

ARNFIELD CARE LIMITED



GREENFIELD HOUSE

STATEMENT OF PURPOSE

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In order to comply with Regulation 16 of the Children's Homes Regulations (2015), Greenfield House 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.

Greenfield House 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 Greenfield House will often be experiencing profound difficulties 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; they may struggle with, or have been affected by, substance misuse issues; become involved in offending behaviour; or have mild learning difficulties.

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

Greenfield House is unable to accept children with additional special needs such as a significant physical disability, moderate or severe cognitive impacts or other similar debilitating conditions.

However, where a situation arises where a child supported by Greenfield House endures an injury or develops a condition whereby their ability to effectively mobilise or provide self-care for themselves, the home will seek to support them in a way that meets these needs whilst maintaining their dignity.

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

Greenfield House meets the needs of children who require an enhanced degree of nurturing and empathetic care and support over the medium to long term. Periods of placement at the home are normally for longer than six months and progress is reviewed at regular stages, such as statutory reviews, to ensure that the home is meeting the assessed needs of the child.

Such instances will consider the relationships the young person has built with carers at the home, providing them with a sense of safety, security, support and well-being

as evidenced by their developing resilience, personal development, autonomy and ability to integrate with the local community and nearby resources and facilities.

We believe that the children and young people we support at Greenfield House 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 children develop and reinforce new ways of thinking about, and handling, situations and interactions that will enable them to become more successful in meeting their needs in socially acceptable ways.

- We welcome children and young people into a caring, supportive, and nurturing environment, where they can feel safe and secure. Within this environment, 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 coming to Greenfield House;
- 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 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 Care and Teaching staff;
- Our work initially focuses on settling the children and young people into positive routines, providing support around behaviours that challenge, helping them to develop an understanding of risk and positive risk taking to help maintain their safety;
- Subsequently, a major part of our work is enabling children and young people to develop emotional resilience and coping skills so as to build their confidence and self-esteem. This, in turn, will assist in their attainment of Independence skills thus enabling them to assume a greater degree of autonomy as a Care Leaver;
- 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 self-belief and 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;
- We support children and young people to adopt, and settle into, positive routines, aligned with clear and consistent boundaries and expectations, alongside both tangible and social rewards for engaging in wanted behaviours and non-emotive sanctions for unwanted ones;
- Through the consistent application of these, children and young people are able to learn means of developing appropriate and socially acceptable strategies for meeting their needs for safety, connections and relationships;

- Children are supported to re-engage in education; take part in hobbies and activities, as well as participating in the running of the home, to help foster a sense of security and reassurance;
- To support this, we provide a wide range of enjoyable, structured constructive experiences at Greenfield House, designed to give children and young people the opportunity to attain personal achievement and success through new and exciting experiences, as well as experience the value of positive reinforcement. This 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
- Through the active promotion of both structured and non-structured shared activities, with both carers and education staff, as well as other children and young people at the home, children are provided with alternatives to becoming involved in socially unacceptable forms of behaviour;
- If appropriate, and when ready, we can support children and young people to discuss and understand how they may have been previously placed at risk; the context in which this occurred; and how they can move on, as part of helping empower them to develop appropriate levels of control over their own lives; and
- We encourage children and young people who have been exploited in the past to participate in a programme of work to help them to understand and resolve their past experiences.

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 any other relevant professionals, organisations, and people, to help protect and promote their best interests, safety, and well-being;
- We provide regular written progress reports covering health, social and educational development, and progress, to our partners in caring for the child; and
- We liaise with other professionals and community sources to ensure that there are resources available to meet the individual needs of children and young people; as well as maintain a safe environment in which steps are taken to mitigate risks and vulnerabilities.

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, GPs, local sexual health services, drug and alcohol advice services, CAMHS, dentists, opticians, 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;
- 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 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 recognise that children and young people may be adversely affected by wide-ranging contemporary events, and that their understanding of such may be distorted by differing sources of information and social media. Through opening up transparent discussions with trusted adults, children can be supported to gain a sense of perspective and reassurance, as we have previously done around the impact of Covid-19, the ongoing situation in Ukraine, and newly emerged conflict in Gaza & Israel.

