



Being Outstanding

Our Strategic Plan for 2020/25



together we are
nugent



Nugent Trustees

The Trustees of Nugent have the legal responsibility for the Charity.

In everyday practice, the Trustees delegate the administrative responsibilities that arise from those duties to executive leaders through the Chief Executive Officer.

Document details

Written by:	Normandie Wragg, Chief Executive Officer
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Revised:	17 May 2021
Contributions by:	Adrian Bloor, Chief Finance Officer Joanne Henney, Chief Governance Officer Elizabeth Ambler, Chief Operating Officer Sarah Swanson, Director of Operations



0151 261 2000



info@wearenugent.org



wearenugent.org



**99 Edge Lane,
Liverpool, L7 2PE**



@wearenugent

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Foreword



*By Normandie Wragg,
Chief Executive Officer*

04 Being outstanding is our own measurement. It reflects,
04 most importantly, the values we have chosen to live and
06 work by and the behaviours that reflect those values.
06 Being Outstanding is the feelings of pride, and
09 accomplishment when we have done our very best to
11 ensure that we educated, cared for, protected, and
11 inspired those who need our help.
13 These next five years will be pivotal for Nugent. This
14 strategic plan is the road map that will help us get to
15 where we need to be, but it will take all of us to get there.
16 The people that are in need of our help have
16 experienced so many more challenges than ever before.
21 This means that we will continue see increased
21 challenges in our daily work. These challenges made
24 lighter by a combination of disciplined adherence to
process and evidence, efficient and effective teams with
a mind-set of helpfulness, and a burning ambition to help.
Thank you to all that give every day, to help ensure our
mission is successful.

Normandie

Being Outstanding: Our Strategic Plan for 2020-25

Executive Summary

About us - our history

Nugent is an established charity based in Liverpool, founded in 1881 by Father James Nugent, which offers a diverse range of support to vulnerable adults and children within the North West area through our schools, care homes, community and social work services and social enterprise. We choose to be the social welfare arm of the Catholic Archdiocese of Liverpool.

Our purpose

The reason why Nugent is here is to continue the kind and essential work started by Father Nugent helping the most vulnerable people in our communities.

Our mission

To care, educate, protect and inspire those in need.

Vision

Our vision is be an entirely dignified and outstanding organisation.

Values: iACCORD



We improve the way we promote, provide and govern our services. We will ensure that our services are financially sustainable, as well as dignified and outstanding in their delivery.



Section One

The review

Our history

The origins of Nugent date back to the 1800's and the pioneering work of Father James Nugent (1822-1905) in relation to child welfare, relief from poverty and social reform. The work of Father Nugent had a dramatic impact on the lives of thousands of vulnerable people and his work continues to this day through Nugent. We choose to be the social welfare arm of the Catholic Archdiocese of Liverpool.

Today, Nugent offers a diverse range of support to adults and children in Merseyside through our schools, care homes, community and social work services and social enterprise. As a health and social care provider, we work at the heart of some of the most vulnerable and disadvantaged communities. We strive, not only to provide the best possible service to individuals and their families in these areas, but to generate interest, awareness and an understanding of the issues they face and the impact of this on our wider communities.

Nugent supports on average 1,000 people each year. We are a major employer in the area, employing 650 staff and supporting 350 volunteers. We courageously advocate on issues of justice and fairness.

Our environment

Nugent is a registered charity and is therefore regulated by the Charity Commission. The Local Authorities across Merseyside as well as the national regulators including regulators Care Quality Commission (CQC), and Ofsted also license us to provide services.

The Care Act 2014 has significantly shifted the way that services are provided within the social care sector. There have also been significant changes to Children's legislation. The CQC and Ofsted have revised the way that they inspect the services that they regulate, expecting a higher level of quality and accountability than ever before. Further, confidence in fundraising continues to be questioned. This is coupled with ongoing drastic cuts within the health and social care statutory sectors, with Liverpool being particularly affected. This means that Nugent is being expected to provide services in a hyper regulated environment with drastically less financial funding available. In essence, we are expected to provide more value for less money.

Family members and commissioning stakeholders also have less finances available and will seek to ensure that there is value in their purchases, and are looking to invest or receive services from organisations who are able to demonstrate that they are not just providing an adequate service but one that is 'good' or 'outstanding' and that this is evidenced by one or more of the regulators. Having a quality rating of 'inadequate' or 'needs improvement' is not financially sustainable. Ratings are openly available online to everyone. Information is accessible. Therefore, the information ascertained with regard to Nugent will need to continue to be transparent, demonstrate value for money and return on investment, as well as to be noted as providing outstanding care or delivery.

Where we are now – An internal and external analysis of Nugent (SWOT)

In October 2019, four focus groups convened to review where they would like to see Nugent in 2025. The focus groups met include:

- Volunteers Group - 14 October 2019
- Caritas Team - 15 October 2019
- SLT -16 October 2019
- General staff at Edge Lane - 16 October 2019

Focus groups involving service users (including members of the Deaf community) and our Governing Body/Trustees took place in November 2019.

Each of these groups were asked, *'The Year is 2025, what is the Nugent we see?'*. Each group was also asked, *'What should we stop doing immediately?'*

Whilst most of the feedback focussed on possibilities and 'what ifs', strengths, weaknesses and threats could be inferred from this information. (See Appendix 2)

PESTLE

Nugent has also conducted a PESTLE Analysis of how we are fitting in within a larger context. A PESTLE Analysis reviews the Political, Economic, Social, Technological, Legislative, and Environment context in which an organisation operates. The review was conducted using the strategic plans

and business plans of Local Authorities, regulators, the NHS/CCGs and information bodies such as NICE. The review also considered local and national trade journals, the media (traditional and social media) as well as Government sources. For further information on this external analysis, please see Appendix 2.

Key Points

Need

Nugent is placed well in Merseyside and surrounding areas to help those in need. Liverpool and Knowsley Local authorities are the second and third most deprived local authorities in England according to the 2019 Indices of Deprivation.

The concept of deprivation is a wide one, covering a broad range of issues. Deprivation refers to unmet needs caused by a lack of resources and opportunities of all kinds, not just financial. It can therefore be defined through issues such as poor housing, homelessness, and low educational attainment, lack of employment, worklessness, poor health and high levels of morbidity.

Indices of Multiple Deprivation (IMD) 2019 Local Authority District Level Summary

Liverpool City Region District Level Summary (IMD 2019) Local Authority	Rank of Average Score	Rank of Average Rank	Rank of Extent	Rank of proportion of LSOAs in the most deprived 10% nationally	Rank of Local Concentration
Knowsley	2 (5)	3 (5)	3 (4)	3 (19)	2 (3)
Liverpool	3 (4)	4 (7)	1 (2)	2 (4)	5 (7)
Halton	23 (27)	39 (36)	22 (19)	13 (19)	26 (22)
St Helens	26 (36)	40 (52)	30 (36)	28 (25)	21 (33)
Wirral	42 (66)	77 (106)	45 (62)	24 (36)	8 (12)
Sefton	58 (76)	89 (102)	60 (72)	43 (41)	19 (43)

NB - The rankings run from one (most deprived) to 317 (least deprived). Figures in brackets are 2015 ranking.

The table above shows that the need for education, health and social care in Liverpool is great and becoming even greater than before. The table above shows that the six local authorities within the Liverpool City Region have become more deprived since 2015. Knowsley and Liverpool are the second and third most deprived out of 317 local authorities across the country. Halton and St Helens are the 23rd and 26th most deprived and the Wirral and Sefton are the 58th most deprived.

Outcomes Alignment with Local Plans

Our Strategic Plan was developed to be in alignment with local area plans across the city region. Please see Appendix 3 for further information.

Therapeutic Offer

There has been much research conducted into the need for therapeutic care for the children and young people we serve. This has been considered and it is one of our core drivers in this strategy. Its importance cannot be underestimated. Please see Appendix 3 for further information and background.

