Lioncare

specialist services for children

Statement of Purpose

2026/2027

Springfields Therapeutic Children's Home

Information for Parents, Carers, Social Workers, and Commissioning Managers

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Welcome to The Lioncare Group

Established in 1991 as Lioncare Ltd, The Lioncare Group specialises in therapeutic residential childcare, special education, and training/consultancy.

We operate three therapeutic children's homes (Springfields Therapeutic Children's Home registered in 1998; Hillfields Therapeutic Children's Home registered in 2015; Westfields Children's Home registered in 2018), The Lioncare School (an independent SEMH school opened in 1995), and a training/consultancy service.

We offer specialised, family-like therapeutic childcare for children aged 6-12 (Springfields, Westfields) and 12-16 (Hillfields), and a special curriculum at our DfE-registered independent school for ages 7-16. All children are local authority-funded under section 20 or section 31 of the Children's Act 1989.

This Statement of Purpose

This Statement of Purpose for Springfields Therapeutic Children's Home, written by The Lioncare Group, informs children, employees, parents, social workers, and commissioners about the home, its practices, and how it achieves positive outcomes for children. It summarises how Springfields will provide child-focused, safe care, adhering to Schedule 1 (Regulation 16) of the Children's Homes (England) Regulations 2015 under the Care Standards Act 2000. A copy has been sent to His Majesty's Chief Inspector, and an anonymised version is on The Lioncare Group's website (www.lioncare.co.uk). Printed copies are available upon request. The Chief Executive Officer, as the Responsible Individual, holds ultimate responsibility for ensuring Springfields operates consistently with this Statement, supported by the Chief Operating Officer and Registered Manager.

Review and Revision

The CEO must formally review and revise the statement of purpose annually, and as needed, seeking input from relevant parties for collaborative decisions. This review also incorporates current legislation, regulation, and best practice, ensuring the statement remains accurate and up-to-date. The CEO is responsible for notifying His Majesty's Chief Inspector of any significant revisions within 28 days of publication.

The Quality and Purpose of Care at Springfields

"Residential child care should provide a safe and stimulating environment in high-quality buildings, with spaces that support nurture and allow privacy as well as common spaces and spaces to be active".

The Overall Purpose of Springfields Therapeutic Children's Home

Springfields offers a family-like, homely, and safe environment for group-living, avoiding an institutional feel. It provides 52-week per year, medium to long-term (2-4 years average) residential placements for up to seven children, both girls and boys, aged 6-12 on admission, typically moving on by 14, or exceptionally by 16.

We also offer initial 6-month assessment placements to evaluate a child's needs in a safe setting and recommend future care, which could include return home, foster care (including a specialist placement with wrap-around support), residential care (including remaining at Springfields), boarding school, or other appropriate alternative provisions.

Springfields supports children with complex needs, often stemming from abuse, neglect, and/or developmental trauma, who struggle with daily life. They may present with unrecognised or diagnosed mild learning difficulties, neurodiversity, or mental health issues like mild anxiety, depression, developmental trauma, or adverse childhood experiences. These children have often experienced family breakdown and failed placements, making foster care currently inappropriate.

Children placed here are typically emotionally unintegrated, display challenging behaviour, struggle to manage feelings and regulate behaviour, have low self-esteem, difficulty forming meaningful relationships, and require an extended, holistic therapeutic intervention as a primary provision for successful integration. They find daily situations difficult, often existing in a state of panic/rage, and may show anxiety/anger when challenged, having experienced past trauma and emotional deprivation. They may lack basic trust in adults due to early abusive or neglectful experiences and function below their chronological age. Long-standing defensive mechanisms, though previously protective, now impede healthy development and need to be negotiated. Their behaviour may include disruptive outbursts, with inner feelings of worthlessness and low self-esteem. They generally require support and sensitive

guidance to work through unresolved needs, alongside learning skills for a more sustainable state of functioning, having not received 'good enough[1]' basic care.

Consequently, they struggle to: form/sustain emotional attachments, manage physical/sexual urges, contain emotions, cope with separation/loss, manage aggression/anxiety, function in groups/socially, and enjoy childhood/transition into adolescence.

Our work facilitates the repair of emotional damage by providing a positive experience of 'good enough' care and guidance. We recognise that healthy development relies on 'good enough' care and appropriate models for relationships, living, and learning. This approach has created a sensitive, accommodating, family-home-like environment without the pressures of family living, and that can accommodate their changing needs as they move through childhood and towards adolescents.

Care is delivered by a dedicated professional team, guided by experienced psychodynamic childcare, social care, and education consultants. Regular psychodynamic assessments, updated placement plans, positive behaviour support plans, safeguarding risk profiles, combined with nurturing care, integrated education (with external support when needed), and weekly individual psychotherapy sessions, form the framework for meeting their needs.

The therapeutic community approach requires adults to work closely with each child, focusing on their needs (like a concerned parent), sharing experiences, and using therapeutic skills to offer alternative coping strategies for difficulties, pain, upset, and issues, guiding them through to maturation. Adults recognise this transition is complicated by the echoes of past abuse, neglect, and trauma.

An external consultant team provides professional support, supervision, and guidance. Specialist services are accessed as needed, including experts in education, ethnic/cultural support, speech/language development, occupational health therapy, local C.A.M.H.S. referrals, psychiatric assessments/treatment, and liaison with youth offending services.

All placements include one-hour weekly individual psychotherapy sessions with a matched, independent psychotherapist, usually off-site or at Springfields if agreed. Special measures safeguard these sessions, protecting the child's privacy and the therapeutic relationship's integrity. Session frequency can increase if all parties agree it is in the child's best interest.

Focus on Developmental Stage Rather Than Chronological Age

At Springfields, we recognise that many children's chronological age doesn't align with their developmental stage, often showing a significant delay (e.g. a 9-year-old presenting emotionally like a toddler). Our therapeutic approach, therefore, focuses on the child's actual cognitive and psychosocial developmental stage, not their age. This approach is structured around four sequential prerequisites for healthy development:

Stabilising

Establishing boundaries, routines, structure, clear choices/consequences, rewards, and teaching appropriate self-management.

Nurturing

Encouraging healthy dependency, connection with the environment and caregivers, building basic trust, strengthening relationships, fostering self-worth, and creating a safe, enabling environment.

Teaching & Learning

Teaching fundamental life skills like eating with cutlery, personal safe-space, safe-touch, stranger-danger, road-safety, and basic personal hygiene.

Growing Expectations

Helping children understand and manage their feelings, emotions, and behaviours, exploring triggers, supporting their education, and providing opportunities for new, positive experiences.

Our primary task is to help children overcome trauma, incorporate "good enough care," achieve emotional equilibrium, enjoy childhood, take managed risks, and reach integrated levels of functioning at home, school, and in the community. We prepare children for leaving care with flexible, individualised support, helping them continue to develop attachments, repair, learn from mistakes, and achieve wholeness.

Ethos and Philosophy of Springfields

Springfields is a psychologically informed planned environment set up as a therapeutic community. Initially, each child undergoes a comprehensive baseline assessment to determine their functional level and needs. This, combined with the placing authority's care plan, informs the child's single coordinated Education, Health, and Care (EHC) plan

[1] D. W. Winnicott, The Child, the Family, and the Outside World (Penguin 1973) p. 173

and placement plan. This ensures appropriate care and education, leading to sustained progress.

The Lioncare Group and Springfields follow a core 5-Stage intervention process:

1. Accurate baseline assessment of the child's functioning.
2. Agreement on needs and the underlying reasons, including child consultation.
3. Realistic determination of outcomes (including timescales) and the evidence needed to show achievement.
4. Appropriate planning and delivery of effective treatment to meet agreed needs.
5. Regular reflection and review of needs, intervention, and outcomes to maintain focus on progress.

A further core belief is the fundamental equality of all people and the capacity for mutual help and development, regardless of age, gender, occupation, race, ethnic origin, sexuality, disability, health, or personal circumstances.

Aims of Placements at Springfields

These are centred on providing high-quality, psychodynamically informed, and highly individualized care for children in placement. Key aims include:

- Effective Planning & Placement: Ensuring comprehensive planning (referral, risk assessment, matching), providing a positive and therapeutic placement where children can address issues, develop attachments, acquire life skills, and move toward interdependence.
- Supportive Environment: Offering a comfortable, homely environment that meets all individual needs (emotional, physical, cultural, etc.) and promotes individuality and group acceptance.
- Therapeutic Approach: Utilizing psychodynamic assessment integrated with statutory plans, providing structure, promoting recovery and emotional healing through individualised plans (including safeguarding risk profiles and positive behaviour support), and enabling children to resolve loss/separation and cope with reality.
- Staff & Culture: Operating a Casework Manager system for primary coordination and consistent attachment, providing high levels of support, guidance, and ongoing compulsory and specialist training to the adult team, and committing to a supportive, honest, and harmonious culture.
- Compliance & Development: Ensuring statutory compliance (CLA reviews, PEP meetings), assessing and promoting educational needs (seeking mainstream or providing The Lioncare School), offering opportunities for play, maintaining relevant external links, and providing appropriate role models.
- Positive Transition: Protecting children's rights, providing the highest standards of care, and supporting a positive and stable transition both during and after their stay.

Outcomes for Children at Springfields

Springfields has five key outcome areas for a child's placement, focusing on their well-being and future prospects:

1. Promoting Health and Wellbeing: Achieving emotional and physical health and maturation.
2. Enabling Enjoyment and Achievement: Positively reframing past negative experiences, improving self-worth, and gaining a sound education in preparation for their next placement.
3. Safer Functioning: Alleviating anxiety through emotional holding, leading to better self-regulation, boundary setting, and protection from further harm.
4. Making a Positive Contribution to Society: Forming healthy attachments, functioning well in social groups, engaging in decision-making, and reflecting positively on their placement.
5. Better Prospects of Enjoying Economic Wellbeing[2]: Increasing potential for further education and employment, understanding a "decent home," and breaking the cycle of low-income for future generations.

Location and Design

Springfields Therapeutic Children's Home, opened in October 1998, is situated in the city's St. Anne's Well district, 0.87 miles northwest of the city centre. The home's location is strategic, prioritizing children's access to external services, recreation, and safety, while avoiding isolation.

Brighton and Hove is a major leisure city on the south coast, 46 miles from London. Springfields is near Seven Dials, within walking distance of Hove station, and close to the sea, the South Downs National Park, and various educational institutions.

We conduct bi-annual risk assessments (building/fire) with assistance and input from the Registered Manager, and with the children where appropriate, to identify hazards and implement risk reduction measures, reporting findings

[2] We define Economic Well-Being as being: comfortable, healthy, happy, with high standards of living, in employment, financially self-sufficient, stable, and prospering in all areas of life.

to the CEO, ensuring a safe, domestic-like environment.

Accommodation

This good-sized, Edwardian-style detached house, built in 1926, is of traditional construction. The front is partly rendered with mock-Tudor beams, and the original windows have been replaced with PVCU double glazing. The large rear garden features a patio, lawn, flower borders, fruit trees, a protected seating area, and is enclosed by the original brick wall. The front has a small garden and a driveway.

Ground Floor Layout: Ornate porch to vestibule (for coats/shoes); large entrance hall accessing all areas; adult's study; manager's office; large lounge with attached conservatory; large dining room; large modern kitchen with side access to the rear garden; under-stairs cleaning store; ground floor cloakroom with anti-room accessing the garage; staircase to sub-ground floor; main staircase to first floor.

Sub-Ground Floor Layout: Staircase from kitchen; small food store; play room; large corridor; adult's bedroom with ensuite; laundry room with rear garden access; locked entrance to substantial basement storage.

First Floor Layout: Staircase to landing with bay window; main landing accessing all children's rooms, bathroom, and toilets; five bedrooms (two large doubles, three small) - four with ensuite/wash basin, one with wash basin only; separate toilet/wash basin; large bathroom with separate shower, toilet, wash basin, and children-designed mood lighting; laundry cupboards; two large double bedrooms overlooking the park, both with ensuites.

Bedrooms

Springfields has seven unique children's bedrooms, all on the first floor. Each child is encouraged to personalise their room, choosing décor and furniture, often during an initial visit. Periodically, children can choose to have their bedroom redecorated and redesigned to suit their changing preferences and interests.

The smallest room is generally allocated to the youngest or least emotionally integrated child. As children grow and older children move on, remaining children progressively move to larger, more 'grown-up' rooms. This planned process promotes a sense of development and normal family life, symbolising a move towards maturity. Younger, newer children often prefer smaller rooms, feeling insecure or "lost" in larger spaces, whereas older or more established members of the children's group, benefiting from the therapeutic care they have received, generally feel more secure, are more trusting, and seek more space for hobbies and expressing their expanding personalities. Requests to change bedrooms are considered urgently.

Children moving to a large bedroom may be offered additional furniture, like a sofa, to "test out" a more 'grown-up' living style while still supported at Springfields.

Clear boundaries govern bedroom use to maintain privacy and safety:

- Adults must always knock and wait for a reply before entering a child's room.
- If a child does not respond, the adult will enter, assuming the child needs assistance.
- When adults enter, the door must remain propped open for safety.
- Curtains/blinds and doors must be closed when a child is dressing or showering to protect privacy and dignity.

Children are not allowed in each other's bedroom without an adult present. As children develop, they may, with adult agreement, share their space with an equally trusted child for activities, in line with 'normal' family life.

To mitigate risks of sexual exploitation or inappropriate interaction, and considering the children's age, history, and development, children are not permitted to sleep overnight in each other's rooms.

Bathroom and Washing Facilities

Springfields has one children's bathroom with a separate shower on the first floor, near all bedrooms. A separate shower room and toilet for the adult sleeping-in is on sub-ground floor. The children's facilities are modern and stylish, similar to a family home. The home has four toilets: one on the ground floor, one on the first floor, and two on the sub-ground floor. To promote a family-like, non-institutional environment and acknowledge changing perceptions on gender identity, toilet facilities are not segregated by age or gender.

Facilities For Study

Children at Springfields have appropriate study facilities in their bedrooms, which in some cases include computers, and demonstrates the home's commitment to supporting the children's education and learning. All home ICT equipment has necessary online safety measures in place.

Rooms for Private Visits

Children meeting with visitors (social workers, independent visitors, guardian ad litem, etc.) are offered a choice of private spaces within the home (lounge, dining room, office, playroom, or their bedroom). We encourage their choice for comfort. Recognizing the risk, visitors who are not part of daily care are subject to standard, thorough

checks and safeguarding procedures. For private meetings off-site, the contact suite at nearby Lioncare House is available, offering a spacious and comfortable venue for visits.

Sleeping-In Arrangements

Springfields has a designated, lockable adult sleeping-in room on the sub-ground floor, comfortably furnished for winding down and 'off-limits' to children to ensure adult privacy. There is also an en-suite bathroom with a toilet, bath, shower, and wash basin. Bed-linen and towels are provided.

Two adults are always present overnight. The Waking Night Therapeutic Carer/Worker remains awake for duties including securing the home, checking on children, administration, domestic tasks, laundry, and preparing packed lunches. The second adult is the sleeping-in person, typically an adult who worked the evening shift and will work the morning shift. Children are informed of the night staffing during the daily group meeting.

In a crisis, the Waking Night Worker alerts the sleeping-in person via a carried internal call system device to ensure continuous adult cover and supervision.

Maintenance Programme

Springfields offers a comfortable, well-maintained, and homely environment. A dedicated maintenance team, managed by the CEO from Lioncare House, carries out minor repairs and renewals to the property and external areas. The CEO regularly reviews their workload and standards, and plans future projects.

Springfields has an ongoing program for upgrades and redecoration, utilizing independent, vetted, and supervised qualified workers when needed.

We pride ourselves on this homely environment, which reflects our commitment to the therapeutic value of the physical surroundings—the "facilitating environment." We believe the quality of care shown to the physical surroundings, which is their home, mirrors the quality of care and attention the children receive.

We also believe children should have opportunities to contribute to and invest in their environment, gaining an understanding of home maintenance tasks for future independence. Children are actively encouraged to work alongside adults during domestic and minor maintenance tasks. This mirroring of appropriate adult role models is highly beneficial, helping children regain self-esteem, self-worth, pride, and proficiency for independent functioning.

Cultural and Religious Needs

Springfields supports and encourages children's religious, cultural, and racial identity, allowing them to openly practice their beliefs in line with parental or/and placing authority wishes. We provide positive role models from diverse backgrounds and ensure our resources (literature, food, etc.) reflect multicultural society and individual needs.

Referral forms gather essential information on a child's racial, cultural, ethnic, and religious needs, which is integrated into their placement plan. Interpreters are requested when needed for meetings involving non-native English speakers.

We recognize and actively address all children's identity-related needs, ensuring Caseworkers, teachers, and others are aware. This proactive approach includes locating after-school activities, contacting local places of worship, seeking guidance from community liaison officers for ethnic minority groups, and enrolling children in relevant clubs (e.g., Mosaic Youth Club, Allsorts Club).

While promoting identity, we prioritize the child's emotional and physical needs. We address these issues at the child's pace, even if it conflicts with the wishes of others, as we have found that rushing the process can be detrimental. Instead, we offer diverse opportunities for the child to explore their racial, cultural, religious, sexual, and ethnic identity, allowing them to choose which aspects to adopt or postpone.

Cultural and religious festivals

We celebrate cultural and religious festivals, typically Western holidays like Christmas, Easter, New Year, Halloween, and Bonfire Night. To promote anti-discriminatory practice and positive awareness of difference, children are also informed about other cultural and religious festivals (e.g., Eid al-Fitr, Diwali, Guru Nanak Jayanti) at the home and The Lioncare School, which are acknowledged and celebrated if the children wish.

Representation and Complaints

Springfields encourages all stakeholders (children, adults, parents, and relevant others) to provide feedback on its conduct to ensure a safe environment. Children receive an age-appropriate version of the children's complaints policy, in their welcome book, and are supported in understanding and becoming familiar with this by their Casework Manager and Caseworkers. The Deputy Home Manager is the designated complaints officer, coordinating and overseeing the complaints process and procedure on behalf of the Registered Manager.

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Child's Complaint Procedure:

Children have the right to complain about unfair treatment. Adults at Springfields must record complaints, attempt informal resolution, and immediately inform the Registered Manager, or Home Manager in their absence. The Registered Manager (or Home Manager in their absence) notifies the Deputy Home Manager who then takes the complaint forward as the designated complaints officer. Complaints involving adults trigger an initial investigation that may include suspension whilst the matter is being looked into, and potential formal disciplinary action, with the accused excluded from the process. The Registered Manager must notify the Chief Operating Officer (COO), OfSTED, LADO, the child's social worker, and parents/carers. Formal complaints receive a full response within 28 days. Complaints involving an adult trigger immediate safeguarding procedures and LADO/Front Door for Families notification. Retaliation is strictly forbidden. Children are encouraged to complain externally to various agencies (social worker, OfSTED, advocate, etc.).