¹ Child Looked After

² <https://bmindfulpsychology.co.uk/>

Safeguarding children and promoting wanted behaviour

- We provide children and young people with a safe, secure, and caring environment where they can be supported to feel both physically safe and secure;
- To help foster a sense of value and belonging, we treat all children as individuals and protected from harm;
- Where applicable, we work with external services such as the 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 what risk management and behavioural support strategies may be required to promote their wellbeing;
- Within these are the efforts to understand the underlying reasons behind each individual child's vulnerabilities, and what steps can be taken to support the child to overcome these;
- In addition to general child protection and safeguarding training, all carers attend training courses covering specific safeguarding issues and emerging trends in safeguarding (includes requirement to ensure Keeping Children Safe in Education Part 1 is read);
- The Responsible Individual, Head of Care, Registered Manager, Head Teacher and Head of Outdoor Education for Arnfield Independent School have all accessed training provided to enable them to act as Designated Safeguarding Leads;
- A culture of open-ness and trust in the home, together with appropriate staffing ratios aim to ensure that children are supported to engage positively with one another. Carers can work as a team in order to have an awareness of group dynamics, being vigilant to bullying and anti-social behaviours which are addressed 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 with a focus on emphasising and energising constructive actions and behaviour with positive reinforcement and reward. There are clearly outlined reparation requirements or consequences for unwanted actions, or

behaviour that challenges, with an onus on the child or young person learning from the experience; and

- Where reparation requirements or consequences are placed for behaviour that challenges, children and young people are 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;
- The Team Around the Child, including care and education staff, support the child to use this as a base to move towards more mainstream provision where they can feel safe, secure and achieve both academically and socially through building positive friendships within the community;
- All children will have an Educational Assessment which will inform their Individual Education Plan, 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 dynamic and flexible approach to learning that adapts to the child's changing needs;
- 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 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 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;

- If a child accesses an external education provider, we will work closely with the provider to ensure that the child feels supported and encouraged; providing resources to aid with homework and additional opportunities; 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 inclusion, equality, and diversity, and building children's self-esteem

- Children's cultural backgrounds are considered as part of the Impact Risk Assessment and we will carefully consider if we can effectively meet the needs of the child and family;
- 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, gender (including gender identification), or other factors;
- Carers are supported to understand the impact 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 the 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; and
- Children and young people are included in our training programme-sharing experiences and promoting their understanding and how they would like their needs met.

Preparing children for leaving the home

Greenfield House is a medium to long term stay children's home, and we recognise that for children to develop and grow, they need to feel safe and secure as they

transition both into the home when they join us, and away when the time comes for them to move on.

To help children settle when they join us, we meet their short term, initial needs to feel safe and secure in an accepting, non-judgmental, empathetic environment where their voice is respected and valued, and where they can personalise their room and decorate it with personal effects.

This process enables us to initiate the development of positive, nurturing and trusting relationships that help the child understand the reasons why they have come to us, whilst also informing our understanding of their individual needs and how we can meet these to support the child in the longer term.

As the child develops, they are provided with greater autonomy; opportunities to build their independence skills; manage their own relationships; and time so imbuing them with the soft skills they will need later in life.

We support this development by encouraging children to develop practical skills required for independent living through formal education; key work; discussions; and incentivised schemes which help the child to prepare for, and understand, the process of moving on, whether this be to their home area, another placement, semi-independence, or other provision.

In doing so, children and young people are encouraged to put into practice the skills and knowledge they have acquired whilst with us to continue to develop and access the array of opportunities that may be available to them as care leavers.

This can include preparing for further education, employment, and independent living, as well as achieving a balanced perspective on life and work, building emotional resilience, and developing positive coping skills and strategies.

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. To augment this, we support children to articulate their views and feelings through acting as advocates, or facilitating access to independent advocacy support where this is needed.

