



# Springfield House

## Statement of Purpose

URN: 2839656

Registered Manager:	Angela Foster
Responsible Individual:	Victoria Moran
Registered Provider:	Zen Care and Education Limited

This statement of Purpose is written in accordance with regulatory requirements of the Children's Homes Regulations 2015

This document will be provided to Ofsted, will be made available to any carer, parents, guardian, children, social workers requesting to view it.



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## Section One – The Quality and Purpose of Care

### **1. The range of needs of the children for whom it is intended that the home is to provide care and a nurturing welcoming environment.**

Springfield House is a Children's Home under the umbrella of the Zen Care and Education Ltd, it is a privately-owned house offering care, support, guidance and safety in a nurturing homely environment supporting the needs and future plans for children and young people. Specifically designed for those facing emotional and behavioural difficulties. Our home is registered to provide a safe nurturing environment for one young person. We offer a nurturing home, whether short-, medium-, or long-term, to children and young people of both genders, aged between 7 and 17 upon coming to live with us at Springfield House

We take careful consideration when children and young people have been referred to come and live with us at Springfield House, we consider the safety, location, and their future plans and plans for other children and young people living with us. Our ethos is to create a home to provide family care in a nurturing and supportive environment, where each child is esteemed for their unique identity.

At the core of our philosophy is the belief that every child deserves the highest quality of care and support. To this end, we are dedicated to providing the highest quality of care and support to adapt to each young person's needs and future plans. Central to our approach is the creation of a physically and emotionally secure atmosphere, characterized by warmth, homeliness, and a departure from institutionalized settings. Within this environment, children are offered the opportunity to embrace the joys of childhood within consistent, stable frameworks and boundaries.

Our overarching goal is to empower children and young people to realize their full potential. We endeavour to facilitate their preparation for change, by going back home, into a new home, or towards becoming a care experienced adult, depending on their individual circumstances and readiness.

### **2. Ethos and outcomes and how we will achieve them**

We adopt a holistic approach to care at Springfield House, is rooted in principles such as normalization, social inclusion, rights, responsibilities, choice, and unconditional positive regard for each individual. Our operational methods uphold and honour individuals regardless of their cultural background, gender, sexual orientation, race, religion, age, or disability, reflecting the rights and responsibilities of all.

When children and young people come to live with us at Springfield House, we engage using a nurturing approach and help children and young people feel welcome and at ease. We engage in a sensitive discussion surrounding safety and plans for the future, fostering an environment where young people understand expectations and feel secure.

Our focus lies in supporting positive behaviour, tailored to the specific age, future plan and needs of everyone. The team at Springfield House collaborate with young people to encourage appropriate decision-making, linking difficulties with understanding. Positive decisions are highly commended, while opportunities are provided for reflection when having difficulty coping or difficult thoughts. Through this approach, children and young people

develop resilience and responsibility for their actions and gain insight into how their decisions may impact themselves and others. Each young person has a detailed Therapeutic Behaviour Support Plan, guiding the team with strategies to provide, promote positive reinforcement.

At Springfield House, we firmly believe in the potential for positive change in every child and young person in our care, irrespective of the circumstances leading to their need of change of home. We strive to maximize social and educational growth and development through partnerships with education, health, social services, and families, fostering a nurturing environment and positive relationships.

Ultimately, Springfield House fosters self-esteem through acknowledgment of achievements and praise. We assist each child in developing coping strategies and skills to manage challenges within a safe nurturing environment of care and control, liberty and containment, protection, and risk. Our team demonstrate unconditional positive regard, building trust and confidence as children and young people explore and test relationships.

We aim to help children and young people understand and manage challenges through regular individual key person catch up sessions, providing a structure to establish routines, purpose, and direction. Key people collaborate closely with colleagues from various agencies to ensure effective implementation, review, and development of individual future plans and assessments.

The team at Springfield House support children and young people in preparing them for changes from the home, whether returning home, moving into foster care, or changes for becoming a care experienced adult and living independently. We facilitate individual future plans, equipping young people with emotional and mental resilience to navigate life beyond our care and support, following a model of "good parenting," and "PACE" the team encourage the development of practical skills such as cooking, housework, and personal care.

### **3. Our Home**

Springfield House is able to provide a warm, homely, welcoming, nurturing environment to care and support to one young person any gender aged between 7-17 years to feel safe and supported.

The house is a 2-storey semi-detached house located within a crescent in a residential setting. Our home has 4 bedrooms 2 for the staff team 1 for our young person, brightly decorated and each fitted with bedroom furniture, bed, storage and TV. Each bedroom can be personalised with pictures, photographs and other personal items and decorations.

Children and young people are provided with a TV featuring Netflix in their rooms. Upon coming to live at Springfield House children are provided with a budget to purchase personal items to personalize and decorate their bedrooms.

The ground floor of the home features a cozy lounge, tastefully furnished and equipped with a communal TV offering Netflix, (with age-appropriate restrictions). These rooms serve as an inviting space to relax and indulge in our assortment of board games or books.

The ground floor also has a kitchen with a dining area for children and young people, along with team members to gather at meals times. We encourage all to become involved in choosing, planning and cooking of healthy, well balanced nutritional meals and support the day-to-day routines of shopping and tidying away.

Furthermore, the home has been tailored to serve as a suitable, safe home for children, undergoing regular health and safety checks and inspections, annual assessments of health, safety, and fire risks to guarantee its suitability, safety, and appropriateness. Any necessary modifications are implemented accordingly.

#### **4. Location of the home**

Springfield House is conveniently located in a residential area, in a small town and part of the borough of Wigan, offering access to numerous educational settings, job opportunities, retail outlets, recreational venues, health services and public transportation options.

Wigan in Greater Manchester is part of the Northwest of England. It is in with easy access to M6 motorway. The area is surrounded with amenities, services for the community and places of interest close to parks and other nature trails.

The Registered Manager conducts Safe Location Risk Assessments on an annual basis to verify that the premises are suitably situated, ensuring effective safeguarding of the children and access to all necessary services as outlined in the child's future plan. Additionally, the Registered Manager reassesses the suitability and appropriateness of the home regular and will implement effective strategies required.

Every child that comes to live with us at Springfield House will be supported and encouraged to engage in leisure activities and continue with any hobbies or interests. This can be planned with children and the team at Springfield House. Each child will be encouraged to try new experiences and visit new places or interest.

Children and young people are also encouraged to contribute ideas for new experiences and holidays.

#### **5. Supporting the cultural, linguistic, and religious needs of children**

At Springfield House, all team members recognize and respect the diverse religious and cultural backgrounds of the children and young people in our care. Situated near the vibrant town of Wigan, and the city centre of Manchester we have access to a multitude of cultural and religious centres, and our team are committed to supporting children and young people in engaging with their religious practices. Nearby places of worship, including churches, catholic, C of E, mosques and synagogue.

Children and young people are encouraged and supported to attend their place of worship, our home will support in attending, the home offers resources such as prayer books, prayer mats, religious artifacts, or assistance in attending related classes. All cultural needs are met by providing any additional resources and budget.