External Complaints Procedure:

The Lioncare Group aims for swift, fair resolution. External complaints should first go to the Registered Manager. If the complaint is against the Registered Manager, the COO handles it, overseen by the CEO. Complaints against the COO go to the CEO, and complaints against the CEO go to the Founding Director/Owner. All formal external complaints receive a full response within 28 days unless further investigation is required. Records are confidential unless requested by the Secretary of State or an authorised inspection body.

The external complaints policy is available on our website or by contacting Lioncare House (01273 720424 or admin@lioncare.co.uk).

Monitoring and Review

The Registered Manager of Springfields has responsibility for ensuring the complaints process and procedure is conducted appropriately, fairly and effectively. The Deputy Home Manager is responsible for coordinating and overseeing the complaints process and procedure on behalf of the Registered Manager. The Chief Executive Officer (CEO) is ultimately responsible for ensuring all complaints to the home and/or organization are addressed effectively, within stated timeframes, and for maintaining records of outcomes. The Chief Operating Officer (COO) assists the CEO by monitoring complaints during their regular duties, providing additional oversight. Annually, the CEO, supported by the Registered Manager and COO, audits the complaints policy and procedure, incorporating local/national changes, and making necessary modifications. This policy is available upon request to all interested parties.

Promoting Positive Behaviour and Relationships

Promoting good order, self-control, positive behaviour, and relationships is vital in a therapeutic group-living environment. At Springfields we aim to create and maintain a structured setting that fosters order and allows children to develop fully. Recognised daily routines are key to maintaining and promoting self-control by all.

A lack of structure and self-control leads to a "chaotic" state where children feel unsupported, potentially causing violent or disruptive "acting out" driven by anxiety. Routines are essential for stability.

Balance is crucial: structure provides stability, but too much risks institutionalisation and dependency, preventing children from testing boundaries, a key part of healthy development. Children need to learn acceptable behaviour if they are to integrate into their community.

Too little structure results in insecurity for both adults and children, as shifting boundaries leads to a breakdown of order and anarchy, mirroring unhealthy past environments. Springfields balances structure and flexibility through routines and minimum rules set by children in consultation with adults, accounting for individual needs.

A consistent, rational approach to self-control is maintained, based on strong personal and professional relationships, offering security and confidence for maturity. Control is a small, important element. Expectations around self-control must align with a child's emotional age, understanding, and functioning level, given the diverse needs of our children.

Adults recognise that effective communication, backed by consistent, fair actions, is the key to maintaining good order. Violence and acting-out are understood as a breakdown in communication: what we cannot talk about, we act-out.

Basic Measures of Promoting Good Order, Self-Regulation, and Positive Behaviour

Springfields' positive behaviour policy is based on several core principles:

- It rejects rigid, total reward/sanction systems; good order requires flexibility based on individual needs.
- Good order involves both negotiation and enforcement, with open dialogue between adults and children being vital for good relationships.
- Peer punishment is prohibited.

- Victims have input into the reparation or sanction received by the offending child (restorative approach).

Communication, dialogue, and establishing a positive, trusting relationship are always sought, as these promote good order and self-regulation without further measures, helping children understand and take responsibility for boundaries.

Prohibited Measures

The following measures, as detailed in regulation 19 of the Children's Homes (England) Regulations 2015, are completely unacceptable to the management of Springfields and will not be used under any circumstances[3];

- corporal punishment (any intentional application of force as punishment, including slapping, striking, cuffing, shaking, throwing missiles, rough handling and any form of physical violence).
- physical / emotional rejection of a child. The behaviour is unacceptable, not the child.
- intentional deprivation of sleep and deprivation of food or drink
- the restriction or refusal of parental contact or contact with friends including communications i.e. letters and telephone calls[4].
- requiring a child to wear distinctive or inappropriate clothing (except sports kit or uniform for clubs and societies such as Girl Guides or Scouts etc.).
- use or withholding of medication or medical or dental treatment.
- use of accommodation to physically restrict the liberty of any child.
- imposition of fines, and totally inflexible systems of reward and punishment.
- intimate physical searches.

Monitoring and Review

The Registered Manager reviews challenging behaviour incidents and restrictive physical intervention use, analysing trends to aid reflection by the adult team and promote future practice improvement. The Registered Manager and Home Manager are further supported by attending and engaging in monthly safeguarding monitoring group meetings alongside other members of The Lioncare Group's leadership team, and an independent expert. This group reviews significant incidents and restrictive interventions across all settings, sharing "lessons learned" to improve care and education across The Lioncare Group. The Chief Operating Officer has oversight of behaviour management and recording at Springfields through regular contact, visits, checking records, and discussions with adults and children. The Training Manager of The Lioncare Group also assists in this task. The Registered Manager, assisted by the Home Manager and Deputy Home Manager, compiles and analyses this data for Regulation 45 quality of care reviews.

Police Involvement

The therapeutic community approach of Springfields and The Lioncare Group as a whole requires adults and children to work together as a functioning work-group to resolve matters relating to behaviour management, good order, and self-regulation and control;

Police involvement risks escalating disruption, abdicating responsibility, creating mistrust, and offers little positive benefit for typical day-to-day issues.

Police should only be called if a clear, serious criminal offense has been committed or is believed to be in progress, or if the safety and welfare of those at Springfields are in serious and urgent danger from an internal or external person.

Generally, and except for serious crimes against a child or adult where they can call 999 (and justify it later), the Registered Manager (or a senior manager) must authorize police contact. The Registered Manager, with the team, sets guidance for when an individual can call the police without prior authorization.

This directive prevents irrational decisions made during difficult situations, avoiding unnecessary criminalization of children and ensuring logical thinking, as the Registered Manager or executive team is involved in the decision.

Examples of when police may be called (non-exhaustive):

- Intentional maiming of an adult by a child with a weapon, resulting in serious injury.
- A serious safeguarding issue, especially involving an immediate and unacceptable risk to children, or an alleged serious sexual crime.

[3] Except in line with regulation 19(3)(b) that states: Nothing in this regulation shall prohibit…the taking of any action immediately necessary to prevent injury to any person or serious damage to property.

[4] It is recognised that in some circumstances restrictions may have to be placed on contact with certain individuals where it is an agreed plan or for protection. Where this is the case, and contact restricted, a clear note must be kept on each occasion on the child's individual file.

- A serious situation deemed beyond the leadership team's ability and resources to safely contain/manage (e.g., a large gang breaking in).
- A relative/friend/acquaintance barred by court order from contact with a child presents at Springfields and refuses to leave.

Additional Measures of Promoting Good Order, Discipline, and Positive Behaviour

Reparation and Reward:

We prioritise reparation (e.g., mending a broken item after a rage) over sanctions for wrongdoing, aiming to help children understand how to repair damage or diminished relationships, objects, or environments. Responses must be directly related to the original event; for example, a child wasting food might be asked to purchase replacement food, offering a positive alternative to their negative behaviour. Similarly, property damage reparation may involve assisting with repairs. We also emphasise recognising positive behaviour and empathy with rewards, linking "doing good" with recognition. All adult responses—reparation, sanction, or reward—must be appropriate and proportionate, given immediately after the child's act, and, where possible, involve the child in deciding the response.

Approved Sanctions[5]

We accept the following actions when dialogue is insufficient to restore order, self-regulation or self-control, and positive behaviour, or to reinforce communication:

- Constructive sanctions (e.g., temporarily removing a computer game to prevent all-night use).
- Court-imposed fines.
- Withholding pocket money.
- Increased supervision, loss of independence, and 'grounding'.
- Curtailment of leisure activities.
- Early bedtimes.
- Time-out.

All reparations and sanctions must be recorded on the home's universal log sheet for regular inspection by the Registered Manager, COO, and the homes' Independent Person.

Accessing the Homes Policy Documents

A person, body or organisation involved in the care or protection of a child can access the home's behaviour management policy via The Lioncare Group's website www.lioncare.co.uk and clicking on the policy and procedures page http://lioncare.co.uk/organisation-wide-policy/

Respecting the Views, Wishes and Feelings of the Children

Residential child care should provide an environment where "children receive care from staff who develop positive relationships with them, engage with them, and take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives".

Anti-Discriminatory Practice

Springfields and The Lioncare Group are committed to equal opportunity in service provision and employment, requiring all staff to promote our policy and practice.

To ensure equal opportunity and anti-discriminatory practice, the following guidance is actively promoted:

- Adults must not discriminate against other adults or children in our care based on race, age, religion, socio-economic status, gender, sexuality, health status, disability, or disfigurement. Instead of simple equal treatment, positive action must be taken, and individual, specific needs must be met sensitively and appropriately. This includes proactively understanding religious and cultural preferences for food, eating manners, and dress, and observing relevant religious days and festivals.
- Racial, religious, or sexual harassment by adults or children is not tolerated. Instances must be reported to management for immediate action.

[5] An explanation of the thinking behind each of the above sanctions can be found in the Appendix at the end of this document.

- Maintaining and developing the cultural identities of children in our care is crucial. Adults must promote each child's cultural identity positively, creating conditions for this development.
- Swearing by anyone is not tolerated.
- Explicit racist or sexist comments, behaviour, and offensive graffiti are not tolerated and will be challenged appropriately, considering the individual's needs and understanding. This will involve informative and educational work, assessed and planned individually. Graffiti will be removed promptly.
- Pornographic and sexist literature and media are completely banned and will be removed and destroyed. Adults must address related issues with children firmly but sensitively.
- No child will be excluded due to disability, and reasonable adjustments will be considered, accounting for the building's structural limitations.
- Adults must promote awareness and understanding of issues related to race, culture, religion, socio-economic status, gender, sexuality, disability, and disfigurement to the children.
- All efforts will be made to facilitate visits by disabled relatives or friends of children in our care.

Policy and principles relating to equal opportunity and equality and diversity are discussed at team and daily group meetings. Adults and children are positively encouraged to contribute views and ideas for promoting equality and anti-discriminatory practice, which are met with understanding and a positive response.

Risk Taking and Positive Risk Management

We recognise that healthy development involves risk-taking, and adult carers must be prepared to take appropriate risks to encourage this. Children with a history of abuse may have specific needs that must be met to ensure they reach their full potential without being limited by low expectations. Specific health requirements must also be considered in risk assessments.

Appropriate risks cannot be prescribed, as each situation and individual differs. Risk assessment must prioritise the child's and others' safety, guided by the paramount importance of the child's welfare (Children Act 1989).

Mistakes are a part of learning and should be addressed sensitively and positively, not with contempt. Our ethos includes helping children accept responsibility and consequences without adopting a threatening or punitive approach, and without adult carers shifting their own responsibilities.

Risk assessment requires clear boundaries between adult and child roles, consideration of the child's individual placement plan, safeguarding risk profile, and current circumstances.

Assessing and Managing Risk

Risk assessment and management are fundamental to the nurture and support of a child, always prioritising the child's safety and best interests. Key questions during assessment include: potential for significant harm (to self or others), age/ability appropriateness, recent behaviour context, available support, safety precautions, consistency with plans (placement plan, safeguarding risk profile, positive behaviour support plan), benefits evaluation, would a sensible and competent parent support your decision?

Allowing children to take risks is crucial, reflecting a home’s success in respecting individual rights and accountability. The process requires adult carers to specify actions to minimise risk, including contingency plans. All risk elements in plans must be open to negotiation, agreement, and regular review, involving the child, social worker, and (where appropriate) parents.

Springfields aims to provide a safe environment while upholding a child's right to choose and take managed risks, crucial for maturation and safety (including online). Day-to-day assessment is dynamic and informal (meetings, planning), but formal written assessment occurs: at referral (placing authority plan), in the initial impact assessment, at the initial placement planning meeting, on the placement plan, in the positive behaviour support plan, via psychodynamic reports, and through statutory CLA review reports. Specific activities also require risk reports.

Adult disagreements on risk acceptability must be informed to the Home Manager and recorded, balancing the need to avoid overprotection or coercion with the duty to provide a safe environment. Limiting choices requires discussion with the Registered Manager, social worker, and/or significant others.

Risks and controls are comprehensively assessed and recorded in the individual safeguarding risk profile, tailored, and regularly reviewed for effectiveness. The core aim is to help adults balance risks, rights, and responsibilities.

Children’s Rights

Children at Springfields can contact an independent advocate, ChildLine, or the Children’s Commissioner directly using the home's telephones at any time, day or night. Numbers for ChildLine, the Children’s Commissioner, and an independent advocate (which is our policy to provide for all children where possible), and an independent visitor (if

applicable) are easily accessible. A child only needs to state they wish to call one of these agencies. They may use the phone privately, or they can choose to have an adult present for support or assistance.

Help-At-Hand Service

Springfields Therapeutic Children's Home and The Lioncare Group fully support the Children's Commissioner's Help-at-Hand service, a statutory advice and representation service for children in care, those working with social services, living away from home, and care leavers.

Children, young people, their carers, or advocates can contact Help-at-Hand for free:

- **Call:** 0800 528 0731 (9 am – 5 pm, Mon-Fri, or voicemail)
- **Email:** help.team@childrenscommissioner.gov.uk
- **Online:** Get in touch | Children's Commissioner for England

The team of child rights advisers, established under Section 2D of the Children Act 2004, assists children, including those with disabilities, in receiving their entitlements, addressing difficulties like accessing education, following up safeguarding concerns, offering advocacy training, and making referrals to local independent advocacy services. It is also a prescribed body for whistleblowing.

Our Commitment to Education

"Residential child care should be ambitious, nurturing children's school learning and out-of-school learning and their ambitions for their future".

Promoting Educational Achievement

Education is vital at Springfields; we see the processes of living and learning as inseparable. Children referred often have diverse emotional and educational needs. We invest significantly to ensure they can develop their full academic potential despite past educational obstacles.

Common educational challenges faced by children living at Springfields include:

- Lack of essential early developmental experiences, leading to unpreparedness for schooling, feeling overwhelmed by what they feel to be a hostile external world, while internally in turmoil, and lacking the necessary confidence and support for learning.
- Family disruption causing school and educational continuity breakdowns.
- Experiences of failure in school perpetuating cycles of inadequacy, anxiety, and an inability to cope.

We address these needs by:

- Conducting accurate educational needs assessments upon referral, followed by planning and securing appropriate educational placements based on individual needs and local authority requirements.
- Building and maintaining strong, positive links with local mainstream and specialist schools and colleges that understand the needs of the children in our care.
- Providing ongoing, consistent monitoring and proactive support for the child's progress throughout their stay.

Assessment of Educational Needs

Upon referral, the Chief Operating Officer (COO), in consultation with the Registered Manager, the Home Manager and The Lioncare School's Head Teacher, assesses the most appropriate education setting based on the referral form, special needs statement, EHC plan, and placing authority directions.

The COO must inform the Brighton and Hove education department about the placement of an out-of-city child within The Lioncare Group, as they oversee all children's education in the city.

If specialist provision is needed and The Lioncare School is deemed suitable, the referral goes to the Head Teacher. The Head Teacher then develops an education plan addressing required attention areas, group dynamics, and an initial eight-week assessment program[6]. The Head Teacher manages the rest of the admission process and shares the initial assessment program details with relevant professionals and family networks via either the Head Teacher or the School Operations Manager (See admissions, exclusions and disruptions of placement policy for details).

If the child can attend a mainstream setting without specialist provision, the COO passes the referral to the Home Manager of Springfields. The child's social worker, in consultation with the COO and Home Manager, makes inquiries

[6] See the admissions, exclusions and disruptions of placement policy, available on our website

about school availability with Brighton and Hove education department and completes a school preference form.

Once a school/college placement is confirmed, the child's Casework Manager arranges the child's integration into the mainstream setting.

Commitment to the Educational Well-Being of the Children

At Springfields, all adults are expected to commit to the educational well-being of every child. This is achieved by:

- Recognising and understanding a child's individual targets, outcomes, and barriers to learning.
- Implementing professional plans (e.g., from therapists or psychologists) where necessary.
- Celebrating achievements and encouraging pride.
- Vigilantly addressing bullying or discrimination efficiently.
- Maintaining regular dialogue with teachers and social workers to promptly identify and address difficulties.
- Supporting a child's particular talents, social, or cultural interests.
- Close liaison with professionals to ensure SEN children have access to specialist services.
- Offering flexible classroom and home support, including additional help for children for whom English is not their first language, and being sensitive to times of increased difficulty.
- Casework Managers attend school social events, parents/carers' evenings, and open days.
- Accompanying children to and from school/college[7] (unless otherwise arranged or part of independence training) and proactively discussing their day.
- Offering homework support in an appropriate environment.
- Monitoring and updating the selection of books and reading materials.
- Encouraging participation in extracurricular activities.

This is not an exhaustive list. Adults act as "good enough parents" to support education. This commitment has been consistently praised by inspectors and visiting representatives. Dedicated areas with media and computer equipment, always near an adult for support, reflect our core ethos: "living-to-learn and learning-to-live."

The Lioncare School

The Lioncare School is in a residential area of Brighton and Hove, near the sea front, bus routes, a rail stations, and major road links. It is also close to other schools and colleges.

We aim to help children heal from past abuse and trauma, including poor educational experiences, by incorporating positive 'good enough' care and education into their present lives.

The Lioncare School provides education to its own pupils and offers day placements to children from other residential homes, foster care, or family homes who require specialist education.

We view therapeutic education as key to the wider therapeutic process, which includes care and psychotherapy. Our goal is to help children achieve equilibrium, enjoy their childhood, and manage change. Our primary task is to enable them to reach an integrated level of functioning in their daily lives—at home, school, and in the community—to become healthier, safer, enjoy economic well-being, and make a positive contribution. We believe all children deserve fun, enjoyment, learning opportunities, and encouragement to reach their potential.

We assist children in learning to live and learn, forming appropriate attachments, engaging in repair and restitution, and finding the missing pieces of their lives to become whole.

Ethos

The Lioncare School is a specialist educational setting linked to The Lioncare Group's residential provision, but also open to external placements, designed for children with social, emotional, mental health, and/or behavioural difficulties. It offers a unique skills-based, therapeutic curriculum promoting academic progress, positive social participation, and individual development in resilience, self-regulation, confidence, and engagement. Children often present with needs arising from abuse, developmental trauma, rejection, placement disruption, self-injurious activities, or challenging behaviours. Many have EHC plans and CAMHS involvement. Our therapeutic education model embeds sound teaching practices within an approach informed by attachment theory, trauma awareness, and psychodynamics, aspiring to therapeutic community standards.

Our goal is to help children process difficult life experiences, consolidate strengths, view education positively, achieve qualifications, and facilitate a successful return to mainstream settings where possible.

[7] Except where it has already been arranged for this to be undertaken by another, or where the care plan has agreed for a child to be encouraged to get their self to school as part of a programme of independence training.

We believe every child has the potential to learn, grow, and change. Through nurture, guidance, safety, and positive learning experiences, children can replace past failures with success, fostering a healthier self-perception and personal growth. We balance academic learning with developing effective social skills, behaviour self-management strategies, and emotional understanding. We provide an empathic, reflective, responsible, stimulating, and enjoyable environment to empower students.

We achieve this by understanding each child's academic and developmental disruption, regularly assessing emotional functioning, establishing social participation structures, engaging individual interests, and setting targets for formal and functional achievement. Rigorous monitoring provides a unique progress narrative for each child.

