's behaviour in, or out of, the home. However, if a child refuses a visit, we will not insist on this taking place against their expressed wishes, but we will always discuss the reasons for this with the child and inform their placing authority.

Similarly, if a family time arrangement has been agreed but developing circumstances render this potentially unsafe or impractical, the home will seek to discuss alternatives with the child, the point of contact, and their placing authority.

Examples of this may involve train or other transport issues (such as train staff strikes); or instances whereby a child is deemed unsafe to travel and so a family time meeting may be rearranged to facilitate the point of contact visiting the home or area local to the home.

The Protection of Children Standard

16. A description of the home's approach to the monitoring and surveillance of children.

The number of staff on duty at Arnfield Tower is determined by the number of children being accommodated at any given time, as well as their individual assessed needs. The staff to child ratio for the home is always close to 1:1.

Throughout the daytime on weekdays, there can also be one or more Managers as well as a Senior Residential Care (Support) Worker on duty within the home, also domestic staff including a cook and cleaning staff.

Within the grounds are offices for the Education and Outdoor Education teams, who are all on duty throughout weekdays.

A Manager is available at all times, either on the premises or through the on-call system.

Electronic monitoring of children and young people within the home is limited to an audible alarm which is linked to each child's bedroom door and is only in use after bedtime. The system has an alarm base in both carer sleep-in rooms and is coded for activation and de-activation. This facility identifies which room door is being opened and enables staff to respond to a child in need during the night.

The system does not prevent children from leaving their bedrooms and can be used to further safeguard young people following individual risk assessment and consultation with parents/carers or local authority professionals and the young person(s) affected.

The alarm system is explained to each child on their arrival, as appropriate to their age and level of understanding, emphasising that the system means a carer will always be available to them at night if they need somebody.

A portable alarm is used in residential trips away from the home with overnight stays, in the same manner.

Where a child has a device with internet access, a risk assessment is undertaken considering their age, emotional maturity and stability, previous experience of internet use and risk taking, the impact of screen time on development and sleep, as well as any opinions expressed by the parent(s) and placing authority.

In order to safeguard children and young people against potential harm, children are required to sign a 'Safe and Responsible Usage Contract' which is discussed in appropriate terms and will include provisos that staff may need to manage access to, and check, their devices in order to maintain their safety, as well as boundaries around device use including individualised limits on screen time and when children and young people should not have access to the device or the internet, such as overnight.

In addition to this, the home's internet system utilises a comprehensive filtering system¹⁴ in order to ensure that access to illegal content is blocked, including child sexual abuse¹⁵; online unlawful terrorist content¹⁶; online pornography; and content that promotes the unjust or prejudicial treatment of people on the grounds of race, religion, age, or sex; displays or promotes the illegal use of drugs or substances; extremism, terrorism and terrorist ideologies, violence or intolerance; the compromising of systems including anonymous browsing and other filter bypass tools as well as sites hosting malicious content (malware and hacking); piracy and copyright theft; self-harm including suicide and eating disorders; and violence and the use of physical force intended to hurt or kill.

The use of the system, including the level and nature of filtering employed and frequency of any checks carried out on individual devices, would be continually reviewed and assessed as part of the child's individual risk assessment to keep the child safe, whilst minimising any impact on their privacy.

The access to, and management of, such devices including physical and remote checks; the use of software and the level of content and contact filtering; as well as

¹⁴ iboss supplied and managed by [ekte](#).

¹⁵ As listed on the [Internet Watch Foundation URL list](#)

¹⁶ As listed on the UK terrorist content (CTIRU) list

other measures intended to safeguard children and young people, are continually reviewed and assessed as part of individual risk assessments and are solely for the purposes of safeguarding, with the intention being to balance keeping the child safe, with allowing them as much freedom and privacy as possible. We do not use CCTV cameras or any other type of recording device to monitor children at Arnfield Tower.

17. Details of the children's home's approach to behavioural support, including information about-

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

Whilst we regard maintaining control and discipline as very important, we understand that extreme and socially unacceptable behaviour can be influenced by the child's previous experiences which may include inadequate and inconsistent care, separation and loss, poor or unsafe attachments, abuse, neglect, rejection, exclusion, and a lack of warmth, amongst other adverse childhood experiences.

The negative effects of these on a child's sense of self-esteem, value, confidence and feelings of safety and security, can be mitigated by the development of positive and supportive relationships with carers, and by allowing young people to have opportunity to relay their fears, frustration, and anxieties safely. Trusting relationships can be used to support children and guide them towards being able to better understand their thoughts and feelings, and to develop self-soothing and coping skills.