We understand the profound impact of religion on social organization, cultural norms, and personal values. At Zen Care and Education, we uphold an equality and diversity policy for both carers and young people, ensuring that every individual is treated with respect and no discrimination occurs.

Our teams are trained to be aware of various religions, specific dietary requirements, and the importance of assisting children and young people in practicing their religious and cultural faiths. We strive to create an inclusive environment where everyone feels valued and supported in their beliefs.

## 6. How to make a complaint

Zen Care and Education upholds the highest standards of professional conduct yet acknowledges that challenges may arise in our work. We encourage open communication, and we believe that most issues can be resolved through discussion with team members or the home manager.

Children and young people are informed of their right to voice complaints and are provided with comprehensive guidance through a Children's Guide and individual complaint leaflets. These resources outline the process for lodging complaints with various organizations, including Ofsted.

In instances where informal resolution is not feasible through discussions with team members or the manager, formal complaints can be submitted by completing a provided form or through alternative means of communication. Upon receiving a complaint, we aim to provide an initial acknowledgment within 72 hours, followed by a comprehensive response within a maximum of 14 days. If the complainant remains dissatisfied, they have the option to file a written appeal and request a Stage 2 Review Panel within 14 days of Stage 1's outcome. Alternatively, they may request that their complaint be forwarded to the Placing Authority or Regulatory Authority. The review panel is committed to providing a response within 48 hours, including a decision or recommendation.

Any complaints concerning a child or young person will be shared with their respective Social Worker, while complaints about the Home Manager will be escalated to a Line Manager for resolution.

All young people, staff, parents and other professionals have access to the Ofsted complaints procedure. Ofsted can be contacted on **0300 123 1231** or by post at: -

OFSTED  
Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

Young people also have access to other services such as:

- Child Line on 0800 1111
- Voice for the Child in Care on 0808 800 5792

Alternatively, young people can contact the Office of the Children's Commissioner at:

<http://www.childrenscommissioner.gov.uk/> or via:

**Freephone Telephone Number:** 0800 528 0731

**Telephone:** 0207 783 8330

Email: [advice.team@childrenscommissioner.gsi.gov.uk](mailto:advice.team@childrenscommissioner.gsi.gov.uk)

**Post:**

The Office of the Children's Commissioner  
Sanctuary Buildings  
20 Great Smith Street  
London  
SW1P 3BT

All children and young people also have access to the Placing Authority complaints procedure.

A record of all complaints, whether informal or formal, is kept by Springfield House/Zen Care and Education and, if the complaint is made by a young person, depending on the content this will be kept in the young person's file or within the managers confidential files.

## 7. Child protection and behaviour management policies

At Springfield House, safeguarding children and young people is our foremost priority. Our team undergo key person sessions covering topics such as child sexual exploitation, road safety, appropriate relationships, and internet safety to address individual needs as necessary.

Victoria Moran serves as the Designated Safeguarding Lead for the home, overseeing safeguarding efforts.

[V.Moran@Zencare.uk](mailto:V.Moran@Zencare.uk)

Our team commit to:

Conducting risk assessments to identify potential harm to each child, based on information from their future plans.

Implementing measures to mitigate identified risks and protect children from harm.

Supporting young people in understanding how to manage their own safety.

Managing relationships between young people to prevent harm.

Understanding individual responsibilities and roles in protecting young people, including acting in cases of serious concern for a child's welfare.

Taking prompt and effective action in response to serious concerns, involving relevant parties to manage risks and ensure each young person's safety.

Monitoring the physical environment to minimize hazards to health.

The safety and well-being of the children entrusted to our care are paramount. team members are thoroughly familiar with the Child Protection Policy upon induction and receive ongoing Safeguarding training to equip them with the knowledge and skills necessary to identify concerns and handle disclosures or allegations of abuse.

In the event of a child disclosing information to a team member, they will be assured that the information must be shared with the manager, social services, and the police if necessary. Children are encouraged to report any allegations promptly and will be listened to without interruption.

The team at Springfield House will refrain from asking leading questions, allowing the young person to share their experience in their own words. Detailed records of conversations are

kept, and referrals are made to the Local Safeguarding Children's Board under Local Child Protection Procedures within one working day.

Any team member with reason to believe that a child/young person is at risk is obligated to report their concerns to management immediately.

**The Local Safeguarding Service for the area is:**

**Wigan Safeguarding Children Board**

Top Floor, progress House  
Westwood Park  
Wigan

**Telephone: 01942 486042**

Team members are aware that the local authority designated officer

**LADO is:**

Andrew Chisnall

**Telephone: 01942 468042**

[Andrew.Chisnall@Wigan.gov.uk](mailto:Andrew.Chisnall@Wigan.gov.uk)

**Missing from Home**

Sue Wallace

**Telephone: 0161 8561539/8565590**

[Suewallace@gmp.pnn.police.uk](mailto:Suewallace@gmp.pnn.police.uk)

**CSE Team**

Phoenix Team  
Cheryl Harris Hilton  
Robin Park Road  
Wigan WN5 0UP

**Telephone: 0161 8565959**

[seam@wigan.gcsx.gov.uk](mailto:seam@wigan.gcsx.gov.uk)

[wiganphoenixteam@gmp.police.uk](mailto:wiganphoenixteam@gmp.police.uk)

**Safeguarding Children Board**

Paul Whitemoss  
Wigan Life Centre  
PO Box 100  
Wigan WN1 3DS

**Telephone: 01942 486025**

The care team at Springfield House are thoroughly briefed on procedures regarding allegations against carers and child protection referrals.

All team members understand that abuse can occur in any setting and that perpetrators of abuse can come from any background.

In cases where the involvement of the manager is suspected, team members are instructed to utilise the Confidential Reporting Policy, also known as Whistleblowing. If a team member

is the alleged perpetrator, they may be suspended pending a full investigation. If another young person is implicated, both social workers will be consulted to determine appropriate action.

In the absence of the Manager, responsibility for managing allegations falls to the Deputy Manager or senior team member on duty, in consultation with the Regional Operations Manager/Responsible Individual.

Every team member undergoes training on Child Sexual Exploitation and receives regular safeguarding training. The care provided to each young person is tailored to their individual needs regarding safeguarding and Child Sexual Exploitation. The team at Springfield House collaborates closely with local authorities and public services to develop personalized protection plans for each child.

### **Record of Notifications**

Notifications under Regulation 40 of the Children's Home Regulations 2015 are submitted to Ofsted, as well as to the Responsible Individual. These notifications are treated with utmost confidentiality within the home and are cross-referenced with other systems, including referrals to the Local Authority Designated Officer (LADO) and the Local Safeguarding Children Board (LSCB). Monitoring of notifications is conducted by both the Registered Manager and the Responsible Individual to ensure compliance and effective handling of any issues that arise.

### **Absent or Missing Child**

We maintain a stance that any unsupervised child without permission to be in the community is deemed at risk, with a heightened awareness of the dangers of Child Sexual Exploitation.

Given the vulnerability of many children and young people residing at our home, each instance of unauthorized absence is thoroughly examined by the home manager. To address this, a detailed safety plan and individual risk assessment is conducted and reviewed for every incident of unapproved absence, considering factors such as age, cognitive ability, typical behaviour patterns, past concerns, and circumstances leading up to the absence. Generally, all instances of missing episodes are reported to the police, necessary documentation is completed, and both the placing authority and parents are notified.