- 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) Greenfield House is a large, detached house set within its own grounds on the outskirts of a village. 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 seven children's bedrooms, bathrooms, and shower facilities, with a lounge, Chill Room and dining room, a classroom with full facilities, staff offices and sleeping-in rooms. There is a family style kitchen where children can make drinks and snacks, and facilities where children can launder their own clothing (with assistance if required).

The kitchen area can also be used by young people to prepare and cook their own meals, either as a way of expressing their autonomy, part of a semi-independence, education, or incentive programme, or even for pleasure.

The home has theme evenings where foods and practices from various cultures from around the world are celebrated and children can partake in preparing dishes around this theme and even help others to learn about their own cultures and values.

There is a dedicated Chill Room where children can relax and engage in a number of different activities such as playing games, listening to music and playing instruments.

This room can also be used for therapeutic purposes or private meetings.

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 are involved in choosing the décor of the home.

Greenfield House 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, from the sedate for those who like to relax, to more energetic pursuits like assault courses.

Whilst the home has not been adapted to meet the needs of children with significant physical disabilities or other debilitating conditions, support will be provided for children who suffer from physical injuries or acute conditions that affect their ability to effectively mobilise or provide self-care for themselves.

In such instances, equipment may be purchased to enable them to participate in day-to-day tasks.

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

(c) Each child has their own bedroom complete with a television and sink with running hot and cold water. Children have their own key for their room and some of the bedrooms are large enough for two to share, and sympathetic consideration would be given to same-sex siblings sharing a room if this were requested and assessed as both appropriate and safe.

4. A description of the location of the home

Greenfield House is situated in a quiet location on the edge of A village, 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 adjacent to the home, and the house is screened by trees and the boundary wall from properties across the road. There are no signs or notices to indicate to any passers-by that Greenfield House is a children's home.

This is an area of outstanding natural beauty offering a number of natural amenities and pursuits.

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

Arnfield Care Ltd is not affiliated to any religious group and we welcome admissions of children of any religion, faith, or belief system.

We consider the cultural, religious, and spiritual needs of children and young people as being an important part of their identity and welfare, so make every effort in supporting individuals to fulfil them.

We support children and young people to practice or explore their religion and culture, 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; allowing for any dietary requirements; providing means of maintaining specific personal hygiene needs; dress codes; the provision of areas and materials to support worship and prayer; plus consulting with family members around their religious practices and beliefs.

As part of the admissions procedure, we consult with the placing authority and, where possible, children's family members, to identify individual children's' cultural, linguistic and religious backgrounds and needs.

Any individual requirements, needs, or wishes, are carefully recorded and form part of the child's Placement Plan. 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 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.

Our policy is to promote integration for cultural, linguistic, and religious diversity. All children and young people are encouraged to be aware, 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.

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.

Greenfield House regularly holds themed evenings where we celebrate different cultures, religions, and beliefs from around the world by having theme inspired meals, games, and practices.

Children are invited to share aspects of their own cultural heritage and belief systems on these evenings, inviting other children and young people as well as carers to develop a greater understanding of their heritage and beliefs as well as to learn about those of other children and carers.

The celebrations can be of any area, time, heritage or concept and some examples include a Greek night, celebration of the Chinese New Year and a look back to the 1980s!

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!

Whilst we are passionate about learning and celebrating diversity, we recognise that there will be occasions where the cultural and religious observances of an individual may be outside the direct experience of our staff team and our links with local groups. In these cases, we will promote the child's right to religious and cultural observance 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 Person³ and the Children's Commissioner. This information forms part of the Children's Guide.

Complaints will normally be considered by the home's Manager in the first instance (unless the complaint is about the 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 Ltd).

If the home's 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, families, placing authorities, and

³ Independent Person as appointed under the Children's Homes (England) Regulations 2015: Regulation 44

⁴ Document C-52: Complaints and representations.

any person, body or organisation involved in the care or protection of a child placed at the home.

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.