Summary of organisational analysis

In summary of our internal and external analysis, Nugent continues to provide services in an unprecedented environment both politically and economically. Trust within the Third Sector continues to be tested and therefore we need to be even more transparent in our data, outcomes, fundraising and intentions than ever before. Changes to the Minimum and National Living Wage, combined with reduced budgets for health and social care funding means that we will continue to be working in an environment that has higher expectations for less money. Our relationships with parishes and other communities will need to be continuously developed and our service user interface widened. Our advocacy role is needed now, more than ever. This will provide us with opportunities for diversification as well as challenges to be able to provide financially self-sustaining projects.

The needs of the children and adults that are coming to Nugent for support and help are far more complex and multi-faceted than before. Due to levels of funding available, statutory authorities are looking for lower cost models of care and support before referring to a higher cost independent education, health or social care provider. Children are being placed in multiple foster homes, often with changes in schools or school absences, thus are more likely to be out of school, experience attachment issues and have a higher likelihood of experiencing an adverse childhood event. This means that Nugent are being the corporate parent for children experiencing unprecedented levels of care, support and education. This also increases higher risks of difficult behaviour management and assaults on staff.

In order to mitigate this, rather than remove our services from the market, Nugent is stepping up to increase our own therapeutic offer for the children (as well as adults) not because of increasing market share but because it is, right and needed to do so. We also need to help our staff who are on the front line, to have the necessary skills to work with this changing demographic within the people we serve but also a safe place to clinically debrief.

In adult residential care the threshold for local authority funding is much higher now than it was prior to 2016. This means that older people are not able to access care until their physical, psychological, or emotional needs are much higher than we would have previously seen. This means. This means a higher level of intervention that must need monitoring. The older care market for older people is shifting to an extra care model, where older people stay in their homes longer before coming into care.

Local authority plans and national plans, and even the UN Sustainable Development Goals have shifted to focus on the basic building blocks of health, equality and environment. Without proper nutrition, activity, and culture, it is difficult to engage and expect therapeutic outcomes.

Internally, we need to be continually moving forward in order to remain competitive and true to our mission as an organisation as our environments are changing rapidly. Nugent needs to continuously develop to remain a provider of choice, a large and fair employer, an advocate and most importantly, to ensure that we do right by the end users of our services.

Recruitment and retention of staff is key to being able to support all groups at Nugent (Schools, Homes, Families and Communities). Without staff, we cannot offer support, beds or service to our beneficiaries, thus impeding income and our ability to contribute added value.

The staff of Nugent are the sap that runs through the deep roots of this organisation. With their commitment, integrity, courage and kindness, Nugent will not only survive these challenging times, but will thrive.



Section Two

The strategy

This strategy sets out what we as an organisation propose to achieve in the next five years leading up to 2025. This strategy sets out a revised vision for the organisation.

Vision

To be an entirely dignified and outstanding organisation.

The proposed and explicit vision for the organisation continues the spirit of our purpose, which is to continue to provide and develop the kind and essential work of Father Nugent.

The vision concerning an 'outstanding' attainment has been developed to fit our purpose into the context of a sector that is rigorously regulated by regulators such as the Care Quality Commission (CQC), Ofsted, Local Authorities, and the Charity Commission. Further, the vision takes into account our attainment of our own chosen quality markers through the Culture of Excellence, our Governance Framework.

Concerning the 'dignified' element of the vision, this relates back to a value check against our faith based origins within the Catholic Social Teachings including;

- human dignity
- community and participation

- care for creation
- dignity in work
- peace and reconciliation
- solidarity

and long-standing and respected values within our charity.

Therefore, our vision acknowledges the standards of a holistic environment, which includes service users, stakeholders (including staff), regulators and a strong value base.

In our 2016-2020 Strategy we made significant changes to the way we provide and govern our services with the development and implementation of our **Governance Framework; A Culture of Excellence**. We will continue to ensure, above all, the dignity of the people we serve is paramount. We will ensure that our services are financially sustainable, and outstanding in their delivery.

Purpose - why we exist

Nugent is here to continue the kind and essential work started by Father Nugent helping the most vulnerable people in our communities.

Our mission – how we achieve our purpose

Our ideal is that everyone is able to live comfortably and in dignity. Unfortunately, for many people this is not the case in their lives, or for some part of their life, and Nugent aspires to be there for them. It is

essential that through our service provision, we aim to be dignified and outstanding in all that we do.

To care, educate, protect and inspire those in need.

In this strategy for 2020-2025 we see the two previous mission statements, to be an employer of choice, and to be a voice for the voiceless, continue to be present within the strategy within our themes of activities to assist us in achieving our goals. They remain of intrinsic importance to Nugent and our values.

Our values: iACCORD

In order to fulfil our mission and purpose we have agreed on a set of values that are the foundation our beliefs and our behaviours throughout the organisation. In late 2015, we consulted with service users, staff, volunteers and stakeholders with regard to our values, beliefs and behaviours. This consultation exercise demonstrated synergy across the focus groups, leading us to arrive at a key set of common values. In 2020, these values are now resonating firmly across the charity.

The word 'accord' signifies an official agreement. The values identified, come together to form this acronym, including the 'i' at the front of the acronym which stands for humble integrity. This very nicely leads to an indication that 'one agrees.'

Our beliefs and behaviours – the way we choose to be

As part of our consultation with our services, users, staff, volunteers and stakeholders, with regards to our values, we also reviewed our beliefs and behaviours in relation to the identified values. For each value identified there were many other words discussed, that either were synonyms or had the same spirit/intention as the values of **iACCORD**.

Appendix 1 demonstrates the value, as well as its corresponding synonym, belief, and of course, the behaviours that we expect to see.



The ways we work

Nugent has a wide range of diverse services from beginning of life, through to the end of life. In order to be clear, we have our services under four groupings; Schools, Homes, Families, and Communities. These are supported by our business support functions.

Schools

Nugent operates a special independent school, registered with Ofsted. We have also registered a Multi Academy Trust (MAT) under the sponsorship of Nugent. Our intention is to successfully grow the MAT to a maximum of three schools. Additionally, we provide a social work in schools programme.

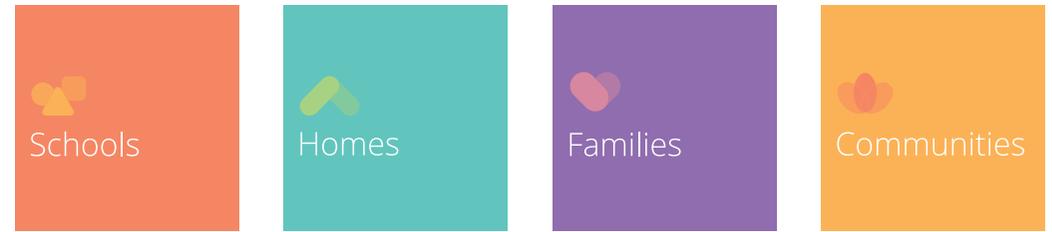
- Nugent House School
- Nugent Academy Trust
- Schools Social Work Services

Homes

We provide residential services to children, young people and adults and thus are registered with both CQC and Ofsted.

These services include:

- Clumber Lodge Children's Home
- Hope Lane Children's Homes
- Marydale Secure Children's Home
- Lime House Care Home
- Margaret Roper House Care Home
- St Joseph's Care Home



Families

This currently covers our adoption service, Nugent Adoption. Our fostering service will be re-opened as part of this five-year strategy.

Nugent Adoption is a boutique service. With the government moving to regional adoption agencies, Nugent's role as an end-to-end family connector is essential and wanted.