Admission to the Lioncare School

The overriding criteria for The Lioncare School to choose to admit a child to our school is evidence that our therapeutic education model will be effective in meeting their academic, social and emotional needs and improve their outcomes over time, and that this work can be undertaken without undue negative impact on those children already in placement. Children must be aged six or over upon enrolment and can remain until they are in Year 11.

School Only Placements

The Lioncare School primarily serves children in the organisation's homes but also accepts referrals for children living in other residential homes, with foster carers, or with family. School-only referrals require close collaboration between the school, family, placing local authority, and any supporting agencies.

To apply for a school-only placement, interested parties must email the school with: name/role/contact, child's family situation/date of birth, educational history/current placement overview, most recent EHCP/assessment reports, and the placing local authority's SEN Caseworker details (if known).

The Head Teacher will then arrange a phone conversation to assess viability. If successful, the next steps include a meeting with the child and a school visit. If the placement seems suitable, the school will usually need to be named on the child's EHCP. A planning meeting will then be held to coordinate with the local authority on the next steps.

The Lioncare School Curriculum Model

The Lioncare School's provision for children who have experienced chronic trauma is based on five core principles: **Attachment** (fostering belonging and self-worth, prioritising social/emotional goals), **Containment** (providing safety, consistency, predictability, and opportunities for nurture/play), **Communication** (encouraging openness and adult management of all forms of communication), **Involvement** (teaching "growing-up" through group participation and diverse, small-step activities), and **Agency** (developing skills for self-control, encouraging responsibility, and evaluating decisions).

Alongside these principles, the school values academic progress. Daily learning focuses on whole-school projects for skills development and breadth, complemented by discrete functional skills lessons and discovery learning.

Curriculum 2020, developed in consultation with stakeholders, is a skills-based curriculum designed for children with unique profiles due to trauma (disrupted learning, high anxiety, distrust). Its principles are:

- All children deserve the joy of learning and success.
- The capacity to learn from experience and work towards goals is pivotal for a healthy adult life.
- Learning enriches life through self-belief, discovery, creativity, understanding, and relationships.
- Fostering a skill set (confidence, enquiry, resilience) is the best route to positive outcomes; knowledge will follow.
- Individual needs must lead the curriculum.
- All adults contribute to the curriculum.

Liaison Between the Lioncare School and Home

Effective and consistent liaison between the education and home environments is vital for children in The Lioncare Group. This addresses difficulties early, promotes talents, and ensures necessary support, making the child feel cared for by all adults. Liaison is maintained through the following forums:

- **Handover:** Each morning, the school team reviews home logs/daily record sheets for an overview of the child's evening and key incidents; after weekends/holidays, the home provides a summary. School adults also check calendars for appointments impacting learning. Each afternoon, the school provides a handover of the child's school day to the home. Arrangements are made for children not residing in the homes.
- **School Liaison Meetings:** The Therapeutic Support Team Manager arranges meetings with Home Managers to discuss individual and group issues.
- **Adult-in-School:** When the Head Teacher or School Operations Manager deems it necessary, and staffing permits, a residential Childcare Worker/Therapeutic Carer temporarily joins the school team to provide extra

support.

- **Education Reports:** Detailed reports on targets, assessments, and progress are shared with homes three times a year. Casework Managers/Caseworkers are expected to share these with children during holidays, feeding responses into teacher planning.

Refusal of Placement[8]

The Lioncare School only offers placements to children whose assessed needs we can reasonably meet. We cannot accommodate children with severe or profound learning disabilities, severe sensory or cognitive impairments, severe physical disabilities requiring high-level nursing, or those with clinically diagnosed and severe mental health disorders (for whom a healthcare setting is more suitable). We do not accept children with existing drug or alcohol dependence, but will address dependencies that develop during a placement with other agencies.

- Placement suitability may be affected by:
- Lack of co-operation or attempts to sabotage the placement by parents, carers, or other agencies.
- The child displaying extreme violence towards adults or other children.
- Confirmed propensity towards arson (fire setting).
- The child consistently stating they do not want to attend.

Post -16 Transitions

Preparing children for life beyond school, where they need more independence and resilience, is crucial for their future.

From Year 9, Springfields' Registered Manager expects education providers to offer accreditation and structured access to college and work via meaningful placements. All children should use the National Careers Service website for guidance. Casework Managers must monitor career education from age fourteen and address insufficient provision at relevant meetings (PEP and/or CLA review).

For children at The Lioncare School, the 'moving-on' section of Curriculum 2020 focuses on transitions, agency and interdependence, practical skills, and support/advice.

Emotionally ready Key Stage 4 students are offered part-time engagement with local providers (e.g., Plumpton College, Downs Link YMCA) for diverse learning, new friendships, confidence building, and career exploration. College open days, taster sessions, apprenticeship road shows, and post-16 provider visits are scheduled, starting from Year 10, to inform choices and prepare for Year 11 applications. This process informs post-16 progression and any necessary EHC plan updates for support up to age 21 and beyond.

Tailored work experience is also available. While The Lioncare School and Springfields collaborate on applications, Springfields' adults lead the bulk of the work to build relationships with new providers and reinforce the finality of the child's departure from The Lioncare School.

Enabling Enjoyment and Achievement for the Children

"Residential child care should value and nurture each child as an individual with talents, strengths and capabilities that can develop over time".

Structure of the Day

Springfields provides a reliable structure and routine that meets the therapeutic needs of the children. Unstructured "in-between times" and transitions (like the journey to/from school, or the end of one activity before the start of the next) can increase anxiety, leading to behaviours such as anti-social excitement, seeking mergers, property destruction, or aggression, as these times can feel threatening due to past trauma or experiences.

Simultaneously, we aim to prepare children for interdependent living, social integration, and adulthood by helping them manage uncertainty, time, and emotional dependency, a necessary but challenging task.

Therefore, balancing free time and structured time is approached individually, considering each child's abilities, emotional functioning, risks, and needs, as detailed in their relevant plans and as outlined in the quality standards.

Children are encouraged to develop emotional, intellectual, social, creative, and physical skills through making Springfields a stimulating environment.

[8] For further information, see the admissions, exclusions and disruptions of placement policy, available on our website

Daily life includes structured, age-appropriate peer activities on weeknights and at weekends. Activity groupings and size can vary; individual or small groups (2-3 children) or the whole group. Children are involved in activity planning through daily group meetings and informal negotiation, similar to how a reasonable parent would agree with their child. This considers placement plans, managed risk assessment, and the group's current "ego-strength."

Leisure Activities

All adults at Springfields are responsible for understanding and updating the child's relevant plans, clarifying decisions they and the child can make regarding daily activities, including education, leisure, holidays, overnight stays, and personal issues.

Holidays[9]

Springfields organises a minimum of two holidays annually, typically during the Easter and Summer school breaks. Details depend on current group dynamics.

- Easter Vacation: Usually a 5-day activity-based holiday at a specialised centre. The whole group with three adults, or smaller groups with two adults each, may attend.
- Summer Vacation: An extended (up to 7-day) 'grown-up' holiday for the whole group with at least three adults, or smaller groups (two adults each), staying in 'normalised' family accommodation.

The Home Manager has authority to organise holidays that best meet the needs of the current children's group. Children are encouraged to participate in all stages of planning and preparation for their holidays, helping to build trust and manage anxiety around transitions. This requires careful adult management and emotional containment.

Birthdays & Special Treats

Children's birthdays are celebrated with presents at breakfast and a special dinner-time celebration, or restaurant meal. Friends and significant individuals (such as social workers and family members, where feasible) may be invited.

We acknowledge that birthdays and anniversaries can be difficult and overwhelming for some children. While normalising celebrations, we plan for potential difficulties, including ensuring extra adult support is available where necessary, designated 'time-out' areas, and contingency planning for alternative activities for children prone to disruption due to anxiety.

In addition to the party, each child chooses a 'birthday treat' activity. The child's Casework Manager usually takes them, and they can invite one other child from Springfields, or a school friend.

Media and Special Interest Publications

Children are encouraged to choose and subscribe to a specialist publication (print or digital). Adults are available to provide support with reading difficulties or clarify issues raised by the content. One adult is responsible for monitoring and maintaining the stock of books, reference materials, and media to reflect the children's interests. Children are also encouraged to build their own collections. The use of ICT and internet-based resources is encouraged, but requires close adult monitoring and safeguarding.

Games and Creative Materials

Springfields has a good selection of games and creative materials in the playroom, a quiet, protected, yet inviting space equipped with toys, games, art supplies, a 'chill-out' area, and comfortable furnishings. Designed in consultation with the children, this multifunctional area encourages imaginative play and exploration.

Hobbies and Interests

All children are actively encouraged to pursue individual hobbies and interests, both at home and within school, as well as by joining community clubs (e.g., horse riding lessons, sports clubs, puppy walking). Adults at Springfields are actively encouraged to share their own interests, skills, and hobbies with the children. Following our therapeutic community model, adults themselves are also encouraged to try new activities alongside the children.

Sport

Involvement in sports and active pursuits is highly beneficial for social skills, peer interactions, physical health, self-esteem, and channelling aggression. Therefore, any interest in sports is strongly encouraged and supported.

Education-Based Extra-Curricular Activities

We fully support children engaging in school-offered extracurricular activities. Support ranges from accompanying children, organising open evenings and securing funding for specialist equipment, supervising field trips, providing emotional support for overnight camps, and enthusiastically attending school performances and sports matches.

[9]The Home Manager, in consultation with the team and the Registered Manager and the executive team, is authorised to modify the venue, structure, and details of holidays where the emotional age and ability of the children's group requires this.

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Meeting the Health Needs of the Children

"Residential child care should be attentive to children's need, supporting emotional, mental and physical health needs, including repairing earlier damage to self-esteem and encouraging friendships".

Statement of The Theoretical and Evidence Based Model Underpinning our Therapeutic Approach

Our practice is rooted in psychodynamic, psycho-social theory, and the therapeutic community approach. Psychodynamic theory, originating with Freud's work on the unconscious and developed by Jung, Adler, and Klein, views unwanted behaviours as symptoms of internal psychic conflict. Our work aims to address these inner conflicts, seeing behaviours as meaningful communications of unmet needs, rather than just rectifying the behaviours.

The Lioncare Group uses the volcano analogy: behaviour is the visible eruption (ash/lava), while emotions are the hidden magma fuelling it. To reduce destructive behaviour, we must address the underlying emotions. Simply focusing on behaviour without addressing the emotional cause is futile for lasting change.

In the 1950s, Barbara Dockar-Drysdale and Dr Donald Winnicott developed a psychodynamic therapeutic treatment approach, further informed by attachment theory and group relations. The work of Springfields and that of The Lioncare Group, more widely, is based on this approach.

We acknowledge the impact of trauma on a child's ability to function and self-regulate, integrating trauma-informed research and training into our therapeutic care and education approach.

Psychodynamic and Psycho-Social Theory

D.W. Winnicott linked a child's healthy emotional development to interaction with its primary caregiver in the first year. He saw the infant's 'inner world'[10] as undifferentiated instincts, fears, and sensations. The infant cannot distinguish itself from its environment (including its mother) and is subject to overwhelming physical and emotional sensations (e.g., discomfort, pleasure, hunger). These pure feelings can be frightening.

The caregiver's role is 'holding': physically comforting, providing nourishment, and emotionally 'managing' or 'containing' the child's experiences. The child is 'merged' with the caregiver, who interprets and mirrors back the child's feelings, helping the child gradually make sense of them.

Ego integration is the process, facilitated by 'holding,' where the child unifies these fragmented experiences to achieve self-cohesion. Winnicott argued the ego (the capacity to organize and make sense of experiences) develops, usually in the first year, through the infant's innate drive to mature combined with 'good-enough parenting.'

Most infants achieve integration, establishing a foundation for healthy emotional development. However, a small proportion, due to various reasons, do not. Ego integration is vital; failure to achieve it leaves the child in the 'unintegrated' state of a newborn.

Factors preventing this process chiefly relate to the caregiver's inability to offer 'good-enough holding,' often because they are preoccupied with their own emotional needs. Consequently, the infant feels ignored, abandoned, or 'dropped' without the capacity to understand these feelings. Without someone to mediate chaotic experiences, the infant is exposed to primitive fears like 'going to pieces' or 'falling forever.' This 'unintegrated' state is extremely serious, preventing the child from achieving any sense of predictability and understanding of themselves, others, or the world, equating to 'failure to achieve basic trust' and forming the basis of psychosis.

If integration fails, the child is left with a chaotic inner world or minimal differentiation between their inner world and external reality/others' feelings. Some develop a compliant 'false self,' a hardened shell that avoids genuine connection. These problematic patterns usually become evident when the child enters social settings like school, where they may be seen as unpredictable, out of touch, manipulative, or violent—mirroring their own internal chaos and distrust.

Crucially, these children are unlikely to recover spontaneously. They risk remaining in this vulnerable emotional state through adolescence and adulthood unless they receive skilled help. While some may develop minimal intellectual or emotional 'pockets' to 'get by,' their fundamental emotional emptiness persists, making them highly prone to breakdown under everyday social stresses.

The Therapeutic Community Approach

Springfields' practice is psychodynamic and psycho-social, informed by group relations thinking and figures like Klein,

[10] An internal model or representation of the way an individual perceives another person/experience/situation in the environment around them.

Winnicott, and Bion. This approach closely mirrors the therapeutic community model[11], which centres on equality, mutual healing, and development. It emphasises open communication between adults and children, and the connection between individual help and the whole group's task. This workable model is adapted for Springfields.

Successful therapeutic work depends on everyone engaging honestly with real issues. Therefore, we consistently nurture honesty, openness, reliability, effective communication of difficulties, and personal responsibility in both children and carers. This approach proved highly effective during the COVID-19 pandemic, strengthening trust and cohesion.

A child's healthy development requires 'good enough' care and appropriate models. We strive to understand the child and their problems to offer opportunities for experiencing different ways of relating, living, and learning.

Defining characteristics of the approach

While no two therapeutic communities (TCs) for children are identical, a common TC approach can be identified:

- Treatment focus: Long-term group care for emotional disturbance, not just temporary accommodation.
- Theoretical foundation: Uses psychodynamic/psychosocial frameworks, not solely behavioural/cognitive ones.
- Environmental value: Commitment to the physical and personal 'environment' as therapeutic.
- Group work: Emphasises group work for therapy and, sometimes, decision-making.
- Relationship focus: Involved working style where the quality of child-carer relationships is central.
- Opportunity-led work: Therapeutic communication arises from daily interactions ("living alongside").
- Education: Child-centred, small-group learning that links emotional and intellectual development.
- Management: Internal structures focus on contribution and philosophy over status/rank.
- Oversight: Commitment to external, independent management and senior consultancy for support.
- Community Meeting: Uses a daily group meeting for practical and therapeutic business.

At Springfields, the daily group meeting is key. The 'pure' TC model holds that the community itself is therapeutic, with all members capable of giving and receiving help. We have modified this as the children require significant adult support for daily life due to past trauma, which often leads them to disrupt or destroy.

With patience and support, adults help children accept help and, eventually, offer support to others.

Springfields adults use themselves consciously to build relationships. Through teamwork, they create a planned, predictable environment and reliable emotional containment, ensuring genuine physical, emotional, and psychological needs are met. This offers children damaged by past experiences a secure space for stability, good relationships, respect, and developing self-regulation.

Recognising that early experiences were "not 'good enough'," we integrate elements of attachment theory, "living alongside" the children and "holding" their pain until it becomes bearable.

Working in Partnership

Springfields' therapeutic task is integrated with and complements our statutory care responsibility from local authorities. We partner with local authorities to deliver individualised therapeutic care and support, incorporating the child's EHC plan. Our approach adheres to all relevant legislation and guidance, including the Children's Act 1989, Children (Leaving Care) Act 2000, Children's Homes (England) Regulations 2015, Every Child Matters, the Care Planning, Placement and Case Review (England) Regulations 2010, and the DfE statutory guidance on children who run away or go missing from home or care (January 2014).

Promotion of Physical Health

Springfields ensures all children living in the home are registered with a local GP, dentist, and optician within two weeks of placement, as per the Children's Act 1989 and Children's Homes (England) Regulations 2015. The Casework Manager is responsible for these registrations and for ensuring regular health examinations, specialist treatment when needed, and adherence to social worker instructions.

The home promotes good physical and mental health through ongoing guidance, resources, and discussions in casework sessions and group meetings. The adults at Springfields also provide positive role modelling and ensure access to external resources.

Medication Policy Statement

Springfields' medication policy is fully compliant with the Children's Homes (England) Regulations 2015 (Regulation 23) and best practice. The policy covers: respecting children's choices regarding pharmaceutical care; supporting

[11]Acknowledgment is duly given to the work of Adrian Ward, former senior lecturer in the department of social work at the Tavistock and Portman NHS Foundation Trust.

informed decisions; safeguarding; maintaining complete accounts; ensuring competent and trained staff; providing guidance on safe handling, administration, and use of homely remedies; access to pharmacist advice; therapeutic use (never for control/punishment); safe, correct, dignified, and private administration (never covertly); ensuring availability and supporting safe self-administration; appropriate information sharing; safe storage and disposal; regular policy review; accurate record-keeping; and identification/reporting/review of medication problems.

Orientation, Induction, and Training in Administering Medication

Upon commencing employment at Springfields, all adults receive initial orientation on medication administration procedures (cabinet locations, keys, etc.) and are required to read the medication policy. All care staff must complete Medication Awareness & Safe Handling of Medicines online training within four weeks of commencing employment, unless they provide evidence of prior learning. They must have evidence of completing this training before administering medication. A manager or Senior Therapeutic Carer supervises their first administering of medication.

Encouraging Healthy Living

Personal Hygiene

Springfields encourages and supports high personal hygiene standards, providing basic toiletries and an allowance for preferred products. Children are encouraged to keep their bedrooms clean, with adults assisting until independence is achieved, while respecting the child's right to self-expression within health and safety boundaries.

Smoking, Vaping, and Alcohol

Springfields actively discourages smoking and vaping in line with Department of Health guidelines; due to the children's age range, no one is formally permitted to smoke or vape while living at Springfields. Adults are expected to be role models, and a no-smoking/no-vaping policy is enforced inside the home, at meetings, within sight of children, and in vehicles. Adults must not purchase or supply these products to children, or smoke/vape in their presence. Alcohol is not permitted or stored on the premises, and adults must not consume alcohol on duty or arrive smelling of it. Supplying alcohol to children is prohibited and a serious matter, requiring police notification if a supplier is found. Health education is provided where appropriate, relevant and necessary on matters relating to smoking, vaping and alcohol.

Drugs and Illegal Substances

The use of illegal drugs or substances is not permitted or tolerated. If drugs are found, the Registered Manager, COO, and placing authority are immediately notified. Refusal to hand over substances may lead to a room search, restraint, or police involvement. This is classed as a significant event and may lead to legal proceedings or placement disruption. If a child shows effects of drug use, emergency medical assistance is sought immediately, and a room search is conducted to locate and remove any further supplies. Counselling and health education on drug misuse is provided where appropriate, relevant and necessary.