These relationships are used to help children identify their needs and the strategies they employ to meet them, then to support children and young people in developing more socially acceptable and sustainable means of meeting their needs.

We take an approach where we avoid energising behaviour that challenges wherever possible, using positive consequences to help children and young people link socially acceptable actions to preferred outcomes thus enabling behavioural change. We provide a stable, safe, and consistent base for young people to grow and develop, utilising clearly understood routines and consistent boundaries with a focus on emphasising and energising constructive actions and behaviours with positive reinforcement and reward.

By modelling appropriate and helpful talking responses to a range of different situations including conflict management, as well as individual work around assertiveness, empathy, reflection, feedback, allied with support and encouragement, carers can promote positive changes in the actions and behaviour of children and young people.

In most circumstances, carers can utilise their positive relationships with children and young people to maintain wellbeing, by communicating where unwanted behaviours are not appropriate or acceptable.

In instances where this is not effective the home has clearly outlined reparation requirements or consequences aimed at reducing behaviour that challenges, whilst maintaining a focus on energising wanted behaviour and actions wherever possible. Carers work closely with education staff as a team to ensure, where these are appropriate, consequences are placed consistently. Communication with young people, though sensitive, is also open and honest around unwanted behaviour and its impact upon the child or others.

Wherever possible, consequences are linked to the unwanted behaviour to help the child link cause and effect whilst developing a deeper understanding of the impact of their actions.

All children and young people are encouraged to take responsibility for their own behaviour and actions, then encouraged to reflect upon these to enable them to understand the reasons why a consequence was applied, and how it relates to their actions. This can help in the development of learning and understanding for the child, their own individual needs, and emotional triggers.

We believe that it can be empowering for children and young people to be able to make a clear connection between their actions and resulting consequences, when these are used fairly, consistently and at the right time.

Some of the consequences of unwanted behaviour might involve the loss of privileges, including internet and device access (though alternative means of communication are provided in such instances), treats, grounding for a period, increased supervision or other. Consequences may also involve some form of restoration or reparation in response to an action, such as helping to make a repair, or making amends for harm caused to others.

Any such consequences are discussed in a non-judgemental fashion with the child or young person, as well as the reasons around it and how the carers can support the child in future. This opportunity to reflect enables children and young people to understand that their behaviours do not define them and so believe that they can adopt more socially acceptable behaviours.

In all cases where consequences are used, they are agreed by the team working together on that day, recorded in full and approved by the senior member of staff on duty. These are regularly reviewed by senior staff and managers.

In accordance with current legislation and guidance¹⁷, physical restraint is only used in cases where there is a grave danger to people or property, in circumstances where all other strategies have failed, and where the restrictive physical intervention is the 'last resort'. This may be where a child has, or is considered to be, at risk of:

- injuring themselves;
- injuring another person; and/or
- causing serious damage to the property of any person.

In certain circumstances, a child may be prevented from leaving the home if they are subject to a Deprivation of Liberty order (see below) or if there is a danger of the child putting themselves at risk of injury or significant harm. In these situations, staff will use their professional judgment based on their knowledge of the child, the needs of the child, an assessment of the risks that the child faces, and only take measures that are proportionate and for no longer than is necessary to manage the immediate risk.¹⁸

On occasion a child placed at the home may have a Deprivation of Liberty Order (DoLs) in place, which has been set out by a Court Judge and is considered in the best interest of the child to ensure their safety. This is where s25 Children Act criteria is met in respect of the child and there is evidence that the child may suffer significant harm, e.g. from exploitation, drug use, going missing, association with gang members, or other, if their liberty is not curtailed. In these circumstances all staff are made fully aware of the DoLs order in place for that child, the circumstances surrounding this and that no more than reasonable and proportionate force should be used for the least possible duration in order to keep the child safe.

Experienced staff employed by Arnfield Care Limited have been trained and accredited by the Team-Teach organisation to deliver Team Teach Positive Behaviour Management training.

These staff undergo annual refresher training during which their competence to continue to practice is re-assessed and accredited for a further year. Arnfield Care staff are trained by these accredited trainers to recognise the early stages of a child or young person going into 'crisis' in order to take the necessary steps to prevent further escalation, including de-escalation techniques and how, and when, to safely employ Team-Teach physical interventions, which are designed to maintain the safety of all involved.

During the training, the competence and ability of individual staff to use these techniques safely and appropriately is assessed by the trainers.

¹⁷ Children's Homes (England) Regulations 2015 and 'Guide to the Children's Homes Regulations including the Quality Standards' DfE: April 2015.