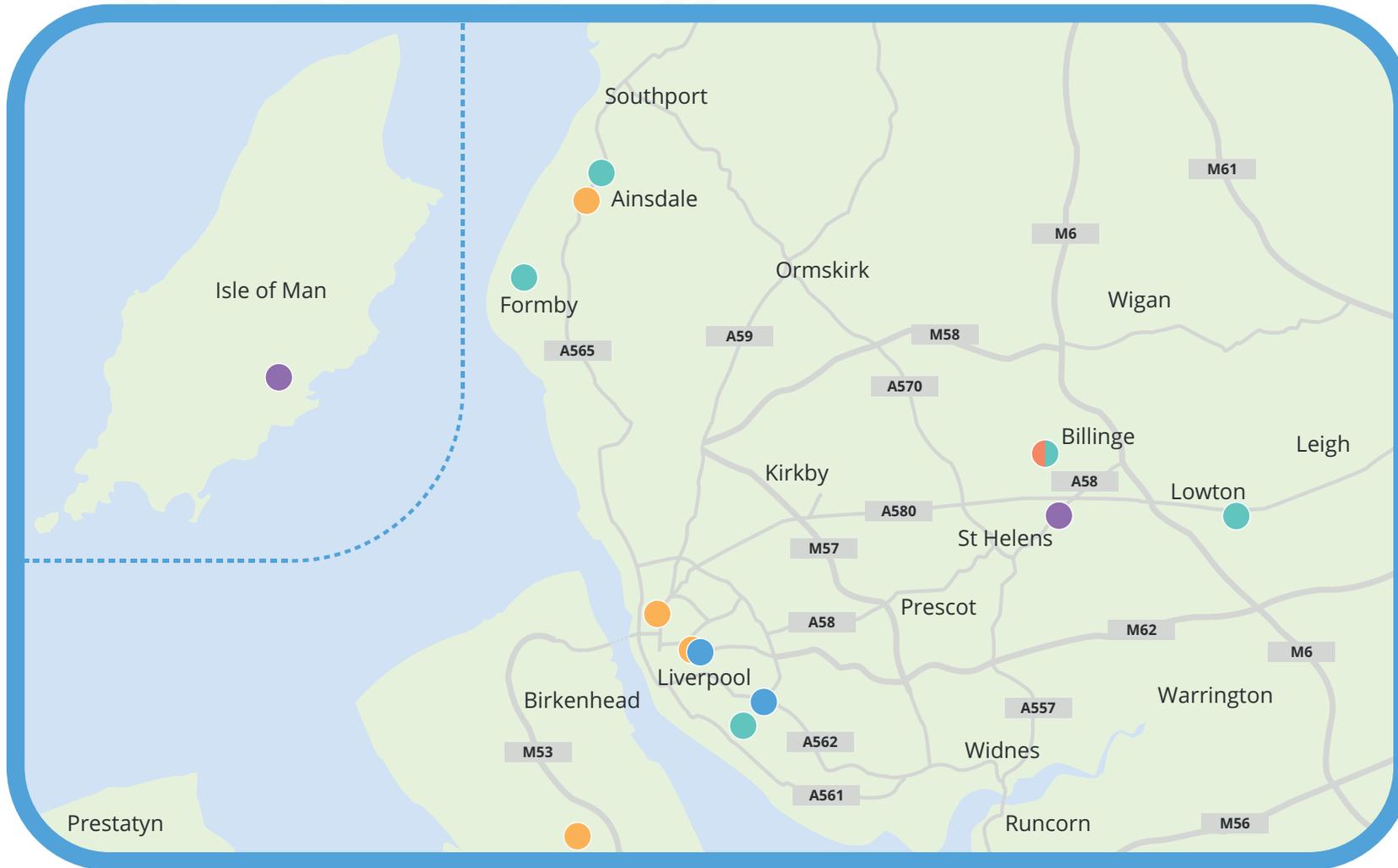
Communities

Community services are the services that Nugent provides in the community. These are usually block contracts with the local authority, self-funded through Nugent or grant income.

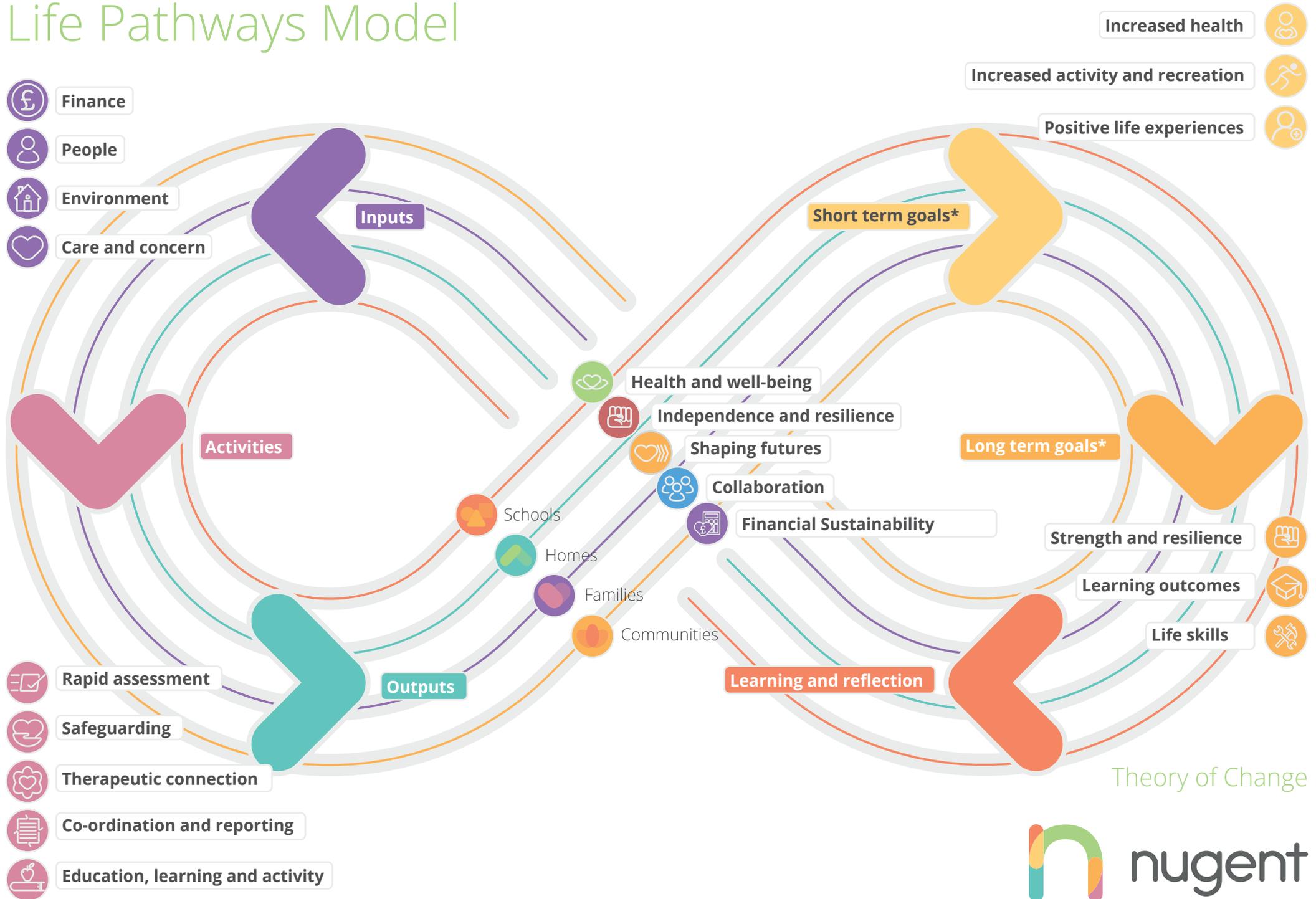
- Nugent Community Choices (NCC)
 - Individualised Community Support services
 - Supported living for people in their own tenancies
 - Outreach service in Chester/Wirral
- Caritas
 - Material Aid Welfare support
 - Catechist team
 - Deaf and Sifn Community team
 - The Gubay Crisis Fund
 - Volunteer and Community team
 - Community food markets in Ainsdale and Kirkdale
 - The Resettlement Project (for resettlement of Syrian Refugees)
- New Beginnings housing support
- Nugent Horticultural Training Centre

Where we work

Nugent is a registered charity with our central office registered in Liverpool. We serve the North West including the Isle of Man.