Sexuality and Sex Education

We prohibit discrimination based on sexual orientation or gender identity, and our policy sets appropriate sexual boundaries. Sexual acting out is dealt with sensitively, with adults trained to distinguish between serious sexual assault (requiring external investigation) and normal childhood exploration. Sex education is provided through various channels; such education sessions would only begin after consultation with the social worker, considering the age and understanding of the child, and reflecting the child's cultural identity. Adults are encouraged to create an environment where children can discuss their feelings and sexuality. Sexual relationships between children in the group are actively discouraged and monitored.

Promoting Positive Relationships With and For the Children

"Residential child care should foster positive relationships, encouraging strong bonds between children and staff in the home on the basis of jointly undertaken activities, shared daily life, domestic and non-domestic routines and established boundaries of acceptable behaviour".

Promoting and Supporting Contact

At Springfields, we support, encourage, maintain, develop, and promote constructive links between the child and their parents, relatives, friends, and other significant people. This is subject to limitations in their care plan, EHC plan, placement plan, safeguarding risk profile, or any court order. Springfields will actively support and encourage such

contacts when agreed (by a court or the placing authority) to be in the child's best interest.

Arrangements for Contact with Parents, Relatives and Friends

Contact arrangements are defined in the child's care and placement plans, honouring agreed-upon terms where possible. These arrangements are reviewed every six months or more frequently by Springfields' adult team. We assess the quality and benefits of contact, offering suggestions for improvement. Emergency restrictions on contact are rare, made only for child safety and with the placing authority's agreement.

Springfields facilitates various types of contact: unsupervised/supervised face-to-face visits (on-site or off-site), unsupervised/supervised phone calls, letter-box, and other electronic/digital means. Adults supervising contact receive training and support. They are delegated decision-making authority based on the child's plans and best interests, particularly for difficult contact.

An objective, factual report is written after every contact, detailing observations before and after, and any significant reactions from the child.

Face-to-face visits occur at our dedicated contact suite at Lioncare House, a neutral base near Springfields. This location is used to protect other children, some of whom have no or difficult contact with their own families, from distress and anxiety. Visits can be contained in the suite or include community outings, as agreed. If face-to-face contact is deemed not in the child's best interest or is the child's choice to avoid[12], Springfields supports the child and encourages alternative contact means, always in partnership with the placing authority.

Springfields can also conduct contact assessments for the placing authority or court, involving experienced adults supervising contacts over an agreed period and compiling an objective report.

Regarding privacy and communication (Regulation 22(3)), Springfields must balance respecting privacy with the statutory obligation to ensure safety and welfare, which has historically been compromised by private phone access due to the children's vulnerabilities and past challenging behaviour. To resolve this, and in line with Regulation 22(5)(b), children access telephones in the adult office.

The level of supervision for calls depends on the child's functioning and the agreement with their social worker. Trustworthy, able children can make/receive private, hands-free calls in communal areas or their bedrooms, letting an adult know who they are calling. This encourages responsibility and security. If a child's functioning raises concerns, or there are concerns about the call's intent, an adult will assist and be available to intervene, following the social worker's agreement.

Semi-supervised contact calls involve an adult "on-hand" to monitor, log information, and offer support if the child finds the call upsetting or confusing. This policy is implemented with due regard to Regulation 22(6)(a), and the placing authority's consent is sought upon the child's admission.

Friends

Springfields actively supports children in forming and maintaining friendships with peers, viewing it as essential for growth. The homely environment encourages children to confidently invite friends home, with visiting friends often enjoying their stay.

With prior parental agreement and acceptable risk assessment, friends may stay overnight. Children are encouraged to invite friends to special occasions at Springfields (e.g., parties, barbecues) and to accompany them on their birthday treat.

Children can stay overnight at a friend's house on weekends or during school holidays. Before this is confirmed, Springfields adults visit the friend's home and meet parents/guardians to ensure the environment is appropriate and safe. Contact details are obtained, and the child's social worker is usually informed or consulted for their opinion, though OfSTED guidance indicates the professional opinion of Springfields adults is sufficient.

Visitors

All non-essential visits to Springfields require a prior appointment, including those by consultants (excluding the Independent Person), social workers, and parents, to minimise disruption to routines and child anxiety. This excludes unannounced visits by OfSTED and similar regulatory bodies.

All visitors (i.e. non-employees), including external tradespeople servicing or maintaining appliances or facilities, must show official identification on their first visit and subsequently if requested, to ensure child safety. Springfields ensures visitor safety and protects children by chaperoning unchecked visitors. A log of all arrivals and departures is kept in the daily log sheet.

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[12] We are mindful of the research undertaken by LORNE LOXTERKAMP: Contact and Truth: The Unfolding Predicament in Adoption and Fostering that questions the predominant conviction that the benefits of regular contact are certain.

Communication, Consultation, Advocacy and Feedback

Effective and appropriate communication is essential at Springfields, as the therapeutic work relies on addressing unresolved issues and needs. Poor communication creates unhealthy situations and can lead to violence or acting-out behaviour among both children and adults.

Adults at Springfields also serve as advocates, supporting and defending children's rights when they are unable to do so themselves.

All members of the Springfields Community (children and adults) are supported in understanding and exercising the following principles:

- The views, wishes, and feelings of all community members regarding the home's running and important decisions are actively sought and acted upon, unless contrary to their interests.
- All members are supported in understanding how their views were considered, especially why significant wishes or concerns were not acted upon.
- All are encouraged to communicate their views on all aspects of care and support.
- Views on a child's care are regularly sought from all community members, the child's family, social worker, and IRO, unless inappropriate.
- All members have access to independent, appropriate, and private advice and support (e.g., children's advocacy, adults' whistleblowing policy/Helpline 08000 724 725 or http://wbhelpline.org.uk/).
- Children are supported in knowing their rights to advocacy and how to contact the Children's Commissioner for England.
- All members can be reassured that:
  - They can raise issues with support, without fear of adverse consequences.
  - They will receive prompt feedback and be kept informed of progress on concerns or complaints.

The Registered Manager actively seeks views, wishes, and feelings from the Springfields community and those significant to them, through 4-monthly quality-of-care reviews and monthly individual catch-up sessions with each child.

National Carers Service

Children at Springfields aged 13 years and over will be encouraged to access the National Careers Service, as per the Children (Leaving Care) Act 2000, for additional advice, guidance, support, and personal development beyond that provided by Springfields and the placing authority.

The Daily Group Meeting

The daily group meeting is central to our therapeutic community approach, which promotes the idea that the community itself is therapeutic, with all members capable of giving and receiving help. We've adapted the 'pure model' slightly as the children at Springfields often need significant adult support to manage group living. Adults gradually support children to accept and offer support to peers.

A core principle is the 'culture of enquiry,' encouraging curiosity from all about themselves, others, processes, and the community. This open questioning minimises anxiety, encourages feeling expression, and ensures shared understanding, not solely professional insight.

The daily group meeting takes place in the lounge each weekday evening, facilitated by a suitably experienced adult, and all present are expected to attend. The facilitator maintains a strict 4 pm start and 4:30 pm end boundary, regardless of attendance or whether everyone has finished speaking, making the meeting predictable. Attendees learn to speak early if their matter is important.

If an issue requires more time, the facilitator ends the group meeting and proposes a *house meeting* or an alternative discussion method. The daily group meeting is never extended past 30 minutes.

The agenda prioritises open information sharing to encourage thinking about feelings rather than acting on them, leading to better impulse control. Exclusive discussions or 'secrets' are discouraged to prevent 'splitting,' where one individual is drawn into a 'rescuer' role while others feel frustrated by manipulative behaviour.

Additionally, a **house meeting** can be called at any time by anyone to address a crisis. The person informs the most senior adult, who notifies everyone to gather in the lounge. This senior adult facilitates the house meeting, which usually lasts no more than 30 minutes but can be extended if deemed valid and necessary.

Other Forums for Communication

Springfields utilises a range of communication forums beyond standard structures and informal channels, including

weekly casework sessions, daily handover meetings, fortnightly team and management meetings, monthly groupwork consultancy, and managers' monthly check-ins with each child. The forums also include individual monthly reflective supervision and annual performance reviews, as well as specific meetings for education liaison, psychodynamic assessment, and placement/permanency planning.

Independent Visitors

Springfields supports the Independent Person appointed by The Lioncare Group (Regulation 44, Children's Homes (England) Regulations 2015). We also encourage placing authorities to provide each child with an independent visitor (I.V.). If they cannot, we help them contact an external I.V. agency, such as the Children's Society.

Independent Advocate

We proactively ensures every child has an independent advocate or takes steps to secure one if they don't.

Safeguarding and Protecting the Children

"Children in residential child care should be loved, happy, healthy, safe from harm and able to develop, thrive and fulfil their potential".

Safer Recruitment Statement

The Lioncare Group prioritizes child and adult welfare. Our safer recruitment policy, referencing *Keeping Children Safe in Education*, part 3 (March 2015, last updated September 2026), details measures to deter, reject, prevent, and detect potential abusers or those unsuitable for working with children.

Safeguarding Policy Statement

Springfields has clear, written policies and procedures for safeguarding, produced in line with current legislation, regulation, guidance, and specifically the Pan-Sussex procedures and Brighton and Hove's Front Door For Families (F.d.F.F.).

The Registered Manager holds and retains overall strategic, statutory and regulatory responsibility and accountability in the home for safeguarding, child protection, and welfare. The Home Manager has day-to-day operational responsibility and accountability, and the Deputy Home Manager has responsibility and accountability for how safeguarding, child protection, and welfare is practiced and delivered in the home. The Chief Operating Officer monitors their performance via a monthly safeguarding monitoring group meetings, and takes action if concerns arise. Ultimate responsibility for safeguarding, child protection and welfare/wellbeing of all rests with the Chief Executive Officer (also Responsible Individual).

Our aims at Springfields are to create a safe/secure environment and encourage children to build positive relationships, autonomy, and independence. To achieve this, we ensure all adults, employees and volunteers receive induction safeguarding training, operate safe recruitment procedures (including mandated checks), and refer unsuitable former staff to the DBS. All staff are trained to recognise and report signs of abuse or neglect appropriate to their role and are kept updated on safeguarding and child protection procedures.

We distinguish between safeguarding (the overarching concept encompassing preventing impairment, protecting from maltreatment, and promoting welfare) and child protection (activities to prevent and reduce significant harm from abuse or neglect).

Safeguarding is further defined as:

- **Preventing Harm:** Risk management, including recognising and reducing potential risks, and taking collaborative action to reduce the impact of immediate risks.
- **Protecting Children:** Child protection, including recognising harmful situations, promptly sharing information with relevant agencies, and actively commissioning (putting measures in place) and omitting nothing necessary to stop harm.
- **Promoting Well-being:** Positive care and education, including understanding the child's current needs/progress, recognising necessary support, collaborating with agencies, planning/implementing interventions, and monitoring their positive impact (happier, safer, healthier, more positive outlook).

Our safeguarding policy links to and operates in conjunction with other related procedures, including: risk management, information sharing, safe practice (e.g., restraint, electronic communication), safer recruitment, addressing bullying, restrictive physical interventions, supervision/staff support, advocacy/complaints, working in partnership (including challenging poor decisions), positive behaviour management, online safety/ICT,

absent/missing from care, female genital mutilation, and PREVENT/radicalisation awareness.

Child Protection Policy Statement

We define child protection as activities undertaken to prevent and reduce the likelihood of children suffering significant harm from abuse or neglect. We take all precautions to protect children in our care from harm, abuse, or exploitation, and actively promote their well-being, recognising their right to be safe.

We acknowledge the potential for a child to suffer physical, sexual, or emotional abuse or neglect during their stay, which could occur anywhere, including:

- Within the home.
- Away from the home whilst on activities.
- In the temporary care of other adults (e.g., family visits, school).

Potential perpetrators include:

- Adults at Springfields or across The Lioncare Group.
- Other adults (e.g., parents, teachers, unfamiliar adults).
- Other children (residents or external).
- Adults and children engaged with the child online.

Our child protection policies uphold the following principles:

- Immediate action on all protection matters.
- Informing all relevant agencies and professionals without delay once a concern arises.
- In cases of allegations against an employee, The Lioncare Group decides the significance and informs the L.A.D.O. of its decision and actions for confirmation.
- The first priority is always to protect the welfare and safety of the child.
- Maintaining a measured, objective approach based on factual accuracy.

All safeguarding and child protection matters must be investigated, initially by the police or, with police and L.A.D.O. consent, as an internal fact-finding and potential disciplinary investigation, adhering to local safeguarding procedures, best practice, and employment law.

Preventing and Addressing Bullying

Springfields is dedicated to providing a caring, safe environment where children can process their past in a relaxed atmosphere. Bullying is strictly unacceptable. We acknowledge that due to past experiences of bullying by adults and peers, many children’s ideas of appropriate interaction are affected.

Given this, we accept that children at Springfields may both exhibit bullying behaviour or be at risk of being bullied. Therefore, preventing and addressing bullying is a therapeutic task, requiring sensitive, effective handling that considers each child’s needs, history, and development stage. If bullying occurs, we aim to empower children to report it, knowing incidents will be dealt with promptly, sensitively, and effectively for all involved.

Missing Child Policy Statement

Springfields has clear, legally compliant policies and procedures for managing missing children. These outline steps to prevent children from going missing, procedures for locating, returning, and supporting them, and the roles of the adults caring for the child.

The Lioncare Group, Springfields' parent organisation, works with Brighton and Hove City Council, Sussex Police, and other partners, adhering to the local 'The Philamena Protocol' (formerly 'MARS'). We collaborate to assess risks and develop preventative and responsive strategies. All employees are trained in this area.

Core Values and Beliefs

The child's welfare and protection are paramount. Missing children must be found quickly, returned safely, and allowed to voice their reasons, which must be listened to and acted upon. Necessary information is shared with the police and other agencies. Planning for potential absences is integral to the child's care and treatment programme. Early interventions are used to encourage children to remain. The link between absence/missing events and placement stability, as well as the increased risk of exploitation (sexual and criminal), is recognised. Adults remain alert to signs of exploitation, which include non-contact means via technology. No assumptions of safety are made without clear, verified information when a child is absent or missing.

Preventative Measures

Casework Managers maintain up-to-date records of the child, including contact details, physical appearance, and

current photos. Placement and safeguarding plans are regularly reviewed, covering: risk/vulnerability, the child's and others' views, required supervision, communication protocols for absences (involving management, professionals, and family), external influences, likelihood of harbouring, previous incidents, triggers, and agreed interventions.

Adults at Springfields are aware of the need for planning and are ready to assertively intervene when a child threatens to leave, using their knowledge to discern the child's true intent (e.g., seeking reassurance or testing boundaries). Adults provide opportunities for children to discuss reasons for running away and positively reinforce non-running behaviour, demonstrating genuine care. If warning signs appear, adults attempt to re-establish communication, reinforce staying, and help the child resolve issues constructively.

We aim for a balance between boundary setting, understanding cause-and-effect, positive reinforcement, and non-punitive sanctions/reparations (e.g., remaining at home for one evening with an adult).

Training and education for adults on the reasons children run away or go missing is essential for prevention. Reasons include: self-protection (abuse, bullying), peer pressure/risk-taking, feeling scared/unable to cope/disconnected, being enticed/abducted/rejected, 'push' factors from the home (e.g., group dynamics change) or 'pull' factors to others, or attempting to escape unbearable past or present difficulties.

Mandatory Reporting of Female Genital Mutilation Statement

The Lioncare Group is committed to providing a safe environment for all children, valuing their rights and protecting them from harm, including female genital mutilation (FGM). Following the mandatory FGM reporting requirements for education, health, and social care professionals introduced on 31st October 2015, the executive team ratified the mandatory reporting of FGM policy, which supplements the organisation's safeguarding and child protection policies.

Measures to Keep Children Safe at Night

To safeguard children at Springfields from sexual exploitation, coercion, or inappropriate sexual interaction, particularly given their chronological age, maturation, history of abuse, and emotional needs, the home uses battery-operated motion detectors at night.

These detectors are placed and activated on the bedroom landing after children are settled and are removed in the morning. The waking night adult carry the receiver, which alerts them to motion on the landing, allowing them to check on a child's welfare or prevent inappropriate interactions.

A sound-activated listening monitor (baby/child monitor) may also be used occasionally as a backup, particularly if a child is assessed to benefit (e.g., due to disturbed sleep, night terrors, or needing reassurance, such as a newly arrived child).

Written consent for using these monitoring devices is sought from each child's placing authority upon admission during the initial placement planning meeting.

A written policy details the use of these devices, how they promote welfare, how children are informed, how privacy is protected, and how children are protected from potential abuse of the measures. The policy also ensures constant review of device use in line with paragraph 3.10 of the *Guide To The Children's Homes Regulations Including The Quality Standards*.

Use of Restrictive Physical Intervention

Restrictive physical intervention (RPI), defined as using force or restricting liberty (Children's Homes Regulations 2015) or physically holding back/controlling a pupil (DfE 2013), may be necessary when a child's emotional distress escalates, even with a skilled team like Springfields'. We acknowledge the trauma histories of children in our care and proactively seek to de-escalate situations, using restrictive physical intervention (RPI) only as a last resort when other methods fail.

RPI must align with the Children Act 1989, relevant legislation, local policy, and Lioncare Group procedures. It is only used rarely to prevent the immediate risk of serious harm, injury, or serious property damage, and when all non-physical alternatives are exhausted. RPI has no therapeutic value.

At Springfields, RPI is used only to prevent likely injury, harm or serious property damage. Following an incident of RPI, children are informed of their right to medical examination and advocacy services.

RPI is generally not initiated if more than three adults are required[13], the child is too strong for safe restraint, or if it poses a serious risk to others, in which case emergency services (999 police) are called. Staff must ensure the safety of children and colleagues.

If RPI is necessary, strict protocols are followed:

[13] Unless there is a clear written agreement in place that recognises the need for this with a particular child

- It is never carried out by adults who have lost their temper (a colleague must take over).
- Colleagues should be present for support and monitoring where possible.
- Other children should be moved away if possible.
- The child should be informed of the need for RPI where possible.
- Only necessary force is used, with repeated offers for the child to regain control.
- Physical retaliation by an adult is unacceptable, constitutes a child protection issue, and leads to disciplinary action/dismissal.
- Adults will not risk their safety to protect property.
- Other children must never assist in RPI.

Notification of Significant Events

The Home Manager creates and maintains an action report for events meeting the criteria in regulations 40, 41, or 42 of the Children's Homes Regulations (England) 2015, detailing the event, action taken, and outcome following a notifiable event.

Springfields has a system, overseen by the Registered Manager, COO, and Independent Person, for:

a) Notifying relevant persons and authorities of significant events within 24 hours, including arrangements for out-of-hours events.

b) Immediately notifying responsible authorities of serious concerns about a child's emotional or mental health that may require a Mental Health Act 1983 assessment.