¹⁸ 'Guide to the Children's Homes Regulations including the Quality Standards' DfE: April 2015, pg. 48, paragraphs 9.52 & 9.53

Knowledge of de-escalation and positive handling techniques disseminated in these sessions is regularly refreshed in monthly staff meetings where carers can discuss particular children and young people and what approaches may or may not benefit their support.

Arnfield Tower has two accredited Team Teach instructors who work alongside carers and are able to provide support and guidance if needed.

In the event of any physical intervention involving a child, full support is given to each person involved in the incident, with a written report provided by the 'lead' staff member and signed by others involved. These reports are reviewed by managers as soon as possible afterwards and all staff members involved discuss how the incident arose, what antecedents there were and use this as a learning opportunity to better support the child in future.

The child who has been supported in this way is offered the opportunity to make their own comments or have them recorded by an independent person on their behalf, and to speak to an independent person, if they wish to.

Copies of all reports, including the child's comments, are provided to the child's placing authority without delay. Any child who has been supported in this way is offered a medical assessment within 24 hours of the incident.



The Leadership and Management Standard

18. The name and work address of-

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

The details of the **Registered Provider** are:

Arnfield Care Ltd info@arnfieldcare.co.uk www.arnfieldcare.co.uk		
Arnfield Tower Activity Centre		
Paul Knowles	Managing Director	managingdirector@arnfieldcare.co.uk
Wayne Relf	Responsible Individual & Company Director	responsibleindividual@arnfieldcare.co.uk
Elaine French	Head of Care & Company Director	headofcare@arnfieldcare.co.uk
Dawn Harvey	Registered Manager	atacmanager@arnfieldcare.co.uk

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

Below is an abridged version of the section outlined in the full Statement of Purpose, in order to protect the identity of individuals employed by Arnfield Care Ltd.

Further details are available upon request.

Arnfield Tower Activity Centre

All staff who work directly with children receive Induction Training in addition to the following Foundation Training:

Understanding Children and Young People			
Attachment Style and Developmental Trauma Awareness		Adverse Childhood Experiences	
Safeguarding Children Awareness ¹⁹	PREVENT Radicalisation & Extremism Awareness		Mental Health Awareness
Advanced Safeguarding ²⁰		Level 2 Therapeutic Skills & How to Build a Therapeutic Environment ²¹	
Attaining the Knowledge and Skills to Support Children and Young People			
Team-Teach Positive Behaviour Management Level 2	Team-Teach Positive Behaviour Management Advanced Level	Handling Violence and Aggression	Digital Awareness
Equality, Diversity & Inclusion Awareness	Administration & Recording of Children's Medication	When to be Assertive	Effective Communication
Anti-Bullying	Emergency First Aid at Work	First Aid Awareness	Ligature Awareness
Maintaining the Health and Safety of All			
Health and Safety Awareness		Health and Safety Responsibilities	
Display Screen Equipment	Fire Safety Awareness & Warden Duties	Food Safety Awareness	Working at Height
Manual Handling Awareness	Risk Assessments	Driving for Business	Legionella Awareness
Infection Prevention and Control	Managing Stress at Work for Employees	Lone Working	Driver Awareness and 4 x 4 Driver Assessment ²²

¹⁹ Including Forced Marriage, Honour Based Abuse, FGM, Peer-on-Peer Abuse, Child Sexual Exploitation, Child Criminal Exploitation, County Lines, Gangs, Modern Slavery and Trafficking, and Contextual Safeguarding

²⁰ Including an in depth look at Contextual Safeguarding in Residential Childcare; Child Exploitation; local risks and the Arnfield safeguarding network

²¹ This is a 2 day course with accompanying coursework delivered by bMindful Psychology.

²² The Driver Awareness and 4x4 Driver Assessment training is provided for authorised drivers of Company vehicles only.

The care and education teams are also supported through training delivered by bMindful, which complements the guidance and support provided by the team to further embed a therapeutic approach across the setting.

Training provided by bMindful Psychology includes:

- Attachment Theory & Developmental Trauma;
- Therapeutic Parenting and PACE;
- Building Resilience for Carers; &
- Understanding the PACE Model.

Additional training provided for RCWs can include:

- Drugs and Alcohol Awareness;
- Autistic Spectrum Conditions Awareness;
- Working with Children affected by Gang Activity;
- Emotional Wellbeing for Staff;
- Self-Harm Awareness;
- Managing Children's Contact Visits;
- Providing Sexual Health advice to Children and Young People;
- Working with Boys; &
- Forced Marriage and 'Honour-Based' Abuse.

After completing their probationary period, all RCWs who are not already suitably qualified begin working towards their Level 4 Children, Young People & Families Practitioner Standard (including the Diploma for Residential Childcare (England-Level 3)).