Life Pathways Model



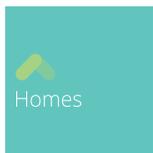
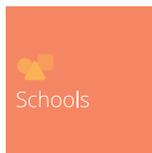
Strategic Plan 2020-2025



our vision

To be a totally dignified and outstanding organisation

how we work



our mission

To care, educate, protect and inspire those in need.

our values:
iaccord

integrity

ambition

courage

compassion

optimism

respect

dignity

Health and well-being



Healthier people

Activity, recreation, and the arts

Nutrition

Medicines management

Beneficiary experience

Independence and resilience



Therapeutic connection

Rapid access

Enhanced learning outcomes

Need

Environment

Shaping futures



Continuous improvement

Professional practice

Ongoing learning

Tools and resources

Best employer

Collaboration



Collaborative and trusted partner

Alignment of outcomes

Raise our profile

Outcomes and research

FCR best value

Financial sustainability



Sustainable income

Appropriate expenditure

Asset management

Cash

FCR

Section Three

Therapeutic Connection

Where we want to be:

- We want to be a leading provider for high-quality, evidence based therapeutic care and education, where children and young people are at the very centre of their assessment, care planning, risk management, achievements and outcomes
- We want to offer a holistic therapeutic environment where children and young people feel 'contained', are able to develop secure attachment behaviours, feel safe, feel empowered to communicate and participate
- Our therapeutic model and interventions will be evidence based and compliant with current best practice guidance
- Our staff will be confident and competent in all aspects of their role, holding the child and young person at the centre of planning and decision making
- Stakeholders, including placing local authorities are confident when placing children and young people within our care and education, with an understanding that we will always go above and beyond to achieve the very best outcomes
- We will ensure management and staff teams have access to high-quality training including (not restricted to);
 - Trauma, attachment, neglect, sexual abuse, physical abuse, child sexual exploitation, relationships, mental health and wellbeing, addiction, positive approaches to challenging behaviour, transgender young people, county lines, restorative justice, LGBT, domestic abuse, imprisoned parents, learning disabilities
- We will develop more in-depth and thorough ways to evidence impact and distance travelled, taking into account the child or young person's

starting point

- We will develop a STAR model, which will ensure we provide a holistic approach, caring and supporting every child to aspire and achieve
 - S** Safety Aware
 - T** Trauma Informed
 - A** Attachment Focussed
 - R** Resilience Building

What will success look like?

- A holistic offer of psychologically informed care and high levels of support through a multi-disciplinary team, who put the child and young person at the centre.
- A fully integrated offer provided within each of our homes and education settings, underpinned by our values.
- A model and approach which is phased and individualised.

For example;

1. **Welcome:** safety and containment
2. **Settle:** resilience and building positive relationships
3. **Grow:** life-long learning and transition to adult life

Every child or young person who has resided within our homes or attended our schools will have a positive experience that helps to shape his or her future.

How we will achieve

In order to achieve these highly ambitious and courageous goals, we must have a set of activities, which are clearly communicated so that we achieve what is set out in the strategy. In order to do this, we have organised our activities into four themes. Each of the four themes has a strategic philosophy and a strategic outcome.



	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5
Themes	Health and wellbeing	Independence and resilience	Shaping futures	Collaboration	Financial Sustainability
Strategic Philosophy	People feel good about the services we provide	People get the best care, when they need it	We feel proud about our work	We work with our communities to improve people's lives	Our Financial Affairs are well managed
Strategic Outcomes	Healthier people through researching, designing and implementing a structured wellness programme for beneficiaries and staff.	Improve our therapeutic environments by developing and implementing a rigorous values led and outcomes focused therapy programme for all ages.	We provide continuous improvement of resources in a deliberate, planned and reviewed manner.	We are known and trusted as a collaborative and trusted partner within the Liverpool City Region education, health and social care economy.	We follow a clear financial strategy that sets out how our charity plans to finance our overall operations to meet our charitable objectives now and in the future.

Each theme has a set of actions, with each Pillar owning accountability for those actions. (See Appendices for further details).

Themes 1 and 2 are beneficiary focussed, Theme 3 focussed internally and Theme 4 is externally focussed.

Each of the areas that we are focussing on have taken into account not only local area priorities but also United Nations Sustainable Development Goals.



Theme 1	Theme 2	Theme 3	Theme 4	Theme 5
Health and wellbeing	Independence and resilience	Shaping futures	Collaboration	Financial Sustainability
Healthier people Activity, recreation and the arts Nutrition Medicines management Beneficiary experience	Therapeutic connection Rapid access Enhanced learning outcomes Need Environment	Continuous improvement Professional practice Ongoing learning Tools and resources Best employer	Collaborative and trusted partner Alignment of outcomes Raise our profile Outcomes and research FCR best value	Sustainable Income Appropriate Expenditure Asset Management Cash FCR



Section Four

Our assurance: How we will know we are achieving?

Key Success Factors

It is critical that certain elements of our strategy are focussed on acutely in order that we may be both financially sustainable and of high quality. Without the success of these factors, there is risk in our financial recovery.

Key Success Factors are;

- Regulator ratings at Good or Outstanding
- Recruitment and retention of staff for occupancy
- Achieving **full** occupancy

Regulatory Ratings

In order to achieve our vision and mission we must be of a high quality. Not only for the experience of our beneficiaries, but in order to remain a financially sustainable charity. When our regulatory ratings are not at Good or Outstanding (with sustained effectiveness at interim) our ability to help people is limited. If we cannot help people, our income is impeded.

Recruitment and retention of staff

If we are maintaining a good or outstanding rating, we are able to accept beneficiaries; however, we cannot accept beneficiaries, if we do not have enough suitably qualified or trained staff to safely and therapeutically support the individual.

Achieve full occupancy

In previous budget years, we have asked our Registered Manager to achieve budgeted occupancy. The focus has now changed to achieving full occupancy, at all times, and providing there is not a referrals embargo and that there is enough staff to safely and therapeutically support a person. This is essential.

The role of the Registered Manager

The role of the Registered Manager has legal responsibilities in relation to the regulated activities that they manage and has the necessary qualifications, competence, skills and experience to manage the regulated activity. One of these skills is financial stewardship. Our Registered Managers are responsible for the occupancy of their environments. When the organisation or service or home, experiences deficit, it is mainly because occupancy has not been achieved. The reasons occupancy cannot be achieved is likely due to either the regulatory rating, not enough staff to achieve occupancy, or reluctance to achieve occupancy, due to variable competing factors and responsibilities that the Registered Manager coordinates on a daily basis.

How will we know we are attaining our goals?

We will know we are achieving by ensuring that we are able to effectively evidence both the qualitative and quantitative elements of this Strategic Plan. We will use a quality framework to ensure that we are continuously ambitious in achieving our goals.

Our 'Being Outstanding' Strategic Plan will be set out into a project board, with timelines and outputs assigned to each activity. Updates on progress against this project will be reported to the CEO and Trustees on a quarterly basis. We will also use our own internal measurements, audits will be conducted through our Governance Framework, A Culture of Excellence, and where necessary, our Corporate Risk Register. Progress against all of these are captured on Nugent dashboards.