Upon a young person's return home following a missing episode, a return interview is conducted by the social worker or an appointed independent individual. The aim of this interview is to ascertain the reasons for the absence, the whereabouts of the young person, the individuals they were with, and to identify alternative strategies for prevention. Team members from Springfield House refrain from conducting these interviews to facilitate an environment where young people feel comfortable disclosing any concerns or issues surrounding their absence.

In cases of persistent absence or when a young person is deemed at risk, the Home Manager may request a review of the future plan or a strategy meeting. If such a review is not initiated by the social worker, escalation may occur through the Service Manager or Independent Reviewing Officer (IRO) and ultimately to the Director of Children's Services. At

this juncture, Springfield House would notify the regulatory authority of concerns regarding unresolved issues.

We proactively assist young people in finding alternative solutions to their difficulties rather than resorting to absence. Key work sessions addressing the issue of going missing are offered, aiming to redirect anxieties into safer behaviours.

For some children and young people, absenteeism may initially serve as a coping mechanism for overwhelming problems. In such cases, carers endeavour to mitigate associated risks by presenting alternative options, guided by risk assessments and relevant protocols.

When a child/young person comes to live with us, an initial 'Fact File' containing essential information, including a recent photograph, is compiled for each young person. This facilitates swift reporting in the event of a missing from care incident, ensuring all pertinent details are readily available.

A Missing from Care Protocol outlines risk management strategies for known behaviours, including timeframes for absence and contact information for relevant parties. Immediate searches of the premises and surrounding areas are conducted upon confirmation of a young person's unauthorized absence. Notification protocols are followed, involving the police, placing authority, individuals with parental responsibility, and the Manager or Manager on call.

Following a young person's return, our carers prioritize their safety and comfort, offering them food and drink as needed. Subsequently, a debrief with a team member is offered, and a key work session is suggested for a later time.

Communication is vital, and therefore all relevant parties identified during the young person's absence will be contacted regarding their return. This includes reaching out to the social worker, who will be encouraged to visit the young person and arrange a return interview if they were classified as missing.

Once the return home interview has been conducted, Springfield House actively seeks information to facilitate the review and adjustment of risk assessments and individual future plans. Our procedures align with those of the local authority, and we are prepared to provide copies of both the Joint Protocol for Children & Young People Missing from Home and the Zen Care and Education PAN - Manchester, along with the individual child's Missing from Care Protocol, upon request.

Our policies and procedures are easily accessed via <https://zencareeducation.trixonline.co.uk> and kept up to date in conjunction with Tri-x.



## Section Two – Views, Wishes and Feelings

### 8. Policy and approach to consulting children about the quality of their care

At Springfield House, we prioritize creating a family-like environment where young people are actively involved in decisions about their daily lives. Our team are committed to the following principles:

- Seeking, considering, and acting upon each child/young person's wishes and feelings regarding their care and welfare.
- Regularly seeking feedback from children/young people about the quality of care through house meetings and feedback forms.
- Explaining to each child/young person how their wishes and feelings are considered and providing reasons for decisions.
- Supporting each child/young person in expressing their wishes and feelings and respecting their confidentiality.
- Assisting each child/young person in preparing for and participating in their reviews meetings to make their wishes and feelings known.
- Keeping the Children's Guide under review and ensuring children and young people understand its contents.
- Enabling children/young people to provide feedback and raise issues about the support and services they receive.
- Listening to children/young people and incorporating their views into their Future Plans.
- Providing information, explanations, and choices about daily life and future plans.
- Ensuring children/young people understand how to make complaints or representations and how these will be addressed.
- Providing access to advocacy support to ensure children/young people's voices are heard.

Additionally, formal House Meetings are held to allow young people to contribute to the agenda before Team Meetings. Team members respond promptly to young people expressing their wishes, feelings, and views spontaneously. Key person sessions and regular progress reviews are utilized to explore relevant matters and reach agreements on actions.

Children/young people collaborate with their key person on their future plans, discussing short- and long-term goals and strategies for achieving them.

CLA, Future Plan Reviews, chaired by Independent Reviewing Officers, are conducted within specified timeframes to safeguard and promote the welfare of children. Young people are encouraged to actively participate in these meetings and express their views.

Springfield House expects placing authorities to ensure Pathway Plans are established in a timely manner, with monitoring by the Home Manager and requests made for plans if necessary.

Children/young people are given opportunities to contribute to the team appraisals, and feedback is sought from services we collaborate with regarding the level of service provided to each child/young person.

## **9. Policy and approach to anti-discriminatory practice in respect of children and their families and children's rights**

While there is no legal definition of bullying, it is commonly understood as behaviour that is:

- Repeated
- Intended to hurt someone either physically or emotionally
- Often targeted at specific groups, such as those based on race, religion, gender, or sexual orientation

Bullying can manifest in various forms, including:

- Physical assault
- Teasing
- Threats
- Name-calling
- Cyberbullying, which occurs via mobile phone or online platforms like email, social networks, and instant messaging

The impact of bullying can be severe and underestimated. It can cause significant distress to children/young people, affecting their health, development, and, in extreme cases, leading to self-harm.

At Springfield House, we are dedicated to promoting and safeguarding the welfare of each child, as well as ensuring a safe working environment for all team members. It is the responsibility of every team member to ensure that everyone living or working at Springfield House is treated with respect and protected from oppression, humiliation, and all forms of abuse.

The team are committed to identifying children/young people who may be at risk of bullying and ensuring their protection from all forms of physical abuse, maltreatment, or exploitation, including sexual and racial abuse. Children/young people are encouraged to recognize their rights and understand that with rights come responsibilities to respect the rights of others.

Throughout their interactions, the team promote anti-oppressive practices with young people, colleagues, and any other visitors to Springfield House, whether in a professional or personal capacity.



## Section Three - Education

### 10. Supporting children with special education needs

Since September 1, 2014, statements of educational needs have been replaced by Education, Health, and Care (EHC) plans. It is the responsibility of the Virtual School Head (VSH) to ensure:

- Adherence to the special educational needs and disability code of practice 0 to 25 years concerning looked after children.
- Alignment between the child's statement or EHC plan and their care plan to provide a cohesive and comprehensive understanding of how their needs are being addressed. Professionals involved should consider how the statement/EHC plan complements information about meeting the child's educational, health, and care needs without unnecessary duplication from the care plan. Carers at Springfield house are aware that some children may have undiagnosed special needs upon entering care. The Personal Education Plan (PEP) serves as a record of actions needed for looked after children to reach their potential and incorporates any existing education plans, such as a statement of special educational needs, Individual Education Plan (IEP), or provision mapping. The PEP emphasizes a personalized approach to learning that fosters strong foundational skills, encourages ambitious goals, and enhances life opportunities.

### 11. Education curriculum and the arrangements for education

Springfield House is not dually registered as a school.

### 12. Promoting educational attainment

When a child enters care of the local authority, their local authority is responsible for arranging a suitable home. This process involves minimizing disruption to the child's education, especially at key stages such as key stage 4, with the involvement of the Virtual School Head (VSH).