Both the company Arnfield Care Ltd, and the home Greenfield House, fully recognise their role and responsibilities, as an independent provider of residential care and education for children and young people, in 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;
- we will take all reasonable steps to protect children and young people from abuse, harm, discrimination, and degrading treatment;
- children's rights, wishes and feelings should be respected; and all disclosures, allegations and suspicions of abuse or unacceptable practice towards children are to be taken seriously, with responses and actions undertaken in an appropriate manner without undue delay; and
- all staff, volunteers and students who come into contact with children will be recruited and vetted, as well as 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; make choices; and be heard, are respected. We see enabling children to develop

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

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 how Greenfield House operates, both with individual children and the group of children and young people. We do this through children & young people's meetings, individual discussions, and internal reviews.

The voice of the child is an integral part of the service we provide to children in our care. Children's views are sought and used to inform how carers provide support when they are in distress, as well as in formal documents such as risk assessments and placement plans.

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, outings and menus for the week ahead are important parts of these meetings, along with recognition of young people's achievements.

Children and carers can also nominate other topics for discussion, and a range of issues including minor complaints, areas for change and amenities for the home may be discussed. The carers who are present may respond to issues raised at the meeting and make decisions wherever possible.

Where there are instances that require a Manager to make a decision, this is treated as a priority to reinforce to the children and young people that their views are important, and feedback is given to them as soon as a decision has been reached. Minutes are taken for the meeting which are read by the management team with a copy being available for the children and young people to read.

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 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 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 to consult and discuss 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 Greenfield House.

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.

During the referral process, we give careful consideration to 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 Greenfield House.

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 may share children and young people's own ethnicity, culture, and religion.

In order to help reassure children about to access Greenfield House, 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 and themed evenings in the home for children to learn about and experience different cultures, recognising that the

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

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 have worked 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 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.

In recognising the existence of entrenched negative value systems; biases; and unhelpful cultural practices in relation to the 'blind spots' of both children and ourselves, we firmly believe that ongoing education and positive role-modelling is key to developing an inclusive and accepting environment in which everyone can feel a sense of acceptance and belonging.

To support in the realisation of this, we promote the principles of anti-discriminatory and anti-oppressive practice to all children and staff at Greenfield House, alongside the promotion of the rights of all children, with a willingness and desire to advocate on their behalf where there is evidence of injustice or denial of their rights.

The Education Standard

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

Many of the children and young people at Greenfield House 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 Enabling Goals and educational programme targets that individual young people can be supported to achieve. 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 Greenfield House, as well as our other homes operated by Arnfield Care Ltd. 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

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)

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.

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;

⁸ See education policies for further details

- 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 Greenfield House may have experienced a disruption to their education and/or may have had poor 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 a mainstream school and so most children will initially attend Arnfield Independent School (which is registered as an independent school with the DfE and Ofsted).

Depending on the individual child, one of the aims of the education programme may be to help prepare children for re-entering mainstream school when they are ready to make this transition and it is in the interests of the child's individual needs and wishes.

Where a child does make the transition from Arnfield Independent School to a mainstream provision, they will be supported both by the home's carers and the education staff and places will be sought at a local school or college for most children.

Greenfield House 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.

The child's individual needs, views and wishes will always be considered, and this will continue as the child's carers and representatives from Arnfield Independent School attend all educational meetings, and liaise closely with schools, local and placing authorities to deal with any concerns promptly and effectively.

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 Greenfield House 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.

Outdoor education facilitated learning takes place by using the outdoor environment as a teaching medium, with a strong emphasis on experiential learning.

The Outdoor Education team at Arnfield Care 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, to develop the skills necessary to gain accredited awards, which recognise and reinforce the child's success.

Arnfield Care 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:

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'.

| | | |
|----------------------|--|------------------|
| 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 |

The arrangements for enabling children 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.

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 and consoles, a large communal television in the lounge and Chill Room, a range of DVDs, board games and books as well as a games console and access to some on-demand services such as Netflix and Disney+.

All children and young people have a television in their own bedroom.

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.

The grounds of Greenfield House provide space for a range of outdoor games and activities, with different surfaces and environments including grass, hard surface, and a large garden area. Depending on the weather and the wishes and views of children, there may also be other amenities such as a trampoline available in the garden.