The Registered Manager has responsibility and accountability for ensuring that incidents notifiable under regulations 40, 41, or 42, are notified without delay to OfSTED (but not for regulation 41 notifications) and the child's placing authority, and where applicable the LADO of the homes' responsible authority (Brighton and Hove City Council) to discuss further action.

Whistle-Blowing Statement

The Lioncare Group prioritises the safety and welfare of children at Springfields and seeks always to operate with integrity and uncompromising ethics. All adults working at or associated with Springfields must feel able and be able to raise concerns about wrongdoing or bad practice.

Any adult concerned that these principles have been compromised should first inform their line manager.

Personal Responsibility

All employees of The Lioncare Group have a duty to report any suspected, current, or committed incidents of:

- Criminal activity
- Failure to comply with a legal obligation
- Miscarriage of justice
- Endangering health and safety
- Damage to the environment
- Malpractice by colleagues
- Deliberate concealment of related information

No person reporting such incidents in good faith will face prejudice or discrimination. Confidentiality will be addressed, including any need to disclose the source to a third party.

Accessing the Homes Policy Documents

The home's safeguarding and child protection policies are available to all involved in a child's care on The Lioncare Group's website, at www.lioncare.co.uk, under the 'Policy and Procedures' page.

The Leadership and Management of Springfields

"Residential child care should have high expectations of staff as committed members of a team, as decision makers and as activity leaders. In support of this, children's homes should ensure all staff and managers are engaged in on-going learning about their role and the children and families they work with".

Responsible Individual

The Lioncare Group's Chief Executive Officer (CEO) is the OfSTED-registered Responsible Individual (R.I.) for Springfields Therapeutic Children's Home, Hillfields Therapeutic Children's Home, and Westfields Children's Home, and is also Chair of The Lioncare School. As R.I. for the registered provider, the CEO oversees the management of Springfields. The CEO line-manages the Chief Operating Officer (COO), who in turn line-manages the Registered Managers of all three homes, including Springfields.

The CEO possesses the necessary knowledge and experience in law, practice relating to looked-after children, therapeutic care, education, business, management, and financial expertise to ensure Springfields' sound and viable operation. Qualifications and experience are detailed in the appendix. The CEO undertakes continuous professional development to maintain the required skills and experience for overseeing Springfields and The Lioncare Group.

Designated Safeguarding Lead (DSL)

The Lioncare Group's Chief Operating Officer is the Designated Safeguarding Lead (DSL), with the Chief Executive Officer as the Deputy DSL. The COO, as DSL, assumes overall responsibility for safeguarding practice and procedure, including at Springfields Therapeutic Children's Home. The COO leads monthly safeguarding monitoring group meetings, attended by the leadership team and an external independent social care consultant specialising in residential care and education safeguarding.

Registered Manager

The Registered Manager of Springfields Therapeutic Children's Home is OfSTED registered (Care Standards Act 2000) and holds and retains statutory and regulatory responsibility and accountability for providing strategic, regulatory and operational leadership and management and oversight for the home, ensuring the service consistently achieves high standards of care, safeguarding and compliance, and delivers positive outcomes for children in accordance with the Children's Homes (England) Regulations 2015, the Quality Standards, and all relevant legislation and statutory guidance. They provide regular and reliable practice-based individual supervision to the Home Manager and the Deputy Home Manager. They are supported and assisted in carrying out their duties and responsibilities by the Home Manager and Deputy Home Manager and two Senior Therapeutic Carers, who together form the management team. The Registered Manager is line-managed, supervised, and monitored by the Chief Operating Officer.

The Registered Manager retains overall and statutory regulatory accountability and responsibility, whereas the Home Manager is operationally accountable for implementation and delivery and operational leadership sits with the Home Manager; for the avoidance of doubt, statutory accountability always remains with the Registered Manager.

The Registered Manager possesses strong knowledge and experience in law and practice related to looked-after children, therapeutic childcare, and education. They also have the necessary business, management, and financial skills to ensure the home's efficient, effective, and long-term financial viability. The Registered Manager holds the Level 5 Diploma in Leadership & Management for Residential Childcare (England). Full details of their qualifications and experience are in the appendix.

The Registered Manager engages in continuous professional development, including conferences, seminars, lectures, self-study, e-learning, and research, to maintain the required skills and experience to lead Springfields Therapeutic Children's Home.

Arrangements for Effective and Efficient Management

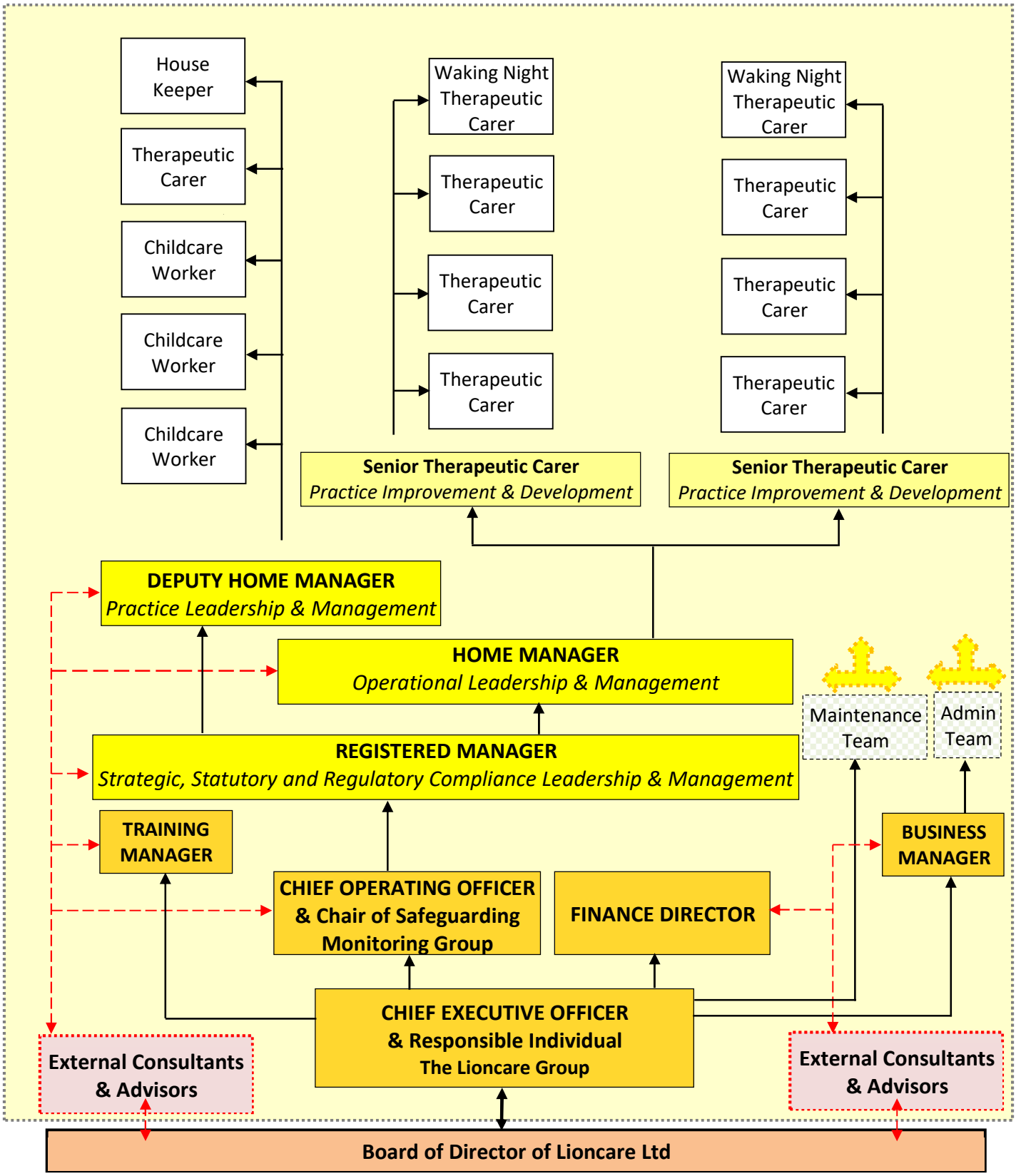
All adults at Springfields Therapeutic Children's Home report to the Registered Manager, who reports to the Chief Operating Officer and ultimately the Chief Executive Officer (CEO) of The Lioncare Group. The CEO is accountable to the Founding Director, Owner, directors, and shareholders of Lioncare Ltd, and to external authorities, including His Majesty's Chief Inspector and commissioning managers.

Roles, responsibilities, and accountability for the Registered Manager and all other employees are clearly defined in job descriptions and person specifications, which are reviewed annually or as needed. Adults/employees are notified in writing of any changes in accountability.

The lines of accountability and authority, including the level of delegation to the Registered Manager and other team members, are clearly defined (see Figure 1).

The Registered Manager's role is centred on statutory, regulatory and strategic responsibilities and accountability, rather than on operational leadership, practice leadership, staff management and delivery of high-quality care, that sit with the Home Manager. The Registered Manager retains overall and statutory regulatory accountability and responsibility, whereas the Home Manager is operationally accountable for implementation and delivery and operational leadership sits with the Home Manager. In the Registered Manager's absence, the Home Manager becomes the acting manager with delegated authority. For the avoidance of doubt, statutory accountability always remains with the Registered Manager.

Figure 1: Line-Management and Authority Structure of Springfields Therapeutic Children's Home



The weekly roster ensures one management team member acts as "shift co-ordinator" each shift. This role involves promoting smooth operation, maintaining routines, ensuring child safeguarding and welfare, accurate logging, effective shift planning, team management, keeping the Home Manager informed of issues and where applicable also notifying the Registered Manager and/or other senior managers, and providing a handover.

Table 1: Leadership and Management Contact Details

Founding Director / Owner of Lioncare Ltd (Company Number: 2595393)	Beverley Collins	Lioncare House 58a Livingstone Road Hove BN3 3WL T: 01273 720424 E: beverley.collins@lioncare.co.uk
Chief Executive Officer and Responsible Individual and Chair of The Lioncare School	Matt Vince	**Central Office & Registered Office** Lioncare House 58a Livingstone Road Hove BN3 3WL T: 01273 720424 E: matt@lioncare.co.uk W: www.lioncare.co.uk
Chief Operating Officer and Deputy Chair of The Lioncare School and Chair of the Safeguarding Monitoring Group	Jane Rayner	**Central Office & Registered Office** Lioncare House 58a Livingstone Road Hove BN3 3WL T: 01273 720424 E: jane@lioncare.co.uk
Registered Manager	Sarah Jackson	Springfields Therapeutic Children's Home [redacted] T: [redacted] E: sarah@lioncare.co.uk
Home Manager	Bronia Richard	Springfields Therapeutic Children's Home [redacted] T: [redacted] E: bronia.richards@lioncare.co.uk
Deputy Home Manager	Lily Puddefoot	Springfields Therapeutic Children's Home [redacted] T: [redacted] E: lily.puddefoot@lioncare.co.uk
Head Teacher: The Lioncare School	Dale Brown	The Lioncare School 87 Payne Avenue Hove BN3 5HD T: 01273 734164 E: dale.brown@lioncare.co.uk
School Operations Manager: The Lioncare School	Lucy Steer	The Lioncare School 87 Payne Avenue Hove BN3 5HD T: 01273 734164 E: lucy.steer@lioncare.co.uk

Springfields Therapeutic Children's Home is registered with OfSTED: Royal Exchange Buildings, St. Ann's Square, Manchester M2 7LA. OfSTED URN: SC014235

Financial Management and Business Continuity

Financial Accounts

The Lioncare Group's financial year is 01 January to 31 December. Post-year-end, the finance department internally audits accounts before the independent Financial Director prepares records for external accountants[14]. The external accountants prepare an unaudited financial statements report for the board, certifying Springfields' financial viability and sufficient funding for the next 12 months, enabling it to fulfil its statement of purpose. A draft report is usually completed by May and then agreed upon by the board of directors.

[14] Kalculus Chartered Accountants, Auditors and Business Advisors, 119 Marylebone Road London NW1 5PU

12-Month Development Plan

Annually, the Chief Executive Officer and The Lioncare Group's leadership team, including the Registered Manager of Springfields Therapeutic Children's Home, review the 12-Month development plan. This review sets future aims and objectives, identifying planned operational or resource changes for Springfields, or confirming the continuation of the current operation and resources.

Business Continuity Planning

The Lioncare Group's mission is to provide high-quality therapeutic care and education, helping children find stability. Therefore, delivering critical services is essential, regardless of circumstances.

To ensure this, The Lioncare Group has a system for developing, exercising, maintaining, and reviewing a business continuity plan[15] (BCP) for critical services, aiming for rapid, efficient recovery from disruption or disaster.

This policy and procedure detail a comprehensive framework for business continuity management, allowing The Lioncare Group, including Springfields Therapeutic Children's Home, to continue functioning through interruptions. It outlines the principles and processes for BCP development and maintenance.

This policy complements The Lioncare Group's risk management policy, has been board-approved, and adheres to BS25999-1, the business continuity management code of practice.

The objectives of the plan are to;

- understand the critical functions and activities of The Lioncare Group
- analyse and respond to the risks to The Lioncare Group
- provide a detailed prioritised and timetabled response to an emergency situation
- identify the key roles, responsibilities and contacts to respond to an emergency

Threat of Substantial Change or Closure of the Home

In the very unlikely event that Springfields cannot, for financial, staffing, or other reasons, maintain the required standards as set out in legislation, regulation and registration, the CEO will call an 'extraordinary meeting' within 5 working days, attended by all members of The Lioncare Group leadership team and key stakeholders, to agree and implement a rectification plan. If the situation cannot be fixed, the plan will detail the closure procedure.

If closure or significant change affecting children's care is considered, the CEO, as the Responsible Individual, will notify OfSTED, all current responsible authorities, and Brighton and Hove City Council. The CEO will work with authorities to ensure a smooth transition for children and staff. Confidential records will be held securely at Lioncare House for future access as legally required.

Monitoring of the Home

Springfields Therapeutic Children's Home has clear procedures for monitoring and control across key areas: financial viability, safeguarding, complaints/compliments, staffing, quality of provision, and regulatory compliance.

Children are actively involved in the monitoring process through daily group meetings, casework sessions, and informal discussions, with their views and concerns taken seriously. They are encouraged to assist with health and safety checks and contribute to the manager's 4-monthly quality-of-care review and the annual location risk assessment.

The Registered Manager regularly monitors all records to ensure policy compliance and identify concerns, patterns, and trends. The CEO and COO oversee the Registered Manager's monitoring through supervision, site visits, and reviewing the 4-monthly quality-of-care reports (Regulation 45).

Monthly visits and reports by the Independent Person (Regulation 44) are circulated to all stakeholders. The CEO and manager respond to issues raised before the next visit, with the CEO's response also shared with The Lioncare Group's leadership team to promote collaborative action. This ensures issues are addressed promptly by the most appropriate person.

In addition to statutory monitoring, the CEO commissions an external independent consultant for quarterly visits and reports focused on the quality of therapeutic practice and the home's competence in its therapeutic task. This report is shared with The Lioncare Group leadership team for best practice and learning across the organisation.

Further quality assurance comes from placing authority visits, Ofsted inspections, Child Looked After reviews, and regular quality improvement monitoring by the COO.

[15] A copy of The Lioncare Group's current business continuity plan is available on request in writing sent for the attention of the Chief Executive Officer: matt@lioncare.co.uk

Staffing of the Home

Effective therapeutic care necessitates high adult-to-child ratios. The Registered Manager is responsible for weekly ratio monitoring and has the authority to increase these levels when necessary to meet children's individual needs, accommodate specific events/situations, or maintain the integrity of the group living environment.

Terminology

To reduce institutionalism and foster a family-like atmosphere, we replace the term “staff” with “adults,” especially when speaking to children. This promotes a more normalised living environment, allowing children to see their carers as caring individuals and positive role models, rather than just paid workers.

Allocation of Adults on Duty and Staffing Levels

Springfields' adult staffing levels fluctuate daily and seasonally to meet the varying needs of the children and the home, including holidays, contact arrangements, and specific care plans. Actual staffing at any time is logged in weekly rosters on the GDrive records management system. Generally, when children are present, we aim for a minimum adult-to-child ratio of 1:1.5, separate from those performing non-direct care duties like administration or management. See the appendix for typical adult allocation details.

Details of the Experience and Qualifications of Staff

The experience and qualifications of the adults working at Springfields are detailed in the appendix, correct as of this publication date, and will be reviewed with each revision. Details of the adults working at The Lioncare School are in the school prospectus, accessible on our website: http://lioncare.co.uk/therapeutic-education/lioncare-school/.

Arrangements for Night-Time Cover

Two adults are on duty overnight: a Waking Night Therapeutic Carer/Worker who remains awake and handles duties (securing the home, checking children, administration, domestic tasks, laundry, preparing packed lunches), and a sleeping-in person, typically one of the daytime carers. Children are informed daily of who is in each role.

In an incident, the waking night adult alerts the sleeping-in adult via an internal alert-call system (activator carried by the waking night adult, receiver in the sleep-in room) to ensure continuous supervision and safeguarding.

Should either adult become incapacitated, the Home Manager (or if the Home Manager cannot be contacted, the Deputy Home Manager or Senior Therapeutic Carers in that order) is contacted to arrange cover, or covers the shift themselves.

Ancillary workers

Springfields adopts a therapeutic community, psychodynamic approach, intentionally not employing a dedicated cook. Instead, all adults, including management, encourage the children to assist them and be involved in purchasing, preparing, and serving meals alongside the adults.

This approach is adopted because:

- A dedicated cook's role can feel ambiguous and isolated from core care tasks.
- All adults must model "good enough" parenting and guidance, which includes primary food provision.
- It encourages shared responsibility among adults.
- Teamwork among adults mirrors and encourages cooperative functioning in children.
- Adults forming attachments with the children are best suited to meet their needs in this crucial area of development.

Springfields does employ a dedicated Housekeeper responsible for maintaining high standards of cleanliness, hygiene, and a homely condition. Children, supported by adults, have individual weekly schedules for limited domestic duties, including their rooms, and for some, laundry, monitored by Casework Managers.

The Lioncare Group employs a maintenance team for minor repairs, renewals, and emergency support, overseen by the CEO with regular supervision. Children are actively encouraged to assist the maintenance team when appropriate and safe, promoting reparation, skill-learning, and the development of DIY abilities.

Agency Staffing

Springfields primarily uses Lioncare Group staff for childcare, avoiding agency staff for waking shifts unless necessary due to illness, recruitment issues, or a need for high-level support. Roster absences are covered by familiar Lioncare Group staff from Springfields or other locations to maintain consistency. Management absences are covered by the Deputy Home Manager, supported by the COO and leadership team, while Senior Therapeutic Carer absences are covered by colleagues from other homes, supported by the Springfields management. If agency workers are required, all checks are completed and recorded at Lioncare House, and the same worker is requested for continuity. Agency workers are occasionally used for Waking Night Therapeutic Carer/Worker vacancies, with the same checks

and continuity request applied.