If maintaining the child's existing education provision is not feasible, the new education provision should be arranged in consultation with the VSH alongside the care provider. The VSH plays a primary role in ensuring suitable education for the children, and their input should be considered in decisions regarding changes or moves, including consultations for out-of-authority provisions

In the case of emergency move to Springfield House, the local authority responsible for the child should secure a suitable new education provision within 20 school days. Springfield House adheres to this maximum time limit for all admissions.

When arranging a school placement, the child's social worker collaborates with the VSH and other local authority carers to find a setting that best suits the child's needs. Several principles guide this process:

Provision of a full-time place in an educational setting.

Priority given to schools rated 'good' or 'outstanding' by Ofsted for looked after children needing a new school. Avoidance of provision in schools judged 'inadequate' unless exceptional evidence-based reasons exist.

Selection of the education setting based on what a good parent would desire for their child, considering evidence that the setting can meet the child's educational needs and facilitate maximum progress.

Consideration of the child's wishes and feelings when determining suitability.

Springfield House prioritizes meeting the educational needs of the children within mainstream education services whenever possible, aiming for appropriate and sustainable school placements. However, for those with past struggles in mainstream settings due to social and emotional difficulties, specialist full-time education may be necessary.

In such cases, our education service offers a broad and balanced curriculum. Teachers collaborate with the home manager and key person, attend progress meetings and reviews, provide guidance on further education and career choices, and liaise with external agencies as needed.

Each child/young person's records at Springfield House includes their Personal Education Plan (PEP), detailing educational achievements, needs, and aspirations, including contact details of the VSH. It also contains records of educational history and any statements of special educational needs or EHC plans.

At Springfield House, there is ample space for studying, and young people have access to computer facilities if relevant to their educational needs.

## Section Four – Enjoyment and Achievement

### **13. Enabling children to take part in a range of activities to be creative and intellectual and develop their social interests and skills**

At Springfield House, we prioritize providing a diverse range of experiences, opportunities, and activities tailored to meet the individual physical, emotional, social, behavioural, psychological, and educational needs of our young people. We celebrate birthdays, name days, as well as cultural and religious festivals where appropriate.

Our approach encourages all young people to actively participate in planning their weekly activity program, with the support and guidance of the team. When necessary, the team will research and organize activities requested by the young people, subject to risk assessment.

In addition, young people have the opportunity to select, magazines, books, music, and games on a weekly and monthly basis, with suitability taken into consideration.

We promote and encourage outings to events of enjoyment or interest, which are organized by the team and young people as appropriate. Springfield House benefits from its proximity to various recreational facilities nearby. These activities include options ranging from football

to tennis to swimming and more. Furthermore, young people are encouraged to join local youth clubs and sporting groups both in and around Wigan, or even further afield if a particular interest arises. Our team have access to the home's vehicle to facilitate these activities.

Recognising the importance of play and social interaction, we actively support young people in forming and maintaining friendships, both within and outside the home. We welcome friends for dinners and organize 'play dates'. Carers are well-versed in understanding the impact of friendships and strive to foster positive influences while discouraging negative ones.

Its essential to strike a balance between providing realistic experiences to those in a family home and ensuring young people have the opportunity to partake in childhood experiences they may have missed. At Springfield House we aim to create a nurturing environment where children grow develop and thrive.

## Section Five - Health

### 14. Healthcare and therapy

Prior to coming to live with us at Springfield House, we identify each individual's healthcare needs and ensure continuity of medical care through recorded arrangements in the Future Plan. Confidential health records are maintained for every young person, encompassing details of any health issues, prescribed treatments, and medication administration.

Our commitment to supporting young people extends to enabling them to remain under the care of their current healthcare providers, including doctors, dental practices, and opticians. However, if the distance proves to be prohibitive, we facilitate registration with local healthcare professionals within seven days of admission.

We have a dedicated named CLA nurse based in Wigan frequently visits the home to provide healthcare and information to our young people. Additionally, our team are knowledgeable about the NHS helpline (111), which can be accessed for additional advice and support as needed.

Continual monitoring of any changes in a young person's health is a priority for our team. In the event of such changes, appropriate care or treatment is arranged after obtaining the child's consent, where appropriate, ensuring their well-being and comfort are paramount.

#### Medication

At Springfield House, we maintain strict protocols regarding the storage and administration of medication to ensure the safety and well-being of our young people. All medications are securely stored in a locked medication cabinet, which is under the responsibility of the shift leader. However, if a young person is deemed competent and has been assessed as low risk to self-administer their medication, they will be provided with a lockable cabinet for their room.

All team members undergo comprehensive training in the Administration of Medication to ensure they are equipped with the necessary knowledge and skills to administer medications

safely and effectively. This training enables our team to adhere to proper procedures and protocols, minimizing the risk of errors and ensuring the health and safety of our young people.

### **Exercise**

At Springfield House, we prioritize the well-rounded development and fulfilment of our young people, striving to provide a diverse range of activities and opportunities for their engagement. We encourage them to explore their interests and hobbies while also introducing them to new experiences they may not have encountered before.

Regular exercise is promoted as an integral part of our young people's routine, and they are encouraged to participate in physical activities that they enjoy. Our team actively support and facilitate their involvement in various activities, including community sports, horse-riding, outward-bound pursuits, drama and dance groups, army cadets, swimming, tennis, and more.

Additionally, we encourage our young people to join the local gym, benefiting from access to gym equipment, swimming pools, exercise classes, and other fitness activities available in one of Wigan leisure centres. This opportunity allows them to engage in structured physical activities while also fostering a sense of community involvement and personal well-being.

To ensure the health and progress of our young people, we utilize an electronic recording system that facilitates the identification of patterns and trends in their health and well-being. This system enables us to closely monitor their health status and address any concerns promptly, ensuring their overall well-being is effectively managed within appropriate timescales.

### **Diet**

At Springfield House, we prioritize the health and well-being of our young people by promoting a well-balanced diet and encouraging their active participation in meal preparation. They are actively involved in planning weekly menus, assisting with the grocery shopping, and taking part in cooking activities. This hands-on approach not only fosters a sense of independence but also enables them to develop essential life skills.

We embrace diversity in culinary experiences and encourage our young people to explore and try new cuisines. Our kitchen accommodates all personal tastes, ensuring that individual preferences are considered while adhering to health monitoring and addressing specific dietary needs.

In cases where additional support is required, we collaborate with other agencies such as dietitians and the designated nurse to meet the unique dietary requirements of our young people. This collaborative approach ensures that everyone's dietary needs are addressed comprehensively, promoting their overall health and well-being.

### **Personal Hygiene**

At Springfield House we understand that children and young people have had different experiences, and we give priority to health and wellbeing, our team provide guidance, advice and support in a sensitive approach to help our young people gain a good understanding of personal hygiene and help with understanding of products available and empower them to make choices regarding personal items and toiletries carers team.

As part of our commitment to promoting independence, young people have the opportunity to purchase these items during shopping trip. We discreetly monitor personal hygiene

standards and provide guidance and encouragement where necessary, ensuring that each individual feels supported in maintaining their personal well-being.