Wherever possible (subject to individual risk assessment) children and young people are encouraged to participate in local community activities such as voluntary work, youth clubs, sports training and clubs, cadet training and community projects.

The home is also able to help foster a sense of community and achievement through participation in charitable events such as supporting homeless individuals by

collecting and disseminating food and blankets; and through setting up charitable events like an abseiling challenge to collect sponsorships for Red Nose Day 2023.

To help create an atmosphere of enjoyment alongside individual achievement, we 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.

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.

This can also include participating in shared activities in house, such as dance and song-based console games, fitness challenges and group activities 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.

Children's personal achievements are celebrated at Greenfield House through positive reinforcement, praise and rewards, and photographs of group activities, events and outings are displayed in the home.

Residential Trips and Holidays

If it is felt that a child or children would benefit from a period of time away from the home, in an environment where they can enjoy the opportunity to participate in a range of new and exciting experiences and activities or have a short holiday experience with recreational and leisure activities, then we are able to provide access to residential trips outside of the home.

A Residential Trip can consist of one or two children and two carers (including an Outdoor Education instructor if this forms part of the remit of the trip) and can last for up to twenty-eight days if required.

Wherever possible, the child(ren)/young people will help plan the programme, including activities and one-to-one work.

During the trip, the carers 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 difficulties are 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.

When one child is away from the home for a prolonged period, we ensure that they have contact with other children, carers, and managers.

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

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, Greenfield House 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, the staff and management teams 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 effective partnership working, we are able to maintain a dual approach of both managing and contain difficult behaviours, whilst identifying and addressing underlying needs behind them

By adopting such an informed and dynamic approach, we are able to support children and young people to meet their acute needs for connection and safety, and use this as a base from which 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 Greenfield House, 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.

Blended Model of Delivery

Clinical interventions are delivered via a blended model. bMindful support the residential care team through consultations to therapeutically inform how best to support the young people within Greenfield House, and will also deliver individual therapy to the young people if this is identified as appropriate and needed for the young person.

Therapeutic Model

The focus on forming safe and trusted relationships between carers and young people at Greenfield House enables us to observe how children function in a social environment; as well as how they form connections with others, and seek a sense of security with both their peer group and adult carers.

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 carers actively strive to form safe, nurturing and empathetic relationships with children, they are able to develop a sense of attunement and an anticipation of individual children's' needs that enables them to offer flexible and dynamic care and support dependent on the child's changing needs.

This is combined 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 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, Clinical Lead supports the home through collaborating with the experiences of carers to help develop an understanding of 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 Clinical Lead and the team.

Greenfield House, in collaboration with bMindful, promote the use of a three-phase recovery model within the home and support care teams in delivering this approach when appropriate to do so.

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

Greenfield, 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 will enable the young person to make tentative steps towards exploring boundaries and expectations of the care and education staff, who will make efforts to engage them in emotionally meaningful relationships.

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 will receive regular clinical consultation with a qualified clinician.

Care teams are trained in the key aspects of the model, direct work, plus worksheets 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 Greenfield House, 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 Greenfield House, we are keen to ensure 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.

Health monitoring is an important part of the regular assessment of children and young people's progress and well-being. 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's health care and well-being is demonstrated by the progress that children 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 any therapy that has been provided.

Where a situation arises whereby a supported child endures an injury or develops a condition which affects their ability to effectively mobilise or provide self-care for themselves, the home will seek to support them in a way that meets these needs whilst maintaining their dignity.

In such a situation, the nature of the injury and impact on their physical abilities will be recorded in the child's Health Care Plan, with changes and progressions in these documented.

Where a child requires assistance with personal or intimate care, an outline of these needs and way in which they will be met will be documented within the child's individual Health Care Plan.

Any additional health care needs as a result of these will also be documented in the Health Care Plan along with consent to meet these obtained from the child and parental responsibility holders, with an additional risk assessment undertaken in conjunction with the child to ensure their needs are met in a dignified and child-led way whilst providing adequate protections for both the child and staff team.

In order to help meet these needs, the home will consult with the local Integrated Health Board to ascertain how best this can be done and any further training required will be either developed or commissioned and delivered to the staff teams.