Staff Support and Supervision

Initial Orientation and 6-Month Basic Training

All adults taking up employment at Springfields undergo a mandatory 2-week orientation followed by a 6-month basic training programme[16], which is the final phase of recruitment. This crucial training, facilitated by line managers and monitored and scrutinised by the Registered Manager, ensures new team members make a positive start, maintain high standards of care, and ensure child safety and welfare. The programme aims to:

- Orient new team members to the Springfields' ethos and "way of being."
- Establish role relevance.
- Introduce Springfields' concept of good practice.
- Introduce all relevant policies (e.g., fire, safeguarding, recording, and medication).
- Ensure consistency among all adults.
- Ensure knowledge of children's life histories, care plans, and treatment programmes.

Basic (Induction) Training

The basic training builds upon the Children's Workforce Development Council's induction standards, tailoring them to Springfields' therapeutic community approach. We ensure all new team members complete training in the following core subjects within their first 6 months to promote high standards of professional practice:

- First Aid for Child Carers (Induction Standard 6)
- Basic Food Hygiene (Induction Standard 3)
- Introduction to the Therapeutic Community Approach and Group-Work (Standards 2 & 5)
- Report Writing and Recording (Standard 4)
- Risk Assessment and Risk Management (Induction Standard 6)
- Safeguarding (Induction Standard 6)
- Restrictive Physical Intervention (Induction Standard 6)
- Positive Behaviour Support Planning (Standard 2)
- Equality and Diversity (Standard 1)
- Safe Environments (Induction Standard 3)
- Management Training Programme (for managers only) (Standard 2)
- Supervision Training (for managers only) (Standard 2)

Staff Training and Development[17]

We prioritize continuous training for all adults caring for children at Springfields, benefiting both good practice and team development/motivation.

Our Level 3 Diploma in Therapeutic Childcare and Education, running since May 2005, combined with our induction program (online/face-to-face), is considered equivalent to the Level 3 Diploma for Residential Childcare (England).

Specific training needs are identified via performance reviews and result in individual development plans. This includes basic induction, in-house training (developed/delivered by our Training Manager, team, management, and consultants), and external courses leading to vocational awards and professional qualifications up to Master's level. We strongly encourage knowledge sharing.

External Professional Qualification

We aim to offer all carers the opportunity for external professional qualifications, particularly encouraging the following training:

- PG Certificate/Diploma in therapeutic communication with children
- Level 5 Leadership and Management for Residential Childcare (England)
- The Lioncare Level 3 Diploma in Therapeutic Child Care and Education (in partnership with Laser Learning Awards, leading to the Level 3 Diploma for Residential Childcare [England])

[16] This includes all employees (full time and part-time) and all positions including agency workers and maintenance / administration / domiciliary workers. The basic training programme is tailored to suit the job specifications for each position.

[17] Please see appendix for details of qualifications currently held by adults working at Springfields

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- PG Certificate in psychodynamic counselling
- PG Certificate in Management Studies
- PG Diploma in Management Studies
- PG Certificate in play and communication with children
- MA in strategic leadership and management

Practice-Based Supervision

Springfields maintains a clear line management system for effective communication and accountability. All employed adults are supervised. New employees receive formal supervision within their first two weeks, and thereafter, managers aim to meet supervisees monthly. Acknowledging factors like leave, illness, or the demands of child care may necessitate a less rigid schedule; more frequent supervision is arranged if needed. Additional support sessions, also recorded as supervision, can occur between scheduled meetings.

Supervision meetings are led by trained members of the management team. Summary notes are recorded digitally, agreed upon by email confirmation from both parties, securely stored via an ICT system, and an electronic copy is provided to the employee after each session.

Performance Reviews (PR)

During a new or promoted employees' second supervision session, focus is given to monitoring performance, identify practice gaps, assess training needs, and agree on induction/probationary plans.

At 6 months, an End of Probation Period Review (EPPR) confirms employment or, if concerns exist, may lead to a 3-month extension and a further EPPR. Subsequent performance reviews (PRs) occur at 12 months and then annually, including a professional development and training plan for the coming year.

Consultancy

Springfields utilises several independent external consultants for advice and oversight.

A monthly visiting Independent Person (Regulation 44) gathers feedback from children, adults, social workers, parents, and others on the home's operation and care. Their report goes to the CEO, is circulated to the leadership team and placing authorities.

An Independent Organisational Consultant provides role consultancy to the CEO, assesses group-work quality, informs training needs across the organisation, offers coaching, and facilitates and summarises monthly group consultancy sessions, highlighting relevant theory.

An Independent Consultant specialising in psychodynamic principles and group relations theory acts as the Lead Tutor for the Lioncare Level 3 Diploma and advises the leadership team on therapeutic care and education.

An independent specialist education consultant supports The Lioncare School Head Teacher, assisting the COO and CEO in school governance and maintaining education standards within The Lioncare Group.

Group Consultancy [18]

Springfields' team meets monthly for 90 minutes of compulsory group consultancy, facilitated by an Independent Organisational Consultant, with attendance monitored by the Home Manager, allowing for essential absences. A written process addresses and records attendance concerns.

Scope and Aims

Group consultancy uses a group setting for team reflection, pooling skills and knowledge, problem-solving, decision-making, planning, and learning. The task is to gain experiential learning by examining behaviours and their impact on work with children within the safe, contained setting. It focuses on consistent, high-quality therapeutic childcare, using a group approach for group issues concerning each child and the children's group. The goal is a consistent therapeutic approach, reducing unhealthy dynamics. Aims include discussing children, reflecting on theory and practice, capturing experiential learning (linking adult feelings/behaviour to children), exploring interactions, and challenging perceptions to reach consensus or understanding.

The Theory

The model is based on 'systems-psychodynamic' theory, integrating:

- **Psychoanalytic ideas:** Understanding the unconscious's significance for behaviour and managing complex working relationships.
- **Extension of psychoanalytic theory to groups (Bion):** Understanding group dynamics is essential for high-performing teams.

[18] This is not prescriptive. It is subject to reasonable variation depending on availability of facilitator and the operation of the home.

- **Systems thinking (Miller, Rice, Campbell, Huffington):** Locating the organisation in its context and understanding the interplay of parts.

The Practice

Group consultancy focuses both internally (unconscious processes within the home) and externally (the home's context within The Lioncare Group and beyond). It offers a deeper perspective to explore the task, understand motivations and resistance, and tackle root dysfunction rather than manifestations. It creates a safe space for emotional dimensions. The consultant uses group dynamics understanding to help the team overcome barriers and take up their roles fully. Working systemically reveals links within the organisation and its wider context, broadening issue-understanding and potential responses, and examining cross-boundary operation.

The Group Consultant

The consultant's task is to study ongoing group processes, especially covert ones, focusing on authority. Their role is to provide study opportunities and link theory to practice, intervening only to facilitate study. They are highly disciplined, starting and ending precisely on time, and rarely address individuals, focusing instead on aspects of total group life. They often do not answer direct questions if it hinders the group's self-study. Initial uneasiness is expected. The consultant does not try to increase comfort but comments on what they observe to facilitate learning, often leading to temporary group paranoia where members assume planned manipulation, rather than accepting the unexpected nature of the processes[19].

Disciplinary and Competency Procedures

While we prefer staff at Springfields to maintain voluntary discipline, standards of behaviour are necessary for good employment relations. The Lioncare Group may take formal, non-contractual disciplinary action for unacceptable conduct or performance. Minor issues are handled informally (counselling, training).

Formal disciplinary procedure is used for serious issues (e.g., unauthorised absences, persistent poor timekeeping, sub-standard work), if informal discussion fails, or if the issue is severe. All disciplinary decisions are preceded by an investigation.

The procedure follows the ACAS code and Children's Homes (England) Regulations 2015. Notably, it allows for suspension if child safety or welfare requires it, and makes failure to report suspected or actual child abuse grounds for disciplinary action.

Our Approach to Care Planning at Springfields

"Residential child care should be outward facing, working with the wider system of professionals for each child and with children's families and communities of origin to sustain links and understand past problems".

Referrals, Admissions, Joining and Leaving

Admission Criteria

Springfields provides therapeutic medium to long-term placements (2-4 years) for up to six children, boys and girls, aged 6 to 12 on admission. Exceptionally, a younger child may be considered if urgent safeguarding needs exist and compatibility is assured. Children generally move on by age 14, with extensions to 16 in exceptional, agreed circumstances. We cater to children with trauma, abuse, or neglect, who often present with emotional/behavioural difficulties, placement breakdowns, attachment issues, and sometimes aggression or withdrawal. Successful outcomes depend on the child's pace, the placing authority's plan, and past trauma severity. Admissions require open communication and an impact risk assessment with the referring authority to ensure the placement suits the child and the existing group.

Referral Procedure

We consider the needs of the referred child and the current group. If a placement seems appropriate, we conduct an Initial Impact Risk Assessment using all available information to determine if Springfields can provide a safe and suitable environment while maintaining the safety of the current children's group and each child living at Springfields. We also consider how family contact and access to necessary services (e.g., CAMHS, health agencies) will be supported, given our location. Referral enquiries should be sent to referrals@lioncare.co.uk.

[19] Rioch, M. J. (1975). All we like sheep [Isaiah 53:6]: Followers and leaders. In A. B. Coleman, W. (Ed.), Group relations reader (pp. pp. 159-177): A.K. Rice Institute

Initial Impact Risk Assessment

In line with The Quality Standards, we collaborate with the placing authority to understand the child's history and any potential impact of the placement on the current children's group. We only accept placements where we are confident that we can meet the child's assessed needs and have fully considered the impact on the existing group. We will challenge placing authorities who refer a child without a complete, current relevant plan (unless an emergency) to ensure we understand our responsibilities and avoid future instability. Vague information will be queried and recorded. A full impact risk assessment is completed before any placement is offered. Upon agreement and receipt of all relevant plans, we produce an initial placement plan.

Emergency Referrals and Admissions

Our therapeutic ethos means we generally avoid emergency admissions, as guided by regulations. However, due to external pressures, we occasionally accept short-notice placements if it is in the child's best interest. We aim for a minimum 72-hour process, unless detrimental to safeguarding the child. For emergency admissions, the Initial Placement Planning Meeting (within 7 days) also reviews if Springfields remains an appropriate placement.

Refusal of Placement

Springfields accepts placements only when assessed needs can reasonably be met. We cannot accommodate children with severe or profound learning disabilities, severe sensory/cognitive impairment[20] (as evidenced by professional medical assessment), severe physical disabilities requiring specialist nursing/healthcare, clinically diagnosed severe mental health disorders, or drug/alcohol dependence on admission (though dependencies developed later would involve professional agency support).

Initial Placement Planning Meeting

A meeting without the child is held within 7 days of admission (unless extenuating circumstances prevent it). All significant adults are invited. The meeting's primary purpose is to: confirm congruence between the home's and the placing authority's placement plans; ensure all documentation is received, signed, and dated; confirm dates for future placement meetings and reviews; share views and establish working relationships (Regulation 5); and gain agreement/clarity on any concerns. All relevant documents are expected prior to admission (except in emergencies) or before this meeting.

Baseline Assessment

Following admission, an initial baseline assessment of the child's functioning is conducted to determine abilities and difficulties. This begins at the referral stage by compiling and analysing existing information. Over the first 12 weeks, we continue to gather observations in the home and, if applicable, The Lioncare School (focused on education). A psychodynamic assessment of emotional need is also carried out. At 12 weeks, a comprehensive initial baseline-assessment report is shared with all parties, outlining the child's presentation, abilities, difficulties, needs, proposed treatment, looked-for outcomes with timescales, and a proposal for their next move. This report serves as a benchmark for measuring progress.

Psychodynamic Assessment of Emotional Need

Our psychodynamic assessment model (developed from the model devised by The Caldecott College, which itself was based on the model devised by Winnicott and Dockar-Drysdale) focuses on the child's emotional world, which can trigger anti-social behaviour due to chronic suffering from early trauma (neglect, abuse, separation). This model assists in diagnosing problems, guiding decisions about placement (e.g., identifying children unsuitable for fostering/adoption without intense therapeutic management), and suggesting appropriate treatment/education for children in care. It works by assessing a child across 20 personality dimensions grouped into three sections: Section One identifies core healthy personality dimensions; Section Two focuses on dimensions for practical help and diagnosis; and Section Three outlines objectives for the treatment programme. This framework relies on research from the Dartington Social Research Unit and clinical studies (Winnicott, Dockar-Drysdale, Tavistock).

Whole Family Chronology

We create a whole family chronology to compile accurate, reliable details of all family events, as past miscommunications or errors in records can be unintentionally perpetuated, creating a confusing history for the child. Providing a factual chronology offers the child a basic building block to develop their own narrative of their life, even if their personal story isn't entirely reality-based. The process is potentially difficult and is only undertaken with agreement from the child and all involved professionals (psychotherapist, CAMHS, etc.). If the child declines to be involved, the chronology is still completed by the adults and made available to them in the future.

Placement Plan

[20] Where evidenced by professional medical assessment or medical opinion.

Regulations 14 and 17 require a written placement plan, created in consultation with the placing authority, detailing the child's day-to-day care, safeguarding, health, education, and contact arrangements. This includes meeting physical, emotional, cultural, religious, language, racial, and leisure needs, as well as requirements from relevant Children's Acts. We integrate a summary of the Psychodynamic Assessment of Emotional Needs (P.A.E.N.) into the plan. The plan is regularly updated following changes or reviews (P.A.E.N. meetings, CLA reviews) and monitored by the Registered Manager, IRO, placing authority, and OfSTED.

Child Looked After Review Meetings

Springfields places great emphasis on the statutory CLA review meetings (1 month after admission, then every 6 months). Where possible, we encourage social workers to attend a 3-monthly professionals meeting convened by Springfields, in person or virtually, to maintain good communication and ensure children's interests are upheld, given the significant changes that can occur over six months.

Transitions and Preparation for Leaving

Throughout their placement, children are supported in their transition to adolescence, or/and preparing for their next placement. This work aims to help them gain agency in areas like social/sexual relationships, self-esteem, education, work/further education readiness, independent living skills (practical, financial), and knowing post-care entitlements.

Learning to Look After Me

This is our structured programme designed for older children to promote independence and prepare them for leaving Springfields and care. It covers skills and abilities needed for living on their own. The child works through modules with their Casework Manager and Caseworkers for support and guidance, and is not expected to complete it alone. Adults help the child practice skills (e.g., preparing meals, housework, job interviews), but the child must do the work themselves to learn and be ready for independence.

Pathway Plans and Statutory Needs Assessments

As Springfields mainly cares for children under 16, it is unusual for a child to be 'eligible' for a statutory needs assessment and the development of a pathway plan under the Children (Leaving Care) Act 2000.

The Leaving Process

Preparing for leaving is a continuous process throughout the placement. The child's readiness is determined by their progress against their therapeutic plan and EHC plan/treatment programme outcomes. The Registered Manager calls a CLA review to initiate the leaving process in liaison with the placing authority, IRO, and child. If a child leaves prematurely (e.g., funding withdrawn or unsafe behaviour), they are helped to understand the reasons as far as possible.

The Transition Plan

The leaving process details are negotiated with the child and placing authority and documented in an individualised transition plan, ideally prepared three months before the leaving date, covering the three months before and six weeks after departure. For premature exits, a modified plan is created. Key features include: informing the community, familiarisation visits to the next placement, therapy/counselling dates, last casework session, leaving celebration details, packing/transportation arrangements, last day at Springfields, details of the move, follow-up/after-care from Springfields, and arrangements for keeping in touch.

Outreach and After-Care Support

We believe in the importance of continuity of care and the potential harm of poorly planned endings. Quality therapeutic residential care should be a positive "first choice" for some children. We are concerned that budgetary constraints often lead local authorities to undervalue outreach and after-care support from familiar adults. In line with the Children (Leaving Care) Act 2000 guidance, Springfields has developed a flexible outreach and after-care programme. This is considered an important and necessary part of our therapeutic provision to ensure a positive and rewarding experience of their placement. A separate fee and contract are required for this post-placement service.

Appendices

Appendix 1: Approved Sanctions

Fines imposed by courts:

Court fines and compensation orders may be deducted from pocket money every week until paid. This would form part of the agreement with the court for the discharge of fines or compensation order. It should therefore be entered on the care plan.

Withholding pocket money and allowances:

At Springfields, children receive weekly pocket money and allowances. While parents often use withholding money as a sanction, at Springfields, it is *only* used if a child causes wilful damage/waste or steals money/items. It is *not* for general misbehaviour like swearing. If money/allowances are withheld for these reasons, a maximum of two-thirds of the total weekly amount may be taken. The amount and duration must be agreed upon, recorded on the placement plan and pocket money sheet. The withheld money is kept separately and used only for compensation/restoration. Involving the child in this process (e.g., sharing invoices) is encouraged as a learning event.

Pocket money/allowances can also be withheld fully for up to one week if a child's personal space is unacceptable by Saturday morning and they refuse help to clean it. This withheld amount is kept in the main tin and returned once the child meets their cleaning responsibility (with or without help). If the child hasn't complied within one week, the Casework Manager places the money in the child's bank account.

Increased supervision and 'grounding':

Increased supervision can be used to prevent a child from running away or to support them through stressful periods when conflict is likely. This must be well-recorded and part of the care plan, although children may perceive it as a sanction. When used as a sanction, it ensures adults know the child's whereabouts, particularly when related to absence or to interrupt unhealthy alliances between children.

"Grounding" is an acceptable sanction at Springfields, meaning the child cannot leave the home unaccompanied and their movements are restricted to the home and grounds for reasonable periods. The team must discuss and agree on the duration to ensure consistency. Grounding should generally only be used for unauthorized absence, and is usually only relevant for children who have earned the privilege of unescorted leave. When grounding is used, the child should not be isolated but provided opportunities to interact with an adult or the group, turning a negative event into a positive learning experience that counteracts the absence.

Curtailment of leisure activities:

Restricting children's participation in ongoing leisure activities (e.g., cinema, extended bedtime, TV) is permissible as a disciplinary measure, provided the duration is clearly stated, reasonable, and not delivered impulsively.

This sanction should generally be reserved for repeated, unacceptable misbehaviour, after dialogue attempts have failed (e.g., recurrent swearing, aggression, or non-compliance with reasonable requests like cleaning up). Its purpose is to teach cause-and-effect and responsibility to the individual child and to the wider group.

It is also an appropriate response to a child's refusal to attend the daily group meeting without a genuine explanation, particularly if they appear to be testing boundaries. In such cases, the child should be told that by excluding themselves from the meeting, they are also excluding themselves from group leisure activities.

Early bedtimes:

Early bedtimes in appropriate context can be used as a sanction but should not involve periods of longer than one hour and usually much less. Consideration must also be given to the child's age, cognitive ability, and maturational levels; what may feel appropriate for a 6-year-old probably won't feel right for an 11-year-old!

Careful thought should be given to the use of this as a sanction. It may easily violate the sanctity of the bedroom as a haven of security which care practice has progressively established. It may also simply be dismissed by the child and could lead to escalation of the very issue the adult is trying to address. If used, adults should seek opportunity to support the child through the care relationship and should not leave them isolated in their bedrooms. This may be a useful time to engage the child in some meaningful discussion, activity or simply provide them with basic nurturing experiences (which they may have been seeking anyway, and which may have led them to create the need for them to be given an early bedtime!).