We will also use independent methods to plan and test the progress on our goals. These would include;

- Ofsted and CQC ratings
- Recruitment and retention against staffing mandate
- Weekly occupancy reports
- Annual audit of statutory accounts and our balance sheet
- Reg 44 reports for children's services.
- Fundraising Regulator audits
- Monthly I&E
- Annual budget setting

We monitor and measure our progress using 'Strategic Bridges'.

A Culture of Excellence

We want to deliver outstanding outcomes for all our service users, and provide assurance to them, to their families, to regulators and to the wider community that we are delivering the very best and working to the very highest of standards.

Our new Governance Framework, A Culture of Excellence, provides us with a blueprint for how we conduct our business, right through from top-level strategic decision-making and service improvement planning, to the management of risk and objective setting, at departmental team, service and an individual level.

The underlying themes and principles within this document govern how the organisation works, drives service improvement and will ultimately improve outcomes for the people we serve. It is the framework to demonstrate that we are safe, effective, caring, responsive and well led.

The creation of our Culture of Excellence framework provides us with a vehicle for delivering and measuring this important and vital work.

Measurement

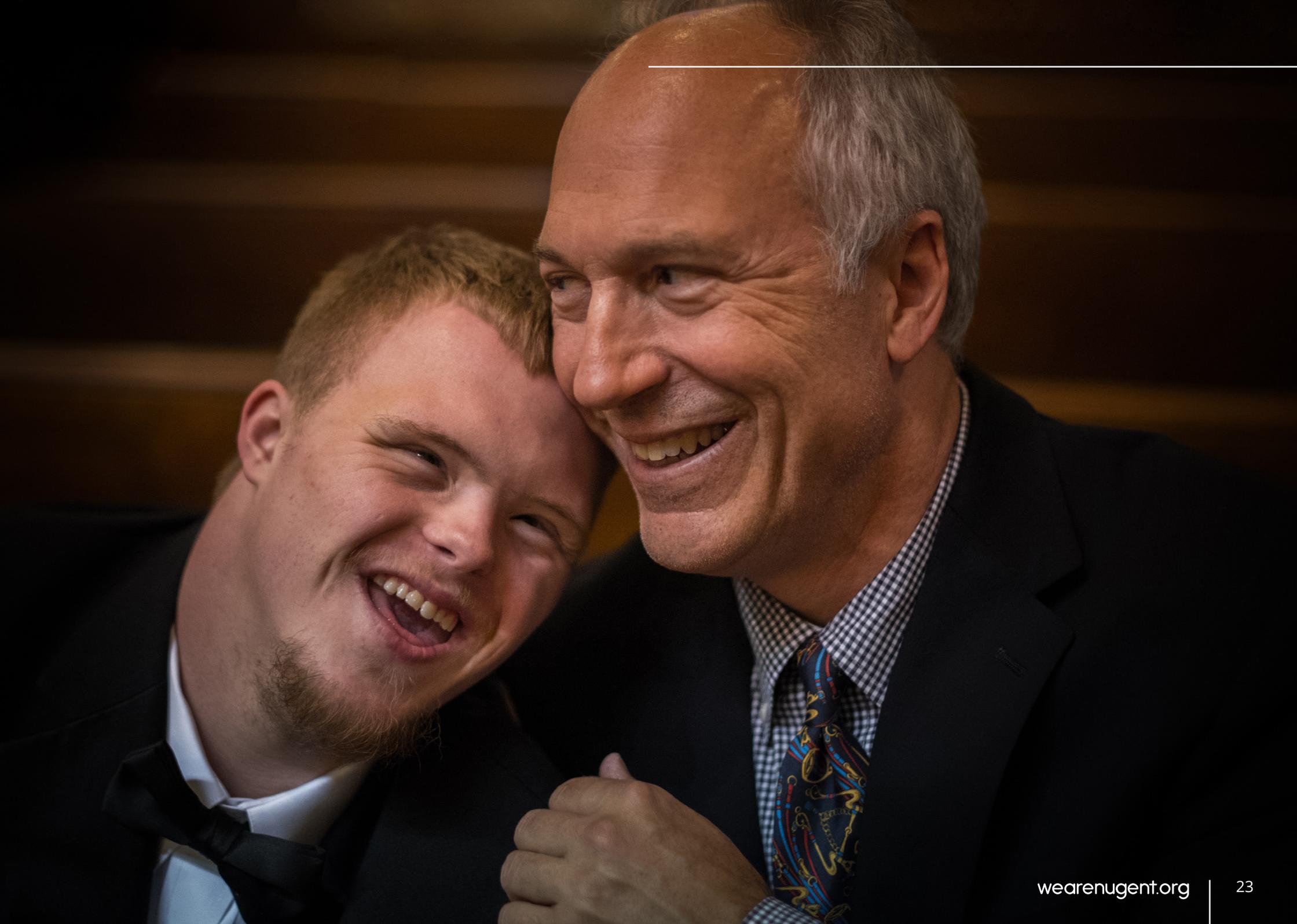
We will have yearly business plans and six monthly reviews to evidence progress against the Strategic Plan.

We will have quarterly meetings in alignment with the strategic plan to ensure that the Strategic Plan is achieved.

Governance

We will constantly and rigorously review and improve our governance by;

- We will ensure that the Trustees are kept informed so that they are able to make well-informed judgements.
- We will ensure that Regulators, including the Charity Commission, are kept informed of relevant information.
- We will comply with all regulatory and legislative requirements.



Appendices



Appendix 1: Values, beliefs and behaviours (updated from 2016)

Value	Synonym	Belief	Behaviour
	Words that have the same spirit or meaning as our chosen value words.	These are the beliefs that we have as an organisation based on our values.	These are the behaviours we would expect of ourselves given our shared values and beliefs.
Integrity	Honesty Trust Openness Fairness Truth Justice	We have strong moral principles.	<p>We...</p> <ul style="list-style-type: none"> ... are honest in what we say and do. ... ensure our decisions are underpinned by our values. ... are consistent, open and fair. ... are open and provide constructive feedback. ... are inquisitive and open to ideas. ... share knowledge and information with each other. ... confront ethical and legal dilemmas immediately. ... use resources entrusted to us responsibly. ... do what we say we are going to do.
Ambition	Commitment Dedication Passionate Creative Professional Co-operation	In order to provide the best outcomes for our service users we aspire to be the best we can be.	<p>We...</p> <ul style="list-style-type: none"> ... are optimistic for the future. ... are collaborative. ... constantly strive to be outstanding. ... make a positive difference. ... manage our finances diligently. ... ensure we deliver high quality care. ... work as a team to ensure our success. ... focus on the balance between important business issues for the charity and care provision. ... ensure that we are seen as a provider of choice and quality services by our regulators. ... continue to ensure we maintain a skilled, emotionally intelligent and diverse workforce.
Courage	Bravery Safety Determination Fortitude	We must do what is right even if it is difficult to do.	<p>We...</p> <ul style="list-style-type: none"> ... stand up for what we know is right. ... keep people safe. ... bravely travel new roads and build up or challenge accepted wisdom and practice. ... clarify our expectations with each other and promote change. ... advocate and are the voice of the voiceless. ... are brave enough to have difficult conversations. ... take on difficult times in the best interest of the service user. ... are accountable and take responsibility. ... learn from our mistakes.