Any historical concerns, such as past abuse, should be considered and both the Health Care Plan and risk assessment formally reviewed as necessary, and if there are any changes in circumstances. These may be due to changes within the child's physical abilities and so capabilities; changes within the child's willingness to accept support, including individuals the child is willing to accept support from; and changes within the child's physical environment e.g. if they attend a residential trip.

The Positive Relationships Standard

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

At Greenfield House, we fully understand and acknowledge the importance of a child's continuing contact with their parents, relatives, and friends.

We fully support the principles within current legislation and guidance that such contact should be promoted, unless this conflicts 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; as well as facilitating, and if required, monitoring and/or supervising, formal and informal contact between the child and other people who are important to them.

Details of any family and friends contact 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 contact arrangements that are in place.

Children at Greenfield House are encouraged to invite their friends to visit the home and join us for meals and activities. Parties are held to celebrate birthdays and other occasions, and friends from outside the home are invited to attend these events. Subject to satisfactory risk assessment, children at Greenfield House may be allowed sleep-overs at friend's homes in the local area.

We always ensure that a welcoming and congenial setting is available for contact visits by parents and families, and any other visitors to 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.

Where there may be barriers to children maintaining face-to-face contact with family members, friends, and professionals (as seen during the Covid-19 pandemic), the home will liaise with the child's placing authority and nominated officer to ascertain the most appropriate means of maintaining contact, with remote means of doing so being offered. Examples of this include Skype, Microsoft Teams, Zoom as well as more traditional means such as telephones.

The home has a children's telephone room with a payphone. Children can make and receive calls in private there, as well as using the office phone to contact their parents, social workers, and other professionals.

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, a mobile phone is made available for them to use if there is no public telephone nearby.

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 agreement which stipulates 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 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 Greenfield House is determined by the number of children being accommodated at any given time, and their individual needs, though the standard ratio is one staff member to two children (occasional additional support may be required). Throughout the daytime on weekdays, there may also be Domestic staff, one or more Managers, a Senior Residential Care worker, an Outdoor Education Instructor and a Teacher on duty. A Manager is always available, either on the premises or on call.

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.

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 support children to develop their digital resilience as well as safeguard against potential harm, children work with carers to develop 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.

We do not use CCTV cameras or any other type of recording device to monitor children at Greenfield House.

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 behaviours can be influenced by the child's previous experiences which may include inadequate and inconsistent care, separation and loss, poor attachments, abuse, neglect, rejection, exclusion, a lack of warmth, etc.

The negative effects of these experiences on self-esteem, self-worth, confidence and means in which the child seeks connections and a sense of 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 natural and logical consequences alongside a restorative approach where appropriate thus encouraging children and young people to 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, 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 and are 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, imposition of additional chores, increased supervision or other. Or a consequence might involve some form of reparation in response to an action such as helping to make a repair.

The consequence is 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 guidance¹¹, 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.¹²

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

¹¹ Children's Homes (England) Regulations 2015 and 'Guide to the Children's Homes Regulations including the quality standards' DfE: April 2015.

¹² 'Guide to the Children's Homes Regulations including the quality standards' DfE: April 2015. Page 48, paragraphs 9.52 and 9.53

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.

Team Teach Instructors 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' 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 Instructors.

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.

Greenfield House has an accredited Team Teach Instructor who works alongside carers and is 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 | | |
|---|---|--|
| Greenfield House | | |
| 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 |
| Claire Barber | Registered Manager | ghmanager@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.

Greenfield House

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 ¹³ | PREVENT Radicalisation & Extremism Awareness | Mental Health Awareness | |
| Advanced Safeguarding ¹⁴ | | Level 2 Therapeutic Skills & How to Build a Therapeutic Environment ¹⁵ | |
| 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 ¹⁶ |

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.

¹³ 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

¹⁴ Including an in depth look at Contextual Safeguarding in Residential Childcare; Child Exploitation; local risks and the Arnfield safeguarding network

¹⁵ This is a 2 day course with accompanying coursework delivered by bMindful Psychology.