Time-out:

Time-out offers personal space for children to calm down, reflect, and regain self-control before re-entering the group. It can be child-chosen, especially when relaxation and tension reduction strategies have been discussed and practiced. When staff use time-out as a sanction, it should be gauged for effectiveness. This can range from moving a child to another room to simply ignoring comments within limits. Usually, it involves encouraging the child to use their own room or a quiet common space.

Sanction-based time-out should be limited, optimally 5-10 minutes, as longer periods risk counter-productivity or resentment. An adult must always be within sight or hearing to offer support. Springfields prohibits using uninteresting or isolated areas for time-out, as this negatively reinforces a child's self-perception. Quiet areas like the conservatory or playroom, with available literature and interesting items, games and objects, are alternatives to using a bedroom.

Appendix 2: Permissible Ages with Regards to Alcohol[21]

+18-year-old:

It is legal to buy alcohol in licensed premises (like pubs, bars, and clubs) or off-licensed premises (like supermarkets and off-licenses).

Under 18-year-old:

Across the UK, if you're under 18 it's against the law:

- For someone to sell you alcohol
- To buy or try to buy alcohol
- For an adult to buy or try to buy alcohol for you
- To drink alcohol in licensed premises, like a pub or restaurant (although there is a limited exception for 16- and 17-year-olds; see below)

Under 18's can be stopped, fined or arrested by police for drinking alcohol in public. The police also have the power to confiscate alcohol.

The best advice for young people's health and wellbeing is an alcohol-free childhood. If children do drink alcohol (even though it's not recommended), it shouldn't be until at least 15 years old.

16- and 17-year-olds:

Someone aged 16 or 17 and accompanied by an adult, can drink (but not buy) beer, wine or cider if it is consumed with a table meal in a restaurant or an area dedicated to dining at a licensed premises (except in Northern Ireland). But it's illegal for people this age to drink spirits in a pub anywhere in the UK, even with a meal.

16- and 17-year-olds who work in a licensed bar, restaurant or shop can serve alcohol, as long as the licence holder or bar manager has approved the sale and it's in line with any other restrictions set out in the license.

Under 16-year-olds:

Young people under 16 may go into a pub (or premises primarily used to sell alcohol) if they're accompanied by an adult, but it is illegal for them to buy or consume alcohol. Landlords However, this isn't always the case and specific chains (such as J D Wetherspoon) may enforce stricter policies. It can also depend on:

- The specific conditions for that premises. For example, young people may only be allowed in certain areas, or at certain times
- The licensable activities taking place there

Under 14-year-olds:

The law in Northern Ireland specifically states that 'anyone under the age of 14 may only consume alcohol in a private house and only for medical purposes.

Under 5-year-olds:

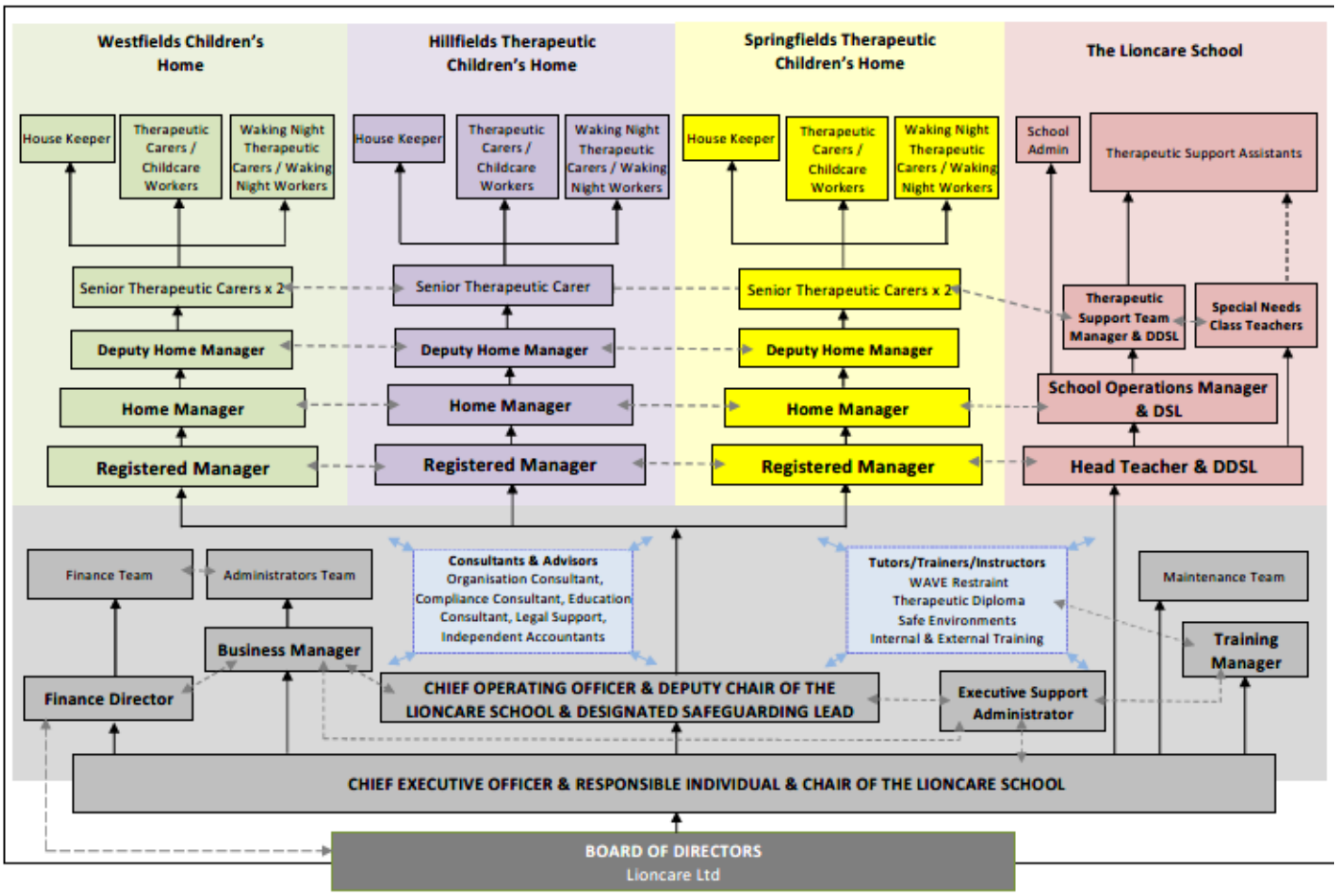
It's illegal to give a child under the age of five alcohol.

Drinking at Home or in Private:

It is completely legal for children aged 5 to 17 to drink alcohol in private (such as at home or at private parties or private premises). (Note: In Scotland, there is technically no minimum legal age for alcohol consumption in private spaces. In Northern Ireland, children under 14 may only consume alcohol at home if it is for medical purposes).

[21] https://www.drinkaware.co.uk/

Appendix 3: Organisation of The Lioncare Group (October 2026)



Appendix 4: Details, Number and Gender of Adults Employed at Springfields[22]

Role and Position	Total	Female	Non-Binary	Male
Chief Executive Officer & Responsible Individual	**1**	0	0	1
Chief Operating Officer	**1**	1	0	0
Registered Manager	**1**	1	0	0
Home Manager	**1**	1	0	0
Deputy Home Manager	**1**	1	0	0
Senior Therapeutic Carers	**2**	1	0	1
Therapeutic Carers / Childcare Workers (full-time equivalent)	**10**	6	0	4
Waking Night Therapeutic Carers / Waking Night Workers	**2**	1	0	1
House Keeper	**1**	1	0	0
Administrator	**1**	1	0	0
Maintenance Workers	**3**	0	0	3
TOTAL	**24**	14	0	10

Appendix 5: Allocation of Adults at Springfields

Day of the Week		A.M. Shift (07:30–15:30)	Middle Shift (09:00–17:00)	P.M. Shift (14:30-22:30)	Nigh Shift (21:30–07:30)
Monday	Term Time	4 x TC/CW	RM HK (4 hrs.) Admin (4 hrs.) MW	4 x TC/CW	1 x WNTC 1 x TC/CW (S.I.)
	Holidays	4 x TC/CW	RM HK (4 hrs.) Admin (4 hrs.)	4 x TC/CW	1 x WNTC 1 x TC/CW (S.I.)
Tuesday	Term Time	4 x TC/CW	RM & HM HK (4 hrs.)	4 x TC/CW	1 x WNTC 1 x TC/CW (S.I.)

[22] correct as of 09.10.26

			MW		
	Holidays	4 x TC/CW	RM & HM HK (4 hrs.)	4 x TC/CW	1 x WNTC 1 x TC/CW (S.I.)
Wednesday	Term Time	4 x TC/CW	RM & HM & STC HK (4 hrs.) MW	4 x TC/CW	1 x WNTC 1 x TC/CW (S.I.)
	Holidays	4 x TC/CW	RM & HM & STC HK (4 hrs.) MW	4 x TC/CW	1 x WNTC 1 x TC/CW (S.I.)
Thursday	Term Time	4 x TC/CW	RM & HM HK (4 hrs.) Admin (4 hrs.) MW	4 x TC/CW	1 x WNTC 1 x TC/CW (S.I.)
	Holidays	4 x TC/CW	RM & HM HK (4 hrs.) Admin (4 hrs.) MW	4 x TC/CW	1 x WNTC 1 x TC/CW (S.I.)
Friday	Term Time	4 x TC/CW	RM HK (4 hrs.) MW	4 x TC/CW	1 x WNTC 1 x TC/CW (S.I.)
	Holidays	4 x TC/CW	RM HK (4 hrs.) MW	4 x TC/CW	1 x WNTC 1 x TC/CW (S.I.)
Saturday	Term Time	4 x TC/CW	1 x HM/DHM/STC (on shift)	4 x TC's	1 x WNTC 1 x TC/CW (S.I.)
	Holidays	4 x TC/CW	1 x HM/DHM/STC (on shift)	4 x TC's	1 x WNTC 1 x TC/CW (S.I.)
Sunday	Term Time	4 x TC/CW	1 x HM/DHM/STC (on shift)	4 x TC's	1 x WNTC 1 x TC/CW (S.I.)
	Holidays	4 x TC/CW	1 x HM/DHM/STC (on shift)	4 x TC's	1 x WNTC 1 x TC/CW (S.I.)

Key:							
	WNTC	Waking Night Therapeutic Carer	HK	House Keeper	RM	Registered Manager
	Admin	Administrative Assistant	MW	Maintenance Worker	HM	Home Manager
	(S.I.)	Sleeping-In Duty	TC/CW	Therapeutic Carer/Childcare Worker	DHM	Deputy Home Manager

The table above sets out the minimum number of adults on duty at different times of a generalised day and week, including managers and ancillary workers, based on a full occupancy level of 6 children in placement.

Appendix 6: Details of Therapy Provided To Children Living at Springfields[23]

Role	Therapy / Psychologically Informed Intervention Offered	Qualifications Held
Independent Groupwork Facilitator and Organisational Consultant	• Systems-Psychodynamic Model • Psychoanalytic Group-Relations Approach	• Member of O.P.U.S. • Member of the Tavistock Clinic Public Policy Forum • BA (Hons) Social Sciences • C.R.C.C.Y.P. • Cert. Ed • Advanced Consultancy and Supervision
Lead Tutor for the Diploma Programme: Therapeutic Childcare and Education	• Systems-Psychodynamic Model	• Executive Director of OPUS (2014 – 2015) • Deputy Director OPUS (2013 -2014) • PhD Consultation and the Organisation: University of East London (2012) • M.A. Consultation and the Organisation: University of East London (2004)
Independent Consultant in Child and Adolescent Psychotherapy	• Child and Adolescent Psychotherapy	• British Confederation of Psychotherapists • Full Member Association of Child Psychotherapists • Full Member British Psychoanalytic Council • Full Member Tavistock Association of Psychotherapists • Doctorate in Child and Adolescent Psychotherapy: Tavistock Clinic and East London University Training in Child and Adolescent Psychotherapy: Tavistock Clinic

[23] correct as of 09.10.26

Independent Integrative Psychotherapist	• Integrative Child, Adolescent and Family Therapist (Sand Therapist. Creative Arts and Play Therapy) - Member of CAMHS multi - disciplinary team.	• M.A. Therapeutic Childcare in Education: University of Greenwich • M.A. Transpersonal Child, Adolescent and Family Therapy: De Montfort University • Certificate in Sand-Play Studies. • B.Sc. Psychology (hons) GBR status. • PTIUK Diploma Play and Creative Arts • PTIUK Certificate in Supervision • PG Diploma: University College Chichester. • AIST Diploma in Integrative Sand-Play Studies. • AIST Certificate in Supervision • AIST Teaching Certificate in Integrative Sand-Play Studies. • AIST Certificate in Transpersonal Studies Accreditations: • BACP counsellor / psychotherapist (re: 517852) • PTIUK creative arts therapist (re: 1017) • PTIUK supervisor (re: 1018) Membership: • British Psychological Society (090506) • United Kingdom Registered Independent Counsellor (517852) • Royal Society of Medicine (0025076) Honorary Position: • Association of Integrative Sand-Play Therapists: Honorary member of the Ethical Committee (2011)
Independent Integrative Child Psychotherapist	• BACP Registered Integrative Psychotherapist	• PG.Cert. in Counselling & Psychotherapy (University of East London) • B.A.[Hons] in Psycho-Social Studies and Communications (University of East London) • Mindfulness Based Cognitive Therapy (MBCT) for Depression • Bereavement / Emotional Skills Counselling (North London Hospice) • OCN Mentoring Course Level 2

The efficacy of Springfields' therapeutic approach is measured by:

- Psychodynamic assessment of emotional need.
- Routine outcome measures, including Goodman's (1975) strengths and difficulties assessment, diagnostic criteria (309.81 posttraumatic stress disorder DSM1v intervention), and core and EG5D.
- Triangulation of self-reporting from the child, carers, educators, and/or social worker.
- Review and analysis of outcomes as set in the child's care plan and through baseline assessment.

Evidence supporting this efficacy is available in professional reports, which can be obtained by contacting the Registered Manager.

Appendix 7: Experience and Qualifications of Adults (aka 'Staff')[24]

Current Role	Experience	Qualifications & Main Training
Chief Executive Officer and Responsible Individual (MV)	Chief Executive Officer of The Lioncare Group (Company Director of Lioncare Ltd, Responsible Individual, and Chair of The Lioncare School) Director of Therapeutic Services Operations Manager Registered Manager Deputy Manager Senior Residential Social Worker Residential Social Worker Residential Child Care Officer	B.Sc.[Hons] Experimental Psychology (University of Sussex) PGDip. Therapeutic Child Care (University of Reading) Foundation Course in Group Analysis (The Institute of Group Analysis) M.A. Consultation and The Organisation: Psychoanalytic Approaches (Tavistock & Portman NHS Foundation Trust and University of East London). Designated Safeguarding Lead Level 3 Safer Recruitment Introduction to Supervision

[24] correct as of 09.10.26

	Bank Relief Worker (Adult Learning Disability) Horticultural Instructor: Psychiatric Support-Worker High Court Expert Witness for Children's Residential Care and Education Management Former Member of The Brighton and Hove Safeguarding Children Panel (Representing Residential Childcare) Former Chair of The Monitoring and Advisory Panel: The Lioncare School Group Supervision Facilitator and External Consultant: Enthum House & Brighton & Hove City Council Former Committee Member: (ICHA) Former Chair of Children's Network: Community of Communities (The Royal College of Psychiatrists)	Supervision Masterclass Finance for Non-Finance Managers Managing The Madness (Group Relations Events) Trauma - the Challenges of Dissociation Therapeutic Work with Severely Disturbed Children Discipline & Grievance Workplace Investigations Safeguarding Children Designated Officer (Level 5) Statutory Essential Training (see below)
Chief Operating Officer (JR)	Chief Operating Officer of The Lioncare Group Chair of The Lioncare Group's Safeguarding and Monitoring Group Deputy Chair of The Lioncare School Interim Registered Manager of Hillfields Interim Registered Manager of Westfields Interim Registered Manager of Seafields Service Manager Registered Manager Assistant Manager Deputy Manager Senior Residential Social Worker Residential Social Worker (Children) Senior Child Care Officer (Learning Disabilities) Child Care Officer (Learning Disability)	BTEC First Diploma Caring (Kendal College) NNEB Diploma in Nursery Nursing (CACCE) Grad.Dip. Care & Development of Children & Children (Caldecott College) Level 4 Diploma in Management (CMI) PGDip. Working with Groups (Tavistock & Portman NHS Foundation Trust and University of East London) M.A. Working with Groups (Tavistock & UEL) Designated Safeguarding Lead Level 3 First Steps to Effective Management Staff Supervision Successful Recruitment and Selection Fundamentals of Personnel Law for Managers and Supervisors Restorative Practice Combined Assessing and Internal Quality Assurance Safeguarding Children Designated Officer (Level 5) Statutory Essential Training (see below)
Registered Manager (SJ)	Registered Manager Deputy Manager Senior Therapeutic Carer Residential Social Worker Waking Night Officer Security Guard	B.A.[Hons] Childhood and Youth Studies (Open University) Level 5 Diploma in Leadership & Management for Residential Childcare (England) Level 3 Diploma in Therapeutic Child Care and Education Intensive Management Programme Safeguarding Children Designated Officer (Level 3) Staff Supervision in Child Care and Education Agencies Managing Child Protection Concerns Child Protection for Managers (Level 5) Notification of Serious Events Fire Warden NSPCC Safer Recruitment Safeguarding Children Designated Officer (Level 5) Statutory Essential Training (see below)
Home Manager Carer (BR)	Home Manager Senior Therapeutic Carer Trainee Senior Therapeutic Carer Therapeutic Carer Daycare Health Care Assistant Therapeutic Foster Carer Child Minder	Level 3 HSC Children & Young People Level 3 Diploma in Therapeutic Child Care and Education Designated Safeguarding Lead for Managers (Level 5) Intensive Management Programme Supervision Training Programme NSPCC Safer Recruitment Fire Warden