Any specific concerns related to personal hygiene are recorded in the young person's Future Plan, with clear strategies outlined for supporting them effectively. This enables our team to provide consistent and tailored support, ensuring that each young person receives the assistance they need to thrive.

### **Smoking & Vaping**

Smoking and vaping is strictly prohibited within any of our homes in accordance with the law. To uphold this policy, members of the team and visitors are prohibited from smoking in the presence of young people.

Furthermore, we provide guidance to all young people regarding the health risks associated with smoking and vaping, and support is readily available to those who express a desire to quit. It's important to note that individuals under the age of 18 are not permitted to smoke under any circumstances.

### **Alcohol and Drug Misuse**

Alcohol consumption and drug use are strictly prohibited within all areas of the home. Our team can offer comprehensive advice and guidance on the risks associated with substance misuse to educate our young people about the potential health effects. If specific concerns regarding drug or alcohol misuse are identified, we promptly make referrals to the appropriate local support services for further assistance and intervention. We could make a referral to With You service who support young people in Wogan who may be facing challenges with drugs and alcohol.

### **Sexual Health**

Shortly after coming to live with us, we conduct thorough assessments of awareness and risk levels based on information provided by social care and other relevant agencies involved in the care of the young person. Our team provide guidance and support through key person sessions to identified needs. If specific concerns arise, we promptly refer the young person to the appropriate services, which may include local wellbeing clinics, ensuring they receive the necessary assistance and support.

### **Health Education**

At Springfield House, our team are committed to promoting a healthy lifestyle and serving as positive role models for the young people in our care. We arrange access to specialized guidance and support as needed, and our key workers prioritize health issues such as sexual health, sex education, family planning, and alcohol and substance misuse during planned key work sessions.

We actively collaborate with professionals to ensure that the young people in our care receive comprehensive support and information to make informed decisions about their health and well-being. Team members assist each young person in achieving personalized objectives for their health and well-being, as documented in their future plan or health plan.

Through ongoing support and guidance, we empower young people to understand their health needs and make informed choices that contribute to their overall well-being. Our

holistic approach ensures that everyone receives the attention and assistance necessary to lead a healthy and fulfilling life.

### **Psychological and Clinical Support**

Our in-house Psychology Service works closely with our teams and throughout the business to develop and embed trauma informed practice. The Therapy Teams are Clinical Psychology led and are specialists in providing therapeutic support to Residential Childcare Services.

Zen's therapeutic practice is informed by a comprehensive understanding of the impact of developmental trauma. Developmental trauma describes the impact of early experiences of abuse, neglect, and disrupted attachments on children's functioning across all domains. Children who experience developmental trauma have been exposed to an environment marked by multiple and chronic stressors, frequently within a caregiving system intended to be the child's primary source of safety. The impact of these early traumatic experiences are seen on immediate and long-term outcomes for young people including behavioural difficulties, difficulties in engaging in typical activities, and mental health outcomes.

The research tells us that early trauma results in several vulnerabilities in children and young people across several areas, including cognitive functioning, emotional state, behavioral difficulties, physiological changes, difficulties in relating to others, and poor self-esteem. While, during development, most children have the chance to invest their energies in developing various skills and abilities children who have experienced developmental trauma must focus on survival and need additional support to process their experiences and engage in self-development.

Zen Care has embedded the use of PACE (Playfulness, Acceptance, Curiosity and Empathy, a therapeutic way of developing safety in relationships, alongside adapting the key principles of the Trauma Recovery Model (TRM) (see figure 1.), a sequential, developmentally informed model underpinned by attachment theory. Using this model, interventions are sequenced and targeted at building connection and safety to support skills-based interventions when the child is developmentally ready to receive them.

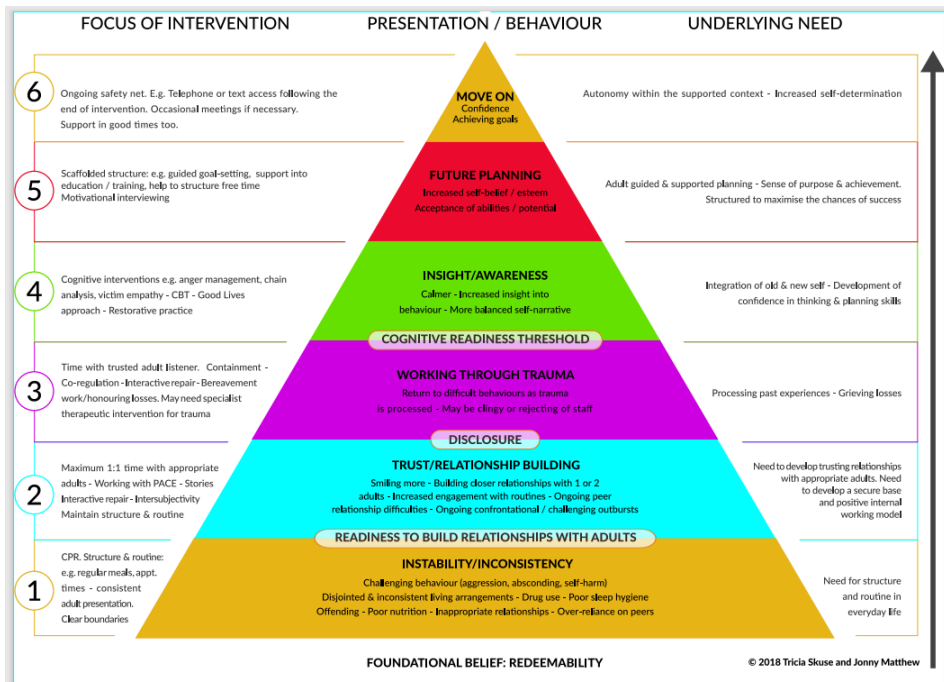


Fig 1: Trauma Recovery Model (Skuse and Matthew 2018)

Our adapted approach seeks to focus on the key's tasks of each sequential layer, while establishing physical and emotional safety at all times, to support the young person to remain engaged and supported. This is broken down into the key areas of establishing safety, building trust, showing tolerable care and growing skills, see figure 2. All elements of the young person's therapeutic plan direct the teams towards these tasks to provide direction and layering to any intervention offered, so that the support and direction provided is valuable not only for the here and now, but also for the young person they will become in the future. PACEful practice is used within this model to establish trusting relationships which support progression towards skills and trauma-processing based interventions. The key underpinning of the TRM is a belief in the ability of young people to change and grow. We aim to maintain a hopeful vision for our young people and build connections with them and confidence within them, that will help them to reach their goals.