Training courses provided by external providers, including the local authority, that staff have attended over recent years have included:

- More than Faith: Muslim heritage, Children, Intersectional Identities and the Reflective Practitioner;
- Introduction to Cognitive Behavioural Therapy and Dialectical Behavioural Therapy;
- Safeguarding Black and Ethnic Children, Young People and Families;
- Safeguarding for Managers and Safeguarding Leads;
- Sexual Exploitation;
- Forced Marriage and 'Honour-Based' Violence;
- Children displaying Sexually Harmful Behaviour;
- Working with Suicide and Self-Harming Behaviours; &
- Understanding the 'Toxic Trio' (Mental Illness, Drug/Alcohol Abuse and Domestic Violence).

Management Team

The Head of Care, Registered Manager and Deputy Manager are qualified Designated Safeguarding Leads and have undertaken training in order to enable them to carry out the duties specific to their role.

As part of their duties, the management team supports staff members who have successfully completed their probationary periods in accessing Level 4 and 5 Children, Young People and Families Practitioner/Manager qualifications, supporting their progress and development with these.

In addition to these, the management team maintains oversight of the homes Locality Risk Assessment; Statement of Purpose; Home and Workforce Development Plans; Children's Guide; and are involved in disseminating knowledge around emerging and updated policies and procedures to the staff team whilst ensuring the home remains compliant with these, and statutory guidance and legislation.

Senior Residential Care Workers

All Senior Residential Care Workers (SRCWs) at Arnfield Tower Activity Centre have substantial experience of working with children in residential care.

In addition to the relevant training for all Residential Care Workers (see below), the SRCWs have all completed the Diploma for Residential Childcare (England) (Level 3) / Level 4 Children, Young People and Families Practitioner Standard; or an equivalent or higher qualification and are encouraged to undertake the Level 5 Diploma for the Children's Workforce (Senior Practitioner's Pathway).

Residential Care Workers

All Residential Care Workers at Arnfield Tower are subject to a minimum of a six-month probation period, during which they receive Induction Training in addition to the Foundation Training.

The care and education teams are also supported through training delivered by bMindful, which complements the guidance and support provided by the team to further embed a therapeutic approach across the setting.

Training provided by bMindful Psychology includes:

- Attachment Theory & Developmental Trauma;
- Therapeutic Parenting and PACE;
- Building Resilience for Carers; &
- Understanding the PACE Model.

Additional training provided for RCWs can include:

- Drugs and Alcohol Awareness;
- Autistic Spectrum Conditions Awareness;
- Working with Children affected by Gang Activity;
- Emotional Wellbeing for Staff;
- Self-Harm Awareness;
- Managing Children's Contact Visits;
- Providing Sexual Health advice to Children and Young People;
- Working with Boys; &
- Forced Marriage and 'Honour-Based' Abuse.

After completing their probationary period, all RCWs who are not already suitably qualified begin working towards their Level 4 Children, Young People & Families Practitioner Standard (including the Diploma for Residential Childcare (England-Level 3)).

Training courses provided by external providers, including the local authority, that staff have attended over recent years have included:

- More than Faith: Muslim heritage, Children, Intersectional Identities and the Reflective Practitioner;
- Introduction to Cognitive Behavioural Therapy and Dialectical Behavioural Therapy;
- Safeguarding Black and Ethnic Children, Young People and Families;
- Safeguarding for Managers and Safeguarding Leads;
- Sexual Exploitation;
- Forced Marriage and 'Honour-Based' Violence;
- Children displaying Sexually Harmful Behaviour;
- Working with Suicide and Self-Harming Behaviours; &
- Understanding the 'Toxic Trio' (Mental Illness, Drug/Alcohol Abuse and Domestic Violence).

Other Staff

In order to support the effective running of the home, the following roles act in a support capacity:

- Training Administrator;
- Administrator;
- Finance Officer;
- Housekeepers (two); &
- Cook

Arnfield Independent School

Arnfield Independent School is based across the sites of the residential homes provided by Arnfield Care Ltd, providing education exclusively for children who are looked after by the company.

The education team consists of a suitably qualified and experienced Head Teacher, qualified teachers and Teaching Assistants, who work in conjunction with the Outdoor Education Manager, who oversees the Outdoor Education Tutor & Technician and freelance Outdoor Education Instructors, in order to support young people in receiving a balanced and vibrant educational experience.

The responsibilities of teachers include teaching young people at all sites; developing and delivering lesson plans; liaising with the Head Teacher and residential care staff regarding student attainment and progress; supporting with attendance and engagement; recording daily sessions of work; and promoting good behaviour and reasoning.