	Supervisor for a Private Nursery Additional Needs Live-In Carer Care Assistant	Disciplinary & Grievance Procedures Statutory Essential Training (see below)
Deputy Home Manager (LP)	Deputy Home Manager Senior Therapeutic Carer Therapeutic Carer Childcare Worker Fashion Designer Intern Student Ambassador + Mental Health Champion Volunteer Children's Leader	B.A. [Hons] Fashion Knitwear Design and Knitted Textiles (Nottingham Trent University) International Placement Diploma Professional Practice (Nottingham Trent University) Intensive Management Programme Advanced Supervision Training Programme NSPCC Safer Recruitment Fire Warden Designated Safeguarding Lead for Managers (Level 5) Level 3 Diploma in Therapeutic Child Care and Education Disciplinary & Grievance Procedures Statutory Essential Training (see below)
Therapeutic Carer (EH)	Senior Therapeutic Carer Therapeutic Carer Childcare Worker Administrator/Content Writer Care Worker (adult social care) Admin Assistant (education) Customer Assistant (retail) Sales Assistant (retail)	BA.(Hons.) Professional Musicianship (University of Sussex) Level 2 in Counselling Skills Level 3 in Counselling Studies Level 3 Certificate Performance (London Academy of Music & Dramatic Art) BTEC Level 3 Subsidiary Diploma Music (South Downs College) Level 3 Diploma in Therapeutic Child Care and Education Intensive Management Programme Advanced Supervision Training Programme Statutory Essential Training (see below)
Therapeutic Carer (AW)	Senior Therapeutic Carer Therapeutic Carer Childcare Worker Teaching Assistant Play Worker Bar Staff Christmas Elf	BA.(Hons.) Childhood & Youth: Theory & Practice with BSL & Deaf Culture (University of Sussex) Level 3 Diploma in Therapeutic Child Care and Education Intensive Management Programme Advanced Supervision Training Programme Statutory Essential Training (see below)
Therapeutic Carer (AO)	Therapeutic Carer Senior Therapeutic Carer Therapeutic Carer Care Support Worker Therapeutic Staff Support Residential Advisor	B.Sc. Geology (Zagazig University, Egypt) M.Sc. Environmental Protection (St. Joseph's University, Philadelphia) NEBOSH International Certificate in Health & Safety Practical Application Level 3 Diploma in Therapeutic Child Care and Education Intensive Management Programme Advanced Supervision Training Programme Statutory Essential Training (see below)
Therapeutic Carer (TR)	Therapeutic Carer Childcare Worker Teaching Assistant (education) Customer Services (retail) Sales Team Member (retail) Waitress (hospitality)	BA.[Hons.] Psychology (University of Liverpool) PGCE (University of Brighton) Level 3 Diploma in Therapeutic Child Care and Education Statutory Essential Training (see below)
Therapeutic Carer (KE)	Therapeutic Carer Childcare Worker Residential Support Worker (children/young people) Support Worker/Bank Worker (adult health)	BSc.[Hons.] Child Psychology (University of Greenwich)(in progress) The Lioncare Certificate in Therapeutic Practice Level 3 Diploma in Therapeutic Child Care and Education Statutory Essential Training (see below)

Therapeutic Carer (TC)	Therapeutic Carer Childcare Worker Retail Assistant	BA.[Hons.] Psychology and Sociology (University of Brighton)(in progress) The Lioncare Certificate in Therapeutic Practice Statutory Essential Training (see below)
Therapeutic Carer (IL)	Therapeutic Carer Childcare Worker Supply Individual Needs Assistant (education) Supply SEN Teaching Assistant (education) Support Worker (adult care) Health Records Administration Assistant Sales Assistant (food retail)	BA.(Hons) Globalization: History, Politics and Culture (University of Brighton) The Lioncare Certificate in Therapeutic Practice Statutory Essential Training (see below)
Therapeutic Carer (TE)	Therapeutic Carer Childcare Worker Support Worker (youthwork) Cleaning & Waste Operative (healthcare) Team Member (retail) Junior Photographer	BSc. Computer Science Information (Ecole Superieure St. Louis D'Afrique) The Lioncare Certificate in Therapeutic Practice Statutory Essential Training (see below)
Therapeutic Carer (LP)	Therapeutic Carer Childcare Worker Support Worker (social care) Care Assistant (adult care) Bartender (hospitality) Sales Assistant (retail)	BSc.[Hons] Phycology (University of Reading) The Lioncare Certificate in Therapeutic Practice Statutory Essential Training (see below)
Childcare Worker (JC)	Childcare Worker Delivery Driver Psychology & German Tutor - Remote Research Assistant (University placement) Volunteer Shop Assistant Kitchen Porter / Assistant Chef Data Analyst Intern Football Coach (Volunteer through college)	BSc Psychology with Professional Placement Year (University of Sussex) MSc Psychology & Neuroscience of Mental Health (King's College London)[in progress] Statutory Essential Training (see below)
Childcare Worker (RS)	Childcare Worker Support Worker (Children's Social Care) Disability Support Worker (Education) Waitress (Catering)	BA.(Hons) in Politics (Manchester Metropolitan University) MA Political Science-Philosophy and Political Theory (University of Manchester) Statutory Essential Training (see below)
Childcare Worker (BH)	Childcare Worker SEN Teaching Assistant (Education) Mental Health Support Worker Health Care Assistant (Healthcare) Independent Contractor (Entertainment) Support Worker (Adult Social Care)	Music Technology L2 (Northbrook MET) Music Technology L3 (Northbrook MET) Statutory Essential Training (see below)
Waking Night Therapeutic Carer (JP)	Waking Night Therapeutic Carer Senior Waking Night Therapeutic Carer Waking Night Therapeutic Carer Care Assistant	Level 3 Diploma in Therapeutic Child Care and Education Supervision Training Fire Warden Intensive Management Programme All Statutory Essential Training (see below)
Waking Night Therapeutic Carer (SKO)	Waking Night Therapeutic Carer Therapeutic Carer Childcare Worker Support Worker (Child & Adult Social Care) Support Worker (Adult Social Care)	EDEXCEL L1 BTEC Intro.Cert. in Health & Social Care EDEXCEL L2 BTEC Diploma in Health & Social Care Fire Warden Statutory Essential Training (see below)

Therapeutic House Keeper (SA)	Therapeutic House Keeper Nanny (Childcare) Creche Assistant (Childcare) Nursery Assistant (Childcare) Bar Person (Hospitality) Waitress (Catering) Volunteer Leader in Training and Qualified Leader (Brownies) Co-Chair PTA (Education)	Statutory Essential Training (see below)

Note: all employees of The Lioncare Group and including those listed above undertake basic essential training in, amongst other more specialist subject areas: safeguarding, child protection, paediatric first aid, restrictive physical intervention, food safety, risk assessment & management, placement planning, anti-bullying, administration of medication, record keeping and data protection, fire awareness, online safety, health & safety, sexually harmful behaviours, awareness of prevent duty, developmental trauma, restorative practice.

Glossary

Abuse	Action or inaction that causes actual or likely harm to a child. Harm may be physical, emotional or sexual, or neglect of the child.
Advocate	A person with whom there is an arrangement to assist a child or child in putting forward views or making a case on his or her behalf.
Agency Staff	Staff contracted from a regulated agency for work in the home.
Ancillary Staff	Staff working at the home in capacities such as administrative, domestic, catering, and maintenance, whose principal role is not direct care work with children.
BehaviourWatch	The Lioncare School's Management Information System. BehaviourWatch is used to track academic progress and record and monitor all significant incidents including accidents and restrains.
B.I.L.D. Code of Practice	Around half of all people with learning disabilities and challenging behaviour are subject to physical interventions. High quality training, to increase staff skills and confidence and reduce injuries among staff and people who use services, is therefore critical. The Code provides guidance for trainers and commissioners of training who support adults and children with: – a learning disability – an autistic spectrum condition – special educational needs – behavioural, emotional and social difficulties
Bullying	Behaviour by one or more people that causes anxiety, pain, distress, humiliation or social exclusion to one or more others, by physical or verbal means, or through damage to or interference with property.
Care Plan	A plan for looking after a child and meeting that child's current and future needs, made by a placing authority under Children Order requirements.
Casework Manager	The named care worker in the home who is responsible for assuring consistency and continuity of care offered to the child by the home. They coordinate essential aspects of the day-to-day arrangements for the child, and have a role in ensuring the involvement of the child, their family, their school, and other agencies such as health and social services, so that the goals set out in the child's Local Authority Care Plan are achieved. Casework Managers play an important part in helping and enabling the child to establish relationships with those caring for the child, and encouraging appropriate attachments to assist the child in feeling safe and developing a sense of 'belonging'.
Caseworker	Named care workers in the home tasked with supporting and assisting the Casework Manager to fulfil their duties and responsibilities in relation to the child. Generally there are two Caseworkers and one Casework Manager – this is to avoid the unhealthy creation of an exclusive relationship between one child and one adult, and avoid unhelpful (and for many children in care, unbearable) replication of a parental 'couple'; having three people involved in the arrangement and delivery of care for the child promotes good case-management, clear delegation of task and responsibility, healthy sharing of the practical and emotional demands of the role, and opportunities for triangulated monitoring and thinking and reflection.
Case Review	Refers to a statutory review of a child or child's care and care plan as required by the Review of Children's Cases Regulations 1996.
Children's Home	An establishment (subject to certain exceptions) which provides care and accommodation wholly or mainly for children. (See Article 9 of The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003).
Child Sexual Exploitation	Child sexual exploitation (CSE) is child abuse, and involves children being persuaded, forced or coerced into sexual activity, believing that they will receive something in return.
Looked After	Introduced by the Children Act 1989 and refers to children: – under the age of 18 – who live away from their parents or family – are supervised by a social worker from the local council children's services department. A looked after child may either be accommodated (which means that the council is looking after them with the agreement, at the request or in the absence of their parents) or subject to a Care Order made by the Family Courts. A child or child can be subject to different legal rules either: – the parent retains full parental responsibility – if a child is subject to a Care order, parental responsibility is shared between the council and the parents.
Neurocognitive Development	Research that examines how the human brain and mind form and grow from infancy through adulthood. It explores the development of memory, emotion, cognition and social behaviour in infants, children and adolescents.
Neurodiversity	Neurodiversity is a term that refers to the natural differences between people and was coined in the late 1990's by Australian sociologist Judy Singer. It can be compared to terms such as race, culture, class and

	gender and is useful to describe people with varying characteristics and behaviours of neurodevelopmental conditions alongside the "neurotypical" majority in a non-prejudiced way. Learning about neurodiversity can help you move the focus from impairments towards everyone's different abilities. It is thought that up to 15% of the population are thought to be neurodiverse. The remaining majority are neurotypical.
Personal Education Plan (PEP)	A Personal Education Plan is a continuous running record of the child/child's educational history which identifies the actions needed to enable the individual to fulfil his or her potential. It will inform the UNOCINI and Court proceedings, and critically influence the Care Plan. It will also contribute to improved communication between professionals, early identification of specific needs and provide an element of continuity when a child transfers school and/or placement
Placement	The agreement and arrangement for a child or child who is looked after to live at a particular place e.g. the home.
Placement Plan	An agreed written plan, setting out how a child or child is to be looked after on a day-to-day basis at the home, which is consistent with both the home's Statement of Purpose and the care plan made by the placing authority.
Placing Authority	This may be an HSC Trust, a voluntary organisation or the child's parent depending upon the circumstances. (See Regulation 2 of The Children's Homes Regulations 2005).
P.S.H.E. Curriculum	Personal, Social and Health Education: A planned programme of learning through which children acquire the knowledge, understanding and skills they need to manage their lives, now and in the future.
Psychodynamic Assessment of Emotional Need	An assessment model designed to provide diagnosis and practical signposts for practitioners: teachers, residential and field social workers, day centre staff, foster carers and nurses. There are 20 dimensions of a child's personality identified as necessary to address if intervention is to be successful. These are grouped into three sections. 1. Comprises those dimensions which lie at the heart of a healthy personality. If the assessment score is low, mainly types A and B, then the child must not be fostered or adopted except by skilled therapists capable of providing 24-hour therapeutic management. These are very ill children who must have their primary needs met to make good what they missed or suffered in early childhood. Similarly, if residential care seems to be a positive choice in the light of A and B scores, then it is vital that the residential facility operates a treatment regime which this assessment programme helps to satisfy. 2. Consists of those dimensions which can take us forward as practitioners but also provide further help in diagnosing problems and suggesting practical methods. For example, if a child cannot play, that may not be a reason for rejecting fostering as a placement but it is one of the most important parts of our practice if we are to help them to grow. The same can be said for communication. Failure to communicate verbally would not block a foster placement; communication by other means e.g. smashing or burning property must. 3. Offers a number of dimensions which are very much part of the way forward and must be among the objectives of a treatment programme. The Assessment Programme relies on research and clinical experience spearheaded by the Dartington Social Research Unit and the findings and implications provided by Professor Millham and his team. Clinical studies of Winnicott, Dockar-Drysdale and the Tavistock clinicians are equally important. Useful Kleinian insights are also offered. This model seeks to provide a route for practice which can take the least integrated child through to a fragile integration when they should be stable and more whole as a person. Stable and integrated are but two sides of the same coin. Working towards a stronger integration through use of this assessment model is creating a more stable child better able to cope with problems from the past and those still to be faced.
Psychodynamic Theory	Various theories regarding human functioning. Such theories are underpinned by the interplay of drives and internal forces of the subject. Contributing psychoanalysts to the theory include Freud, Jung and Klein. Subsequent psychodynamic theories, which retain belief and interworking of drives have moved to an emphasis on the process of change and also depends on interpersonal and transactional views of personality and development.
Psychosis	Any severe mental disorder characterized by impairment of function in life. The accuracy of perception and thought is severely diminished and incorrect assessments of reality are prevalent, even in the face of sound evidence to the contrary. A psychotic disorder may have symptoms of delusion, hallucination and disorganized thoughts and behaviour. Such symptoms lead to a major diminishment of function.
Psychosocial Theory	First proposed by Erik Erikson, an American psychoanalyst who trained as a psychoanalyst under Anna Freud, specializing in child psychology. Erikson engaged in a variety of clinical work, widening the scope of psychoanalytic theory to take greater account of social, cultural, and other environmental factors. In his most influential work, Childhood and Society (1950), he divided the human life cycle into eight psychosocial stages of development. His psychohistorical studies, Young Man Luther (1958) and Gandhi's Truth (1969; Pulitzer Prize, National Book Award), explore the convergence of personal development and social history.
Radicalisation	The process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Registered Person	The standards use the term 'Registered Person' throughout. This may mean the Registered Provider, or the Registered Manager, and is dependent on the specific regulation to which it refers. It also takes account of the fact some homes will not have a separate Registered Manager, if the proprietor is both provider and manager.
Representations	Complaints, concerns or major issues raised with the home or a placing authority by or on behalf of a child about their care or welfare.
Restraint	Use of reasonable physical intervention to prevent injury, or serious damage to property, which is likely to cause injury.
Risk Assessment	The process of identifying hazards to the safety or welfare of children, staff and others and estimating their seriousness and likelihood in order to identify and implement appropriate measures to minimize them.
Safeguarding	The process of protecting children from abuse or neglect, preventing impairment of their health and development and ensuring they are growing up in circumstances consistent with the provision of safe, effective care that enables children to have optimum life chances and enter adulthood successfully.
Statement of Educational Needs	Describes all of a child's special educational needs (SEN) and the special help the child or child should receive. The local authority (LA) will usually make a statement if they decide that all the special help the child or child needs cannot be provided from within a school's resources. These resources could include money, staff time and special equipment. A statement of SEN is set out in 6 parts: 1. Gives the parents and child's or child's name and address, their date of birth, home language and religion. It also lists all the advice the LA received as part of the assessment 2. Gives details of all of the child's or child's SEN as identified in the statutory assessment 3. Describes all the special help that the LA think the child or child should get to meet the needs listed in part 2. Special help includes: – what the long-term aims are – the arrangements for setting short-term goals – regular review of the child's or child's progress towards those goals – how the child's or child's progress is to be monitored 4. Tells you about the school your child will attend to get the special help set out in part 3, or how any arrangements will be made out of school hours or off school premises 5. Describes any non-educational needs your child has, as agreed between the LA and the health services, social services or other agencies 6. Describes how your child will get help to meet the non-educational needs described in part 5. The LA must send, with the statement, copies of all the advice they got from you and from other people and organisations during the statutory assessment
Therapeutic Communication	The face to face communicating of care giver to child. If communication is done right, it assists in the child's healing process; the child receives positive feedback, a feeling of genuine concern, and education.
Therapeutic Community	The term was coined by Thomas Main in his 1946 paper, "The hospital as a therapeutic institution",[1][2] and subsequently developed by others including Maxwell Jones, R. D. Laing at the Philadelphia Association, David Cooper at Villa 21, and Joshua Bierer. The central philosophy is that clients are active participants in their own and each other's mental health treatment and that responsibility for the daily running of the community is shared among the clients and the staff. 'TC's have sometimes eschewed or limited medication in favour of group-based therapies.
Therapeutic Community Approach	The idea at the heart of the therapeutic community model is one of equality between people and of the capacity in each of us to help and heal each other and to contribute to each other's development. It emphasises the quality of communication between adult carers and children (and between the adults), and on the connections between the help provided to individuals and the overall task with the whole group. – Emphasis on the group care setting as a setting for the medium- to long-term treatment of emotional disturbance in children rather than simply as a place of temporary accommodation. – Use of psychodynamic or psychosocial rather than solely behavioural or cognitive theoretical frameworks to underpin the treatment philosophy. – Commitment to the value of the physical and personal 'environment' for its contribution to the therapeutic task. – General emphasis on the value of group work as a medium both for therapeutic work and in some places for decision making with the children. – Commitment to a personal and involved style of working in daily practice with the children, in which the quality of the relationships between children and adult carers is seen as playing a central role in the treatment process. – Emphasis on the potential for therapeutic communication between adult carers and children to arise from everyday interactions in daily 'living alongside' each other (opportunity led work). – Emphasis in education on the value of child-centred learning, carried out in small groups, taking account of the connections between emotional and intellectual development.

	– Emphasis in internal management structures on each person's role and potential contribution to the agreed task and philosophy rather than mainly on status, rank and formal titles. – Commitment in the overall management of the place to the value of an external and thus relatively independent structure of management and to the use of consultancy for senior managers as a means of personal and professional support. – Commitment to the use of the daily group (or community) meeting as a medium for both practical and therapeutic business between children and adult carers in the home or school.
Treatment Philosophy	The particular system of thought and theory and guidance that underlies the way techniques and care practice is applied to cure disease, heal injuries, or ease symptoms.
Unintegration	The theoretical emotional state in which a new-born arrives in the world, whereby the process for organising the aspects of personality such as drives, attitudes and aims into a balanced whole has not yet occurred. According to Donald Winnicott (Child Psychiatrist) the new-born's 'inner world' is a bundle of instincts, fears and sensations, which the new-born cannot think about and therefore, cannot differentiate. In other words, it cannot at first differentiate between itself and its environment (including its mother), and is subject to the gales and fortunes of internal and external physical sensations, as well as to the swings of pure 'feeling'. Examples of pure feeling are; discomfort, pleasure, feeling warm or cold, full or hungry (although at first the new-born / infant will not even be aware of any difference between cold and feeling hungry – things will simply feel good or bad). Winnicott viewed these feelings as potentially powerful, even frightening, for the new-born infant.
Volunteering	The commitment of time and energy for the benefit of society and the community, the environment, or individuals outside (or in addition to) one's immediate family. It is unpaid and undertaken freely and by choice.
Whistleblowing	The reporting of concerns by staff, in a reasonable and responsible way, about actual or suspected malpractice within the service. The organisation's policy on whistleblowing should guarantee that such concerns will be regarded as efforts to improve practice and that staff that raise them will not be victimized.

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