¹⁶ The Driver Awareness and 4x4 Driver Assessment training is provided for authorised drivers of Company vehicles only.

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 and Registered 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 the Level 3 Diploma for the Children's Workforce, supporting their progress and development with this.

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

The Senior Residential Care Workers (SRCWs) at Greenfield House have substantial experience of working with children in residential care. In addition to the relevant training for all Residential Care Workers, the SRCWs have all completed the Level 3 Diploma for the Children's Workforce, or an equivalent or higher qualification.

SRCWs also act as heads of key teams assembled to meet specific needs for individual children and young people. Part of their role involves co-ordinating support for key children and ensuring that they receive the support required to thrive and fulfil their potential.

All keyworkers are fully aware of the assessed needs of the children and young people they support, including ensuring that they work in collaboration with the child to meet these needs as well as work together to facilitate the home meeting the outcomes as set out in the Quality Standards.

By providing this 'added value', all carers are actively aware of the Quality Standards, and how meeting them helps support children and young people both whilst they are at Greenfield House, and in their future lives.

To augment the development of the team and improve the standards of care and support offered to the children and young people, Greenfield House employs a 'Champions' system where each full-time staff member is designated a role and area of responsibility and feeds back to the team ways of working and new practices in their area. This empowers individuals to support one another and bring greater cohesiveness and consistency to their practice.

Residential Care Workers

All Residential Care Workers at Greenfield House 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;
- Housekeeper; &
- Cook

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 Greenfield House are as follows:

| ARNFIELD CARE LIMITED | |
|------------------------------|------------------------|
| Directors | |
| Greenfield House | |
| Head of Care | Responsible Individual |
| Registered Manager | |
| Deputy Manager | |
| Senior RCWs | |
| RCWs and relief RCWs | Administrators |
| Domestic and ancillary staff | |

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

The supervision and consultation structures within Greenfield House are as follows:

| Greenfield House | |
|------------------------------|---|
| Role | Supervision and consultation provided by: |
| Head of Care | Responsible Individual |
| Registered Manager | Head of Care / Responsible Individual |
| Deputy Manager | Registered Manager / Head of Care |
| Health & Safety Officer | Responsible Individual / Registered Manager |
| Senior RCWs | Registered Manager / Deputy Manager |
| Administrator | Head of Care |
| RCWs and relief RCWs | Registered Manager / Deputy Manager / SRCWs |
| Domestic and ancillary staff | Registered Manager / Deputy Manager / SRCWs |

Directors will have individual arrangements for their own professional supervision.

| Arnfield Independent School | |
|-------------------------------|---|
| Role | Supervision and consultation provided by: |
| 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 | Head of Outdoor Education |
| Outdoor Education Instructors | Head of Outdoor Education |

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.

The majority of staff members at Greenfield House identify as female though there are staff members in a variety of roles who identify as male, including a senior member of staff and the cleaner. The team also actively carries out key work and discussions with children and young people about healthy relationships as well as gender roles and LGBTQI+ topics and issues so children are aware of the differences between sex as well as assigned and actual genders.

There are also members of Arnfield Independent School who support children and young people who identify as male, both in classroom and outdoors based fields, and the company strives to recruit staff from a variety of diverse 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 to Greenfield House can be considered, we ask the placing authority with responsibility for the child to complete a comprehensive referral form so we can give due consideration the placement request.

Wherever possible the following additional information will be requested:

- Chronology of life events/circumstances
- Presenting behaviour to date
- 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
- Enquiry as to whether the child is on the sex offender's register
- Any further information that may be required

All placement requests are considered by the Responsible Individual, or Head of Care and by the Registered Manager, with the Manager having the final decision, based on their detailed knowledge of existing children, and assessed dynamics in the home.

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 adequately and safely, at Greenfield House. 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 risk assessment indicates that admission of the referred child would conflict with good practice, or would 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
- Significant sexual offences

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

Greenfield House Statement of Purpose

This document is reviewed regularly. The last full review was in January 2024. 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.

Reviewed by the Registered Manager