Whilst residential care staff may support the teacher and the school with these, Teaching Assistants have a dedicated role in liaising with teachers and residential staff around young people's progress; recording daily sessions of work and children's behaviour; engaging children in all aspects of learning; and promoting good behaviour and reasoning.

Outdoor education instructors are employed by Arnfield Care Limited on a freelance basis. These instructors are all qualified to practice in their own fields of work, and all have up to date emergency first aid training. They undergo the following training programme:

- Induction training;
- Team Teach Positive Behaviour Management training; and
- Child Protection and Safeguarding training as well as other training and development opportunities.

20. Details of the management and staffing structure of the home, including arrangements for the professional supervision of staff, including staff that provide education or health care.

The management structures within Arnfield Tower and Arnfield Independent School are as follows:

ARNFIELD CARE LIMITED	
Directors	
ARNFIELD TOWER ACTIVITY CENTRE	
Head of Care	Responsible Individual
Registered Manager	
Deputy Managers	
Senior RCWs	
RCWs and relief RCWs	Administrators
Domestic and ancillary staff	

Arnfield Independent School	
Head Teacher	
-----	Outdoor Education Manager
Teachers	Outdoor Tutor & Technician
Teaching Assistants	Outdoor Education Instructors

The supervision and consultation structures within Arnfield Tower Activity Centre are:

Arnfield Tower Activity Centre	
Role	Supervision and consultation provided by:
Head of Care	Responsible Individual
Registered Manager	Head of Care / Responsible Individual
Deputy Managers	Head of Care / Registered Manager
Health & Safety Officer	Responsible Individual / Registered Manager
Senior RCWs	Registered Manager / Deputy Managers

Administrator	Head of Care / Registered Manager
RCWs and relief RCWs	Registered Manager / SRCWs
Domestic and ancillary staff	Registered Manager / SRCWs

Directors will have individual arrangements for their own professional supervision.

Arnfield Independent School	
<i>Role</i>	<i>Supervision and consultation provided by:</i>
Head Teacher	Managing Director / Head of Care
Teachers	Head Teacher
Teaching Assistants	Head Teacher
Head of Outdoor Education	Head of Care / Head Teacher
Outdoors Tutor & Technician	Outdoor Education Manager
Outdoor Education Instructors	Outdoor Education Manager

All other care staff have regular supervision with a more senior colleague. During their probationary period, new carers will receive more frequent supervision. Supervision for carers who work for less than full-time hours is provided on a *pro-rata* basis.

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

Arnfield Care Limited provides a staff team with a roughly equal balance between male and female staff at Arnfield Tower. We also strive to recruit staff from ethnic minority backgrounds to provide appropriate role models for children who may come from a wide range of ethnic, cultural, and religious backgrounds.

The Care Planning Standard

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

Before any admission can be considered, we ask the placing authority with responsibility for the child or young person to complete a comprehensive referral form so we can give due consideration to the placement request. Wherever possible the following additional information, and any other details considered relevant, will be requested:

- Chronology of life events/circumstances;
- Pen picture of the young person, their interests, views and wishes;
- Presenting behaviour and risk to the young person;

- Any history of offending behaviour;
- Statement of education needs or education, health, and care plan;
- Copies of the most recent statutory reviews and recommendations made;
- Copies of any recent psychological or psychiatric reports; and/or
- Enquiry as to whether the child is on the sex offender's register.

All placement requests are considered by the Responsible Individual, Head of Care and the Registered Manager, with the Registered Manager having the final decision.

When considering any referral, a risk assessment is carried out on the likely impact of the child's admission on other children already living in the home. Careful consideration is also given to the child's background and individual needs, the child's own wishes and feelings, and as to whether the child's needs can be met at Arnfield Tower.

Discussion may take place with the child's placing authority prior to admission if the risk assessment indicates that a higher-than-normal level of staff support, or supervision is likely to be required for the child.

A referral will not be accepted in circumstances where the risk assessment indicates that the admission of the child would conflict with good practice or would unduly compromise the safety and wellbeing of other children in the home. Issues that may lead to a placement request being turned down could include:

- Significant history of offending with aggravating factors (weapons, firearms etc);
- Significant history of arson;
- Significant history of assaults against other children or residential staff;
- Significant history of self-harm or mental health issues; and/or
- Significant sexual offences.

Consideration is given to emergency admissions to the home following consultation between the Responsible Individual, Head of Care and Registered Manager, and a satisfactory risk assessment of the impact of the admission on other children already in the home.

This document is reviewed regularly. The last full review was in January 2024 by the Deputy Manager (Development).

Whilst it is not always possible for it to be updated each time a minor change occurs; we do make every effort to keep this information up to date.