Value	Synonym	Belief	Behaviour
	Words that have the same spirit or meaning as our chosen value words.	These are the beliefs that we have as an organisation based on our values.	These are the behaviours we would expect of ourselves given our shared values and beliefs.
Compassion	Kindness Caring Loving Patience	Those that are suffering deserve to be helped no matter who they are.	We... ... are kind and support each other. ... ensure that our decisions are made with the best interest of our service users in mind. ... treat others as we wish to be treated. ... show that we care by being kind. ... are comforting. We continue to make our services available to people who are most in need of them. ... ensure our care is evidence and outcome based.
Optimism	Humour Fun Faith Happiness Hope	We expect the best possible outcome from any given situation.	We... ... believe we can. ... believe we will succeed. ... use appreciative enquiry to clarify our understanding. ... are solution focused. ... celebrate our successes. ... are eager for innovation.
Respect	Consideration Polite Courteous	Treat others as we wish to be treated.	We... ... accept one another and look after all we share. ... respect each other views and listen. ... give praise where it is due and challenge where we need. ... care for the environment. ... respect the spirit of our collective agreement. ... continue to involve service users in the planning and development of services.
Dignity	Peace Ethical	People have an innate worth, value and distinction.	We... ... value each other and ourselves. ... strive to provide dignity at work. ... value and respect equality and diversity. ... are supportive of the Living Wage and equal pay for equal work. ... treat people well knowing they are valuable and important. ... respect individual's privacy. ... provides service that we would be happy to receive ourselves.

Appendix 2: PESTLE analysis of Nugent 2020 and beyond

A PESTLE Analysis reviews the Political, Economic, Social, Technological, Legislative, and Environment context in which an organisation operates. The following is a brief PESTLE analysis of Nugent.

POLITICAL

Brexit

Since the last Pestle analysis in 2015/16, the greatest political motivator in the UK is the ramifications for leaving the European Union and the Single Market. After three general elections since 2016, the country has elected a conservative government who intends to leave the European Union, with or without a trade deal. There has been little clarity on how this will affect charities as a whole as some charities are more dependent upon European funding and workforce than others are.

According to the Cranfield Trust, research by the Financial Inclusion Centre for the Barrow Cadbury Trust in October 2018 showed that the regions hardest hit by Brexit will be the North East, Wales, Northern Ireland, Yorkshire and Humberside, the North West, and the West Midlands. With existing high levels of household financial vulnerability, these regions are particularly vulnerable to the potential effects of Brexit. With the relative decline in GDP could lead to higher unemployment and poverty and put increased pressure on charities. Currently, Nugent is not reliant on European funding and our staffing contingent from Europe is minimal. Essential European funding is on its way out. This will put funding pressure on local governments, the health and social care economy and charities, to do more with little.

Universal Credit

Since 2016, a programme called Universal Credit has been rolled out across the country, including the Liverpool City Region.

Universal Credit has replaced six main means-tested benefits for most people known as 'legacy benefits'. These include income support, income based jobseekers allowance, income-related employment and support allowance, housing benefit, child tax credit and working tax credit.

Meant to simplify the benefits process it has had some challenging reports, stating that there have been negative impacts on those meant to be in receipt of universal credit in relation to food poverty, fuel poverty and increased debts, deterioration of health through increased anxiety, stress and mental health and well-being. The management of this system is electronic and not all groups of people are IT literate. Those suffering from "digital exclusion" are generally disadvantaged lower-income groups, older people and those with disabilities or learning difficulties. Those who are homeless or rough sleeping need to have ID and a bank account, two requirements that have been reported difficult to obtain for potentially socially excluded individuals.

Liverpool City Region Combined Authority (LCRCA)

Steve Rotherham is the first Metro Mayor of the Liverpool City Region and leads the Combined Authority in its work to drive prosperity, encourage innovation and expand opportunities for people and communities across the city region.

The Combined Authority brings together Liverpool City Region's six local authorities – Halton, Knowsley, Liverpool, Sefton, St Helens and Wirral.

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LCRCA make investments in areas that have a real impact on local communities, such as transport, employment, culture, digital and housing. The LCRCA has several key initiatives that will affect all areas of the local economy, including education health and social care. These initiatives include;

- Strategic Investment Fund (see under Economic)
- Skills Capital Fund
- Local Industrial Strategy
- ESIF
- Urban Development Fund

Three of these growth projects would be particularly relevant to Nugent these being the SIF, the Skills Capital Fund and the Local Industrial Strategy.

Skills Capital Fund

According to their website, Liverpool City Region successfully secured £41.1m of Local Growth Fund (LGF) monies in 2014 to support skills capital investments as part of our Growth Deal with Government and a further £8m from LGF Round 3 in 2017. Circa £18m is currently available for skills capital investment under the Liverpool City Region Combined Authority Strategic Investment Fund (SIF).

- prioritise support towards capital investment that encourages learning and training in the identified City Region growth sectors; in sectors where there is a high volume of replacement demand, job generation and/or significant named employer support in the Liverpool City Region for a proposal;
- be awarded on a competitive basis to ensure that the skills priorities

including the impact on growth for the area can be met (with the exception of investment strands ring-fenced to Liverpool City Region General FE Colleges);

- be prioritised to support proposals that clearly evidence the impact and benefits of the educational and economic case across the Liverpool City Region area and in addressing market gaps and local growth opportunities

Local Industrial Strategy

The strategy will be underpinned by evidence, of the City Region's economic strengths and assets. This is summarised in a Position Statement, published in July 2019. There is a position statement, published in 2019 that provides a summary of progress to date. This includes information about our economy and ideas to improve productivity and prosperity. The final document will be published in March 2020. Nugent has been engaged in these discussions.

Liverpool Market Position Statement

Due in March 2020.

NHS Long Term Plan; Primary Care Networks

The Plan, and NHS England's Operational Planning and Contracting Guidance 2019/20, confirm continued investment and commitment to integrated primary and community care, including primary care networks.

Primary care networks are based on GP registered lists, typically serving local communities of around 30,000 to 50,000. They comprise multidisciplinary teams such as physiotherapists, dementia workers,

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pharmacists and district nurses. Networks should be small enough to provide personalised care, but large enough to benefit from economies of scale, through better collaboration between GP practices and community care providers.

A good example of the focus for primary care networks is in care homes. The Plan commits to upgrading NHS support to all care home residents by 2023/24. Residents will benefit from pharmacist-led medicine reviews where required. Primary care networks will work with emergency services to provide out of hours support. Care home staff will have access to NH mail to enable them to communicate with local NHS teams who are involved in residents' care.

Liverpool City Region's Homelessness Approach

Liverpool City Region is one of just three places in England to be chosen to pilot the Housing First approach, which aims to tackle homelessness in a new way, based on international evidence. The approach involves providing an ordinary, settled home as the first response for people with multiple and complex needs beyond housing, offering individualised support with issues such as addictions, mental and physical health issues and the effects of trauma and abuse.

GDPR

GDPR came into force on the 25th May 2018. It gives more rights to people on how their data can be used and affects all organisations that hold data on European Union Citizens. It does not matter whether an organisation is based in the UK, America or Australia; if that organisation holds data on a European Union citizen then they have to comply with this new Regulation. GDPR will be enshrined into UK law on 25th May 2018 as the Data Protection Bill (2018).

Trust in Charities Report 2018

In 2015, there are currently five national reviews of charities or proposals to reform the nature of charities. The closure of Kids Company, BeatBullying and the British Association for Adoption and Fostering, The Cage vs The Charity Commission case and the review of fundraising activity has politically called into question the governance and ethics of the third sector. Unfortunately, in the years between 2016 and 2020 this did not improve with large charities such as Oxfam, coming under scrutiny for their work in Haiti.

The Charity Commission published a report into the trust and confidence of Charities in 2018.

Key findings

The factors of trustworthiness: the public want charities to demonstrate good stewardship of funds, to live their values, and to demonstrate impact. Our research suggests that when charities are able to show that most of their donations directly reach the end cause, and that they are having quantifiable positive results, both trust and self-reported propensity to donate increases.

This shows that trust matters to donation behaviour. Moreover, many of those who feel that their trust in charities has decreased in the past two years (and this cohort has increased in number to over 4 in 10 members of the public) say they are donating less money as a result. Those who do not trust charities are far less likely to have recently made repeat donations than those who do.

Overall trust and confidence in charities remains at similar levels to 2016 when the research was last carried out. In both years, scandals reported in the media involving major humanitarian charities (which are also the type of organisation the public instinctively think of when they think about 'charities') occurred

before our polling took place, negatively affecting overall trust and confidence.