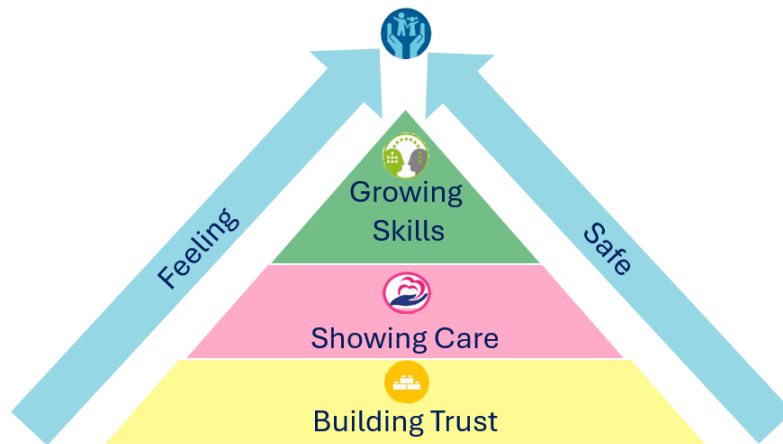


Figure 2. A visual representation of Zen care's adapted therapeutic approach.

### **Therapeutic Input for the home**

The importance of attachment informed professional practice with children and young people has been consistently demonstrated in research findings and clinical outcomes. The current evidence base indicates that the most effective way of increasing security of attachment for young people of all ages is by intervening with their caregivers, whether these are birth parents or substitute care givers in a family or residential setting. Interventions that support carers or workers to understand and reflect on the meaning of the child's behaviour and recognise its impact on themselves are most likely to maintain the stable placements which are associated with good outcomes for children.

The primary method for therapeutic input to the home is therefore based around providing support to the teams and managers. This includes at a minimum one consultation a month with the team within the home and one reflective review with the Registered and Deputy Manager. These are spaced throughout the calendar to provide input to the home on a two-weekly basis. In addition, at times of increased need ad hoc support can be sought from the clinician at any time.

### **Psychological Consultation**

Psychological Consultation will include a scheduled meeting with the entire supporting and managerial team.

During these visits, the clinician will:

1. Start the assessment process.
2. Discuss the risk factors within the placement and address any ongoing concerns with staff pertaining to the young person's emotional health and psychological well-being.
3. Update and review the young person's Therapeutic Support Plan centred around the identified key therapeutic tasks.
4. Encourage and support the staff to use reflective practice, helping them to consider the challenges and obstacles they may be facing in caring for the young people.

5. Deliver bespoke therapeutically focussed training and additional relevant resources as needed to support the therapeutic approach of the staff.

### **Staff Training and Foundational Knowledge**

Staff across Zen Care receive a comprehensive training package developing their therapeutic skills. This includes an Introduction to Therapeutic Practice (including the PACE approach) as part of their introduction. In addition, they have access to training relating to: Child Development, Attachment, Developmental Trauma and the Neurobiological Impact of Trauma on the Brain; Therapeutic Work which focuses on supporting staff to undertake therapeutic keywork sessions; and Advanced Therapeutic Practice, which further explores our model and how it can be put into practice for staff who have completed six or more months of service.

Additionally, during consultations specific workshops can be completed around relevant issues to meet ongoing training needs. The psychological therapist also supports the development of reflective practice in the home, using the Gibbs Model to support staff to emotionally connect to young people and the work and to develop resilience in working therapeutically with young people who have experienced significant trauma.

### **Psychological Assessment & Formulation**

Through the consultation process, a formulation and psychological understanding of the young person will be co-produced with the team within the home for each young person. This formulation will underpin the Therapeutic Support Plan which makes recommendations for the person's ongoing care within the home, as well as any present or future needs from the system and/or individual therapeutic approaches. This plan will then be reviewed and updated monthly in line with the discussions held in consultation.

The formulation process will include a review of known history, discussion of presenting difficulties, and consideration of their underlying psychological, emotional and developmental needs. Where the young person wishes to be included in this process, this will be accommodated through direct sessions with the Practitioner Psychologist. The young person will also be offered a chance to have sensitively provided feedback around their Therapeutic Support Plan should they wish. Zen Care considers that young people should be empowered to be involved in their care but also that this should be available to them only in ways which enhance their emotional safety and require their consent.

### **Therapeutic input for children & young people**

Evidence-based practice indicates that interventions based on staff practice are the best use of clinical resources when supporting young people who have experienced relational trauma. Zen Care's therapeutic model provides a safe, secure foundation for a young person offering predictability, routine, and consistency. Each young person is supported to experience safety in the child/caregiver relationship, to develop healthy new attachments to adult caregivers, and to consider what a healthy relationship looks like, how to regulate their emotions effectively and how to develop their self-concept and identity.

In the TRM model, direct therapeutic work may be beneficial for young people who have built on their emotional safety and are now in a place to mourn losses, process traumatic experiences or focus on cognitive based interventions. Comprehensive psychological

assessments can be completed when indicated and direct therapeutic input can be facilitated if there is clinical need.

Therapy for young people who have experienced trauma is often offered on a long-term basis as we know children and young people who have experienced trauma often have a fear of intersubjective relationships. Therefore, before beginning work with a young person, it may be relevant to spend informal time with the young person developing a therapeutic rapport and supporting them to feel comfortable. We place significant importance on co-creating therapeutic goals with young people, ensuring that they are invested in the therapeutic relationship and that goals are meaningful for them. We know that therapy can be difficult for young people and at times throughout the therapeutic process young people may disengage from the therapeutic process, using in-house services allows for flexibility or provision and reduces known barriers of access to services.

Zen's Therapy Team do not operate as a crisis service, practitioners act as the Clinician for the home primarily, unless risk arises during direct individual work, clinical risk is managed by the staff team in the home.

### **Therapeutic Delivery Staff**

Dr Louise Hendry, Lead Clinical Psychologist (DClinPsychol, MSc, BA(hons)) is the registered Psychological Practitioner supporting Springfield House, she also serves as the Head of Therapy for Zen Care and is responsible for embedding therapeutic practice across the business.

Dr Hendry is registered with the HCPC (HealthCare Professionals Council) and holds a Doctorate in Clinical Psychology. She is also well versed in neurodevelopment and completed an MSc in Developmental Disorders. Dr Hendry has a particular interest in supporting Looked After and Accommodated Children and Young People and has previous experience as a Residential Support Worker/Deputy Manager of solo residential homes prior to training as a psychological practitioner. As a Clinical Psychologist her previous experience includes working as a Senior Psychologist for a nationally based Residential Care Provider, providing consultation to Local Authorities, and she has developed and evaluated the impact of training for Residential Support Workers which has been published as a peer reviewed article – see [Hendry et al. \(2022\)](#). Dr Hendry is a trained supervisor who is eligible to join the Register for Applied Psychology Practice Supervisors (RAPPS) and has previous experience of supervising Assistant and Trainee Psychologists.

Dr Hendry is supervised by Emma Williams, Consultant Forensic Psychologist (BSc (Hons.), MSc, CPsychol, AFBPsS, EuroPsy) Ms Williams is based externally to Zen Care and provides supervision through Williams Psychology on a monthly basis [www.williams-psychology.com](http://www.williams-psychology.com).

### **The Clinical Staff team**

Integrated therapy services are delivered to the home, including consultancy for residential staff, training and support for staff teams, liaison with external agencies (e.g. social services, CAMHS) and systemic outcomes monitoring.

Support for residential staff is offered by the team, in line with guidance from the British Psychological Society, NICE Guidelines and HCPC. Our clinicians also have access to a combination of individual clinical supervision and Continuing Professional Development (CPD). The Zen Care and Education Therapy Team have access to regular CPD events and

are funded to maintain relevant subscriptions for their ongoing learning and access to clinical resources.