Nevertheless, the sector holds up well compared with others. It is still more trusted, for instance, than private companies, banks, and politicians. It remains less trusted, however, than the average man or woman in the street.

The regulator is also seen to have a highly important role by a vast majority of the public.

The public still think the sector plays an important role in society – they simply want it to evidence the positive effect it has with their generosity. Words are not enough; the public expect trustworthy behaviour and proven impact.

Donors, beneficiaries, and partners expect Charities to be transparent in their finances, not only through submitting accounts online but there is also a push currently to have charities publish the number of salaries above £60K. The public want to know what impact the charity is having.

International crisis and war is increasingly becoming a local issue. The war in Syria continues and social/political unrest in other countries are now a local issue with calls from the church to host migrants or calls to action to support Aid to particular causes. Nugent is now the lead sponsor of in the Community Resettlement Programme and is working with local parishioners and organisations to support Syrian families in the Merseyside area.

The Fundraising Regulator is now in place with a revised Code of Fundraising practice. Nugent is a paid and registered member of the fundraising regulator and is reviewing internal practice through yearly audit.

Charity Governance Code

The Charity Governance Code is a practical tool to help charities and their

trustees develop high standards of governance. The Code has its own website: www.charitygovernancecode.org The Code is not a legal or regulatory requirement. It draws upon, but is fundamentally different to, the Charity Commission's guidance. (NCVO)

ECONOMIC

Funding on a national and local level continues to be decimated. Nugent is consistently being asked to review fees for cost reductions. Liverpool city council already has £436 million less to spend each year in real terms than it did in 2010 – equivalent to a 63 per cent cut – due to reductions in funding from central government. In the 2020-2021 budget, Liverpool must find a further saving of £30m and a total of £72m over 3 years from 2020. Before Christmas in 2019, £10m has been promised to Liverpool for adult social care.

In relation to adult social care, Liverpool is one of the lowest statutory fee providers in the country. Lang Buisson suggest that a fee of £623 per person per week would be needed to keep people safe and provide good quality care. Due to the funding issues Liverpool has experienced, Nugent has experienced fees of less than £450 per week. Nugent Trustees have taken the decision not to invest further into adult residential care until this situation changes. There are calls within the sector that Local Authorities may not be paying for the true price of care.

National Minimum Wage and National Living Wage changes in 2020. The National Living Wage (for over 25 year olds) will increase 6.2% from £8.21 to £8.72. The National Minimum Wage will rise across all age groups. In 2015, this hourly rate was £6.70, and in 2016, this rose to £7.20. In 2020, there will be a 6.5% increase from £7.70 to £8.20 for 21-24 year olds.

Finances as closely linked the quality of care and the ratings to that care as determined by external regulators. With decreased funds available, the largest expenditure currently in education, health and social care is staffing,

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however inadequate staffing levels and its effect on health and safety and quality of care is the most significant factor noted when a service is inadequate or needing improvement.

With the cuts to Local Authorities and public health funding, thresholds for care will increase which will mean that we will experience individuals at the far end of the care spectrum that will have more complex needs and severity of needs with less resources in order to support these.

There have been examples of Local Authorities elsewhere in the country cutting funding to charities with an expectation that the charities will use their reserves to deliver the same level of service. This is no longer sustainable.

Strategic Investment Fund (SIF) (Liverpool City Region)

The Strategic Investment Fund (SIF) is the key funding tool for promoting economic growth for the Liverpool City Region. It supports the delivery of the City Region's strategic priorities as well as unlocking economic potential and accelerating growth.

SOCIAL

Social/Cultural/Ecumenical

The population across the UK is aging. Figures suggest an increase of around 2 million in the number of people over 70 years old. The impact on the health and social care services in the UK will be significant. More people will need the support from charitable sources.

The make-up of traditional households is changing. There are more single person households than ever before. This will drive up the need for accommodation particularly in the larger urban centres. This also means

that the single households are more likely to be hit by variances in the economy and will be less likely to apportion parts of their income to charity. Our relationships with the parish communities will need to be continuously developed and our service/fellowship interface, widened.

The media are promoting a strong anti-welfare agenda. Meanwhile people in poverty, the working poor and vulnerable people are seemingly more disadvantaged and more in need due to the political agenda.

The use of foodbanks is increasing. Nugent will need to continue to work with corporate partners such as Tesco and Sainsbury's and food initiatives such as Micah in order to minimise duplication of effort, with maximum impact.

Equality and diversity are key drivers of the charitable sector. As champions ourselves, we need to constantly assure ourselves that we ourselves are an equal and diverse organisation. Reviewing regularly,

- The gender balance within leadership roles within the organisation.
- The diversity balance within the organisation and a true understanding of our diversity and equality positions.
- Reviewing our positions of leading and 'doing for' groups of independent and capable people, such as the Deaf community.
- Succession planning.
- Technological.

Our online and social media presence is crucial. This is often the first 'look in' to Nugent from charitable investors, commissioners, families looking to place with us, news media, potential volunteers and staff and the general public. Our information needs to continue to be value congruent, current, modern and consistent across all platforms.

Trust is key in expanding technological initiatives within a charity. Digital fundraising is only one aspect of technological developments that can develop within a charity. It can also be used to demonstrate effectiveness, quality and to aid communication. Innovation and links to social media can create the largest return on investment.

Regulators and commissioners have a high expectation of evidencing performance, outcomes and outputs. Nugent has now migrated to an electronic case management system as promised in the previous strategic plan. This will facilitate;

- The auditing of care and safeguarding of vulnerable people.
- The quick and timely collation of performance outcomes and outputs – data is instant and securely accessible.
- Provide the evidence for advocacy campaigns, fundraising and tender and grant writing.
- The Management Information Analysis of the data collected by the technological systems will be facilitative and grow during the next four years.

The regulators and the commissioners of service and this need to be accurate and current require training records. Electronic and accessible records therefore are key with the implementation of iTrent, which has been achieved.

Staff will need to be recruited with the relevant skills in order to work in an environment, which expects a higher level of technological aptitude. Adaptive technology for service users is a key tool for increasing safety, dignity and quality of life.

Our ICT systems are now more modern and utilised than ever before. However, with the increase in cyber-crime, we must ensure that effective resources are available to ensure protection of data and information. The

ICT customer interface will experience a transition period in whilst staff continue to become acclimatised to working within a technological environment and as new staff are already recruited with these skills.

Regulators including Local Authorities, Ofsted, CQC, and the Charities Commission expect the transmission of information to occur electronically.

Legislation and Regulation

Charity Commission's New Regulatory Powers

The Charities (Protection and Social Investment) Act 2016 made numerous amendments to the Charities Act 2011 by providing the Charity Commission with new enforcement powers. The amendments to the Act provide the Commission with new or strengthened powers to tackle abuse, misconduct and mismanagement of charities more effectively and efficiently, reinforcing the responsibilities of trustees and protecting charities from individuals who are unfit to be trustees.

New powers included;

- Official warnings (section 75A) to a charity trustee, a trustee for a charity or a charity in relation to a breach of trust or duty or other misconduct or mismanagement;
- Power to consider a range of conduct in relation to suspension of trustees (Section 76A);
- Power to remove trustees etc. following an inquiry (Section 79);
- Power to remove disqualified trustee (Section 79A); and
- Powers to direct specified action not to be taken (Section 84A).

The national regulators at the CQC and Ofsted both started inspection against a new inspection framework. Both regulators are now using the same rating system and will be doing joint inspections. Inspectors at both

of these national regulators liaise closely with the local authority for their opinion of quality prior to inspection.

The Lobbying Act will affect the way that Charities will be regulated concerning finance and has created national debate that will continue for some years.