### **Therapeutic Ethos**

At Zen Care and Education Group, we prioritize providing high-quality, evidence-based training, support, and supervision to our staff teams. Our goal is to cultivate "therapeutically informed parenting" practices, which are recognized as the most effective approach for working with young people who may struggle with traditional therapeutic methods.

By equipping our staff with the necessary tools and understanding of trauma histories, we aim to foster empathetic connections with the young people in our care. Building meaningful and trusting relationships is essential to providing a positive and secure environment for our young people.

Our staff undergo comprehensive training to address the challenges associated with complex behaviours and needs exhibited by the young people. They receive ongoing support to remain engaged, even during difficult times.

Our overarching objective is to facilitate the social and emotional development of each young person and cultivate resilience that will support them in their transition to life after residential care. Through our efforts, we aim to empower young people to lead fulfilling lives beyond our facilities.

## **Section Six – Positive Relationships**

### **15 Promoting quality time between children and their families and friends**

At Springfield House, we prioritize facilitating and supporting quality time between young people and their families, unless directed otherwise by the placing authority or court. We adhere to written agreements regarding family and friends time arrangements and ensure clarity on permitted or prohibited people.

Visitors are welcomed at the home, and they are offered the opportunity to share meals and refreshments. We provide a quiet space for young people and their visitors to talk in private, depending on the level of supervision required. Before granting access to visitors, team members at Springfield House will verify their identification and record their details in the visitor's book.

We support various forms of quality time, including phone calls, email, or electronic communication, as agreed with placing authorities. Young people are encouraged to maintain friendships locally and from previous home, and their friends are welcome to visit with the team consultation.

All quality time is documented in our electronic recording system and filed in the young people's files. Any changes to family and friends' quality time arrangements are made in consultation with the placing authority. If necessary, team members can supervise the time at a venue away from the home.

We recognize that family and friends time can be emotionally difficult for some young people, so we provide support before, during, and after agreed family and friends time. We ensure good communication between parents, young people, and the home regarding how the quality time went. In situations where family and friends time is too risky or cannot occur at

the home, we arrange family and friends time in the local area or at a halfway point between the two areas.

For some young people family time may not be an option for different reasons, with this we ensure access to an independent visitor after appropriate checks and agreements from the local authority.

## Section Seven – Protection of Children

### 16 Monitoring and surveillance

The house has two door entries, one front and back They have door chimes to alert team members of anyone entering or exiting the home. There are no movement sensors in place this will be fully risk assessed and in agreement with placing authorities and within young people plans if it became part of a safety plan.

There is no internal surveillance.

### 17 Behaviour Support

At Springfield House, our primary focus is on creating a nurturing and therapeutic environment where young individuals can cultivate positive relationships and a strong sense of self-worth. We prioritize maintaining clear and consistent boundaries to ensure the safety and well-being of all our young people.

We set behavioural boundaries that are both reasonable and achievable, offering gentle reminders if cooperation wanes. In instances where additional support is needed, young people are encouraged to utilize agreed strategies to support them and to keep safe. Our team members are extensively trained in de-escalation techniques and diversion strategies, with physical intervention being employed only as a last resort in situations where there is a significant risk of harm or property damage.

When physical intervention is necessary, it is conducted with careful consideration for factors such as the individual's history, physical health, and emotional state. Our team at Springfield House undergo specialized training in therapeutic parenting based on the PACE model, which emphasizes the importance of understanding trauma and attachment in supporting young people who are finding it difficult to cope and experiencing difficult thoughts. Any incidents involving physical intervention are documented, reviewed, and promptly reported to the relevant social workers.

We approach disciplinary measures as opportunities for growth and learning, rather than punitive actions. The team at Springfield House engage in reflective discussions with young people to explore the consequences of their actions and promote positive behavioural choices.

Room searches are conducted sparingly and only when there is a valid reason to believe that a young person may be concealing items posing a risk to themselves or others. These decisions are made in consultation with managers or senior members of the team, and social workers are promptly notified following any searches.

Overall, our approach is centred on fostering a safe, supportive, and growth-oriented environment for the young people under our care.

## Section Eight Leadership and Management

### 5. Registered Provider and Manager's contact details

The **Responsible Body** is Victoria Moran  
Zen Care and Education 14652063  
Trafford House  
Chester Road  
Old Trafford  
Manchester  
M32 0RS

Tel: 0161 706 2035  
Email [info@zencare.uk](mailto:info@zencare.uk)

The Homes Manager for Springfield House is Angela Foster  
See appendix A for details of Angela experience and qualifications

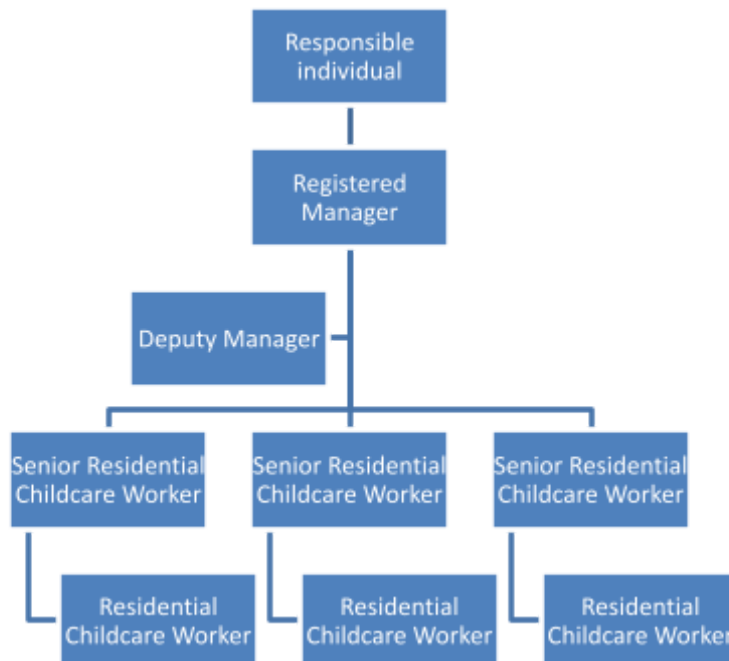
The **Responsible Individual** is Victoria Moran  
Vicki started with the Zen Care and Education in July 2024 as a Regional Operations Manager with the plan of becoming the Responsible Individual. Vicki has worked in management in children residential homes for over 20 years in roles including Registered Manager/ Service Manager, Operations Manager and Regional Operations Manager for multiple children's homes. Vicki also spent time as Service Manager for supported accommodation for 16–18-year-olds and a nominated individual for EYFS and after school wrap around care service.  
Vicki holds the following qualifications: NVQ 4 Caring for Children and Young people, NVQ level 4 Registered Managers Award and NVQ 3 Caring for Children and Young People.  
Vicki is the Designated Safeguarding Lead within Zen Care and Education

### 6. Experience and qualifications of staff

Springfield House has a dedicated care team who are responsible for the effective care and development of the young people. The company recognises that to meet the complex and varied needs of young people; team members must have appropriate training, well-developed skills and access to clinical support and consultation.  
All team members complete a comprehensive induction programme to include a learning log which is broken into six standards which link into the QCF framework. The induction also includes mandatory training in safeguarding, child protection, equality and diversity, CPI, fire safety, food hygiene, administering medication, the level 3/4 Children & Young Peoples Workforce Diploma and specialist training in therapeutic parenting, trauma and attachment. The team development is further assisted regular supervision, team meetings and psychologically informed consultation with the home's allocated clinician.

### 7. Management and staffing structure and support

An example of the team structure is provided below but for full details of the staffing structure within the home, please see Appendix A.



At Springfield House, our approach to our team reflects a commitment to providing a safe, supportive, and nurturing environment for the young people in our care. We aim to ensure that team dynamics are carefully considered and tailored to meet the individual needs of each child/young person.

During night shifts, we prioritize having a balance and have two team members to ensure safety, compliance with safety standards and to provide appropriate support. If specific gender-specific team members are required for the well-being of the children, this need will be thoroughly assessed through a risk assessment process. One-to-one situations at night are only permitted following a comprehensive risk assessment and validation of competence by the Home Manager.

Our team/support levels each day are determined through rigorous risk assessments and are adjusted based on individual needs and circumstances. Waking night team members are only present if specifically requested by placing authorities or if deemed necessary following an assessment of recent events.

In instances of team shortages, efforts are made to cover shifts internally, with regular team members who are familiar with the home and our young people being prioritized. Agency carers are utilized sparingly and as a last resort to maintain consistency and continuity of care, any long-term agency workers would be selected based on their familiarity with the home's routines and expectations if required.

All team members, whether core or agency, undergo thorough induction processes to familiarize themselves with the young people in our care, including reading up-to-date risk assessments and future plans. Ongoing training and development are prioritized, with regular supervisions, team meetings, and annual appraisals provided to support personal and professional growth.

Positive social role modelling is integral to our recruitment and training processes, with an emphasis on diversity and life experience among our team. Our aim is to inspire and lead a culture that promotes the welfare of young people, fosters teamwork, and delivers outcomes

aligned with our home's ethos. The leadership team at Springfield House works closely with the team to ensure they have the necessary qualifications, skills, and support to meet the needs of each child/young person effectively.

We recognize the importance of maintaining continuity of care for young people, and our team arrangements are designed to minimize disruptions to their attachments and routines. The Registered Manager oversees team continuity and ensures that temporary team members do not compromise the quality of care provided.

All team members undergo thorough safer recruitment checks, background checks, including Enhanced Disclosure Barring Service (DBS) checks and references, in line with safer recruitment requirements. We are committed to promoting a positive view of diversity and cultural backgrounds among our team to better serve the needs of our young people.

## Section Nine – Care Planning

### 8. Children moving into our home, including in an emergency with short notice

Coming to live at Springfield House for a new young person it is carefully managed to ensure a smooth transition into our home and care, whether it's a planned move or at short notice situations.

When a young person is referred to Zen Care and Education, our Referrals Department gathers initial details from the relevant placing authority. During this process, we conduct risk assessment to evaluate whether we can adequately meet the needs of the young person within our existing group of young people. Additional information may be requested from the placing authority to aid in our decision-making process.

Our criteria is for Springfield House to offer a home for one young person with emotional and behavioural difficulties. We consider young people who align with our current group and meet the conditions outlined in our home's registration. However, we are unable to offer Springfield House to young people who would breach these conditions or be inappropriately matched.

Any young person coming to live at Springfield House, whether planned or in an emergency, is contingent upon receipt of the relevant paperwork. In the case of emergency moving in, the Registered Manager obtains comprehensive information from the referrer to facilitate a decision and ensures specific conditions are met, including:

- Admission on a trial basis
- Planning meeting arranged within 72 hours
- Designation of a named social worker with case responsibility
- Provision of all necessary paperwork

Whenever possible, the young person will visit the home prior to coming to live with us, to familiarise themselves with the environment, participate in activities, and meet some of our team. Upon moving into our home, team ratios are reviewed to ensure a safe introduction. Each young person receives a Welcome Pack containing a guide, toiletries, and relevant contact numbers. They are introduced to a key person who assists them in settling into their new environment.

When a young person comes to live with us or is leaving, Registered Home Manager notifies the designated officer within the Local Authority Wigan. This written notification includes the young person's details, legal status, and contact information for relevant authorities and



support services. Additionally, it specifies whether the young person has a SEN/EHC Plan, with details of the responsible local authority.

**Appendix A – Team Structure**

Team Member	Job title	Start date	Qualifications	Experience
Angela Foster	Registered Homes Manager	1 <sup>st</sup> August 2023	NVQ level 3 QCF Leadership and Management level 5	<p>Angela has worked in the social care sector for over 22 years, she has worked in residential childcare for 18 years and has been a manager for the past nine years. Angela has consistently lead teams and provided care for young people with learning difficulties and emotional behavioural difficulties. With an abundance of experience with Ofsted and working with other agencies, Angela has enhanced the care provided to children within the homes and ensured staff are well supported.</p> <p>Angela has a background in care for those of all ages and before joining the sector, provided care in provisions for parent and babies, she has overseen numerous development plans for both mother and child as well as countless transitions into continued care and independence. Angela has also</p>



				gained experience with foster care and fostered children with complex needs for 5 years.
Sam Neale	Deputy Manager	28th July 2025	QCF 3 Children and Young people Workforce	Sam has over 5 years' experience of supporting children within residential childcare. Sam previously worked with children in crisis and focused on therapeutic intervention and behaviour management.
Oliwer Tomala	Senior Residential care worker	October 2025	Oliwer holds a Level 3 Children Young People & Families Practitioner and also Level 4 Residential Childcare.	Oliwer has nearly 2 years' experience in the role of residential support worker. during this time, he has been promoted to role of team leader after a successful interview. Oliwer has supported young people through positive role modelling educational activities and key working to empower young people to become their best selves.
Courtney Bradley	Senior Residential childcare support worker	October 2025	QCF level 3 Children and young people Residential.	Courtney has had 3 years' experience working in this sector and is very pro active in key working with the children and ensuring their best interests are met.
Ellie Carter	Residential childcare support worker	September 2025	Batchelor Hrs in Criminology Level 3 diploma- Health & Social care.	Ellie has previously worked closely with patients with Dementia and shows



				a high level of commitment and support for those in need.
Tamara Rylance	Residential childcare support worker	October 2025	Tamara does not have her Diploma; she will be enrolled on this after successful probation period.	Tamara has experience working in the sector and is very caring and nurturing in her role.
Jayne Metcalfe	Residential childcare support worker	February 2024	Jayne is enrolled on her level 4 Diploma.	Jayne has 18 months experience of working in this sector, Jayne is currently working towards her diploma and is experienced using the PACE model
Paige Hoyle	Senior Residential childcare support worker	October 2025	Paige has QCF 3 Children and Young People Residential.  Health and social care A level Award.	Paige has 14 years' experience, within the care sector working from Children and adolescence to Adults. Paige offers a great level of expertise and leadership in her role and is very therapeutic in her role.