The Modern Slavery Act 2015 introduces new transparency requirements that will require businesses to prove that no slavery and/or human trafficking is taking place within their business and/or their supply chains. Should our income exceed £36/m we would be required to evidence this. The Welfare Reform and Work Bill makes significant amendments to the Child Poverty Act, 2010 as poverty has a direct link to a lack of financial resources and worklessness runs the risk of becoming a primary focus.

Additionally, clauses within the Bill introduce a “two child limit” for Child Tax Credits and their equivalent under Universal Credit. CSAN wrote, the effect “two-child limit will be to substantially disadvantage around two million children living in larger families, many of whom are in, or at risk of, poverty.”

The Charities Commission has reminded the third sector of its responsibilities under anti-terrorism legislation in that we must remain alert and vigilant to the risks that third sector organisations experience when operation in areas where terrorist groups could operate or exercise control or where there is a risk of terrorism.

ENVIRONMENTAL

We are continuously moving toward increasing our environmental strategy within the organisation. Including the implementation of more efficient heating systems, recycling, the growing of our own food and the use of green space.

ESOS is a mandatory energy assessment scheme for organisations in the UK that meet the qualification criteria of which Nugent meets. Therefore, we must carry out ESOS assessments every four years. These assessments are audits of the energy used by their buildings, industrial processes and transport to identify cost-effective energy saving measure.

Appendix 3: Alignment with Local Plans

Adults

Adult health and social care is the support provided to adults with physical or learning disabilities, or physical or mental illnesses. This could be for personal care (such as eating, washing, or getting dressed) or for domestic routines (such as cleaning or going to the shops). This could also be nursing care.

This support is provided in various ways. It can be provided through formal care services, including residential care homes or a carer helping in the home. These services have to be paid for, usually by the local council or through private funds. Family members, neighbours, or friends may also provide unpaid care, which is often referred to as informal care.

Whilst statistically there is a growing need for adult health and social care, particularly in relation to older persons care, the funding for care is significant. Latest figures from HM Treasury show that public expenditure on personal social services in England (table 10.1 of that report) amounted to £24.5 billion in 2017/18, and this does not include the significant private expenditure on social care. For comparison, £72.5bn was spent on education and £120.5bn on health (office of national statistics). Yet despite the need, and the funding, on a per capita basis, the amount that is available a per individual is variable, depending on where you live. Adult social care in Liverpool City Region has been decimated in recent years.

All of the strategic plans for the five local authorities in the Liverpool City Region highlight that the percentage of older people is decreasing with more complex needs with less resources. To solve this the local authorities are looking at innovative ways of helping people stay healthier and in their own homes, longer.

In line with national trends, the demand for Adult Social Care will continue to rise - the number of Knowsley residents aged 65 years or over is forecast

to increase by 34% by 2030. There will be an increasing need to “Provide high quality and sustainable Adult Social Care” so that, as this population increases further, a high quality offer that supports independence is available for all residents who need it. (Knowsley’s Corporate Plan 2017 -2020)

How we can assist with the One Liverpool Plan for adults:

- Social contact
- Eating five-a-day
- Maintaining a healthy weight
- Not smoking

We will also continue to engage in developing or tendering for new services in the area of mental health, addition and offending, all of which will have parallels with homelessness and rough sleeping. We will continue to actively and passionately support adults with learning difficulties and their carers, those with acquired brain injury and older persons in residential care, where it is financially sustainable.

Children

How we can assist with the One Liverpool Plan for children and young people:

- Young adults in NEET
- Doing well at School
- Healthy Weight
- Looked after Children
- Child Poverty

Background Information including current landscape, research, evidence and

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best practice

Nugent's residential provisions are providing safe and nurturing homes for children with complex and special needs, older children and children whose needs have not been met in foster care. For some children, this is the most appropriate setting, despite the commonly held view that residential care is a market of last resort with 30% of children placed in residential care having had six or previous care placements. Such children present with a complex set of behaviours and needs.

"The current exceptionally high levels of referrals across the sector confirm that, despite a long period of austerity, the sector is surviving because local authorities and children's social care needs children's homes services as an important and integral tool to look after children and young people in care" (ICHA, 2019)

Government guidance (DfE, 2015) suggests residential care can provide 'a sense of security and belonging' and for many children it is successful. However, there is a current spotlight over the extent to which high cost residential care environments are helping young people overcome adversity and develop security, resilience and a sense of belonging. (DfE, 2015). The ability of providers to be able to evidence progress and positive outcomes in the current economic climate is becoming increasingly important.

There is an increasing cohort of children who are extremely difficult to place by Local Authorities due to their complexity and risk. These children have usually suffered multiple foster carer placement breakdowns followed by several failed residential placements. Each placement failure is another rejection, loss and experience of separation. Such children require a wrap-around package of clinically led therapeutic support in order for them to be able to maintain a residential placement and begin to address their difficulties and move forward with their lives.

This Social Market Foundation update assesses the current standard of care provision for looked-after children in England. It shows that the number of looked-after children continues to rise and that the quality of provision many of these children receive is inadequate - 48,723 children (65% of all looked-after children in England) were looked after in Local Authorities classed as either "inadequate" or "requiring improvement" (SMF, 2019).

Nugent is currently well placed in this market; Clumber Lodge, Nugent Residential (Hope Lane) and Marian House and Nugent House School all currently have a 'Good' Ofsted rating. In addition, as a charity re-investing to improve services and ensure future sustainability, Nugent is in a strong position to counter current negative narratives around the 'high-profiteering' of children's residential providers.

Local Authorities are currently experiencing increased demand for care for children aged thirteen years and over with a range of very complex needs and so called 'challenging' behaviours.

"At 31 March 2018, the number of children looked after by local authorities in England increased, up 4% to 75,420 from 72,590 in 2017, continuing increases seen in recent years. This is equivalent to a rate of 64 per 10,000 in 2018, which is up from 62 per 10,000 in 2017 and 60 per 10,000 in 2016" (DfE, 2018).

Such complex needs include (not restricted to):

- Sexually harmful behaviours
- High levels of violence and aggression
- Gang affiliation
- Radicalisation
- Self-harm

- Serious mental health difficulties but not requiring or considered unsuitable for Tier four in patient CAMH services
- Child sexual exploitation
- Autism and autism plus mental health needs

Local Authorities are facing competing pressures (increased demand, lack of funding) and residential children's home providers are reporting an increase in the complexity and severity of needs presented by the children and young people being referred to them (ICHA, 2019). Nugent's Referrals and Placement Manager currently receives several hundred referrals every week from across the United Kingdom, and a significant proportion of these are for a cohort of children and young people with extremely complex and high-risk emotional and behavioural needs.

The most common reason for children coming into care is identified as them having a primary need of 'abuse or neglect' (DfE, 2018). Many children and young people present with attachment disorders and trauma related behaviours as a direct result of their early experiences.

Mental health problems often develop early and, between the ages of 5 to 15. The Office of National Statistics (ONS, 2016) advises that one in every nine children have a mental health disorder. Assessment data shows at least 12% of children had their mental health recorded as a factor by children's social care, and for Looked After Children (LAC), almost half meet the criteria for a psychiatric disorder compared to 10% children who are not Looked After (ONS, 2016).

Adverse Childhood Experiences (ACEs)

The connection between child abuse and neglect, and parental problems such as mental ill health, domestic abuse and substance misuse, is well established. Research consistently highlights the negative, long-term

impact living in these circumstances can have, reinforced by the findings from Serious Case Reviews.

Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. It can be a single event, or prolonged threats to, and breaches of, a young person's safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaptation (Young Minds, 2017). One in three adult mental health conditions relate directly to adverse childhood experiences (ACEs), and adverse environments, and the experience of trauma can significantly compromise that young people's mental health and wellbeing.

Often services become fixated on 'challenging' or 'risky behaviour' and can quickly stigmatise or criminalise young people's normal responses to adversity and trauma (Young Minds, 2017).

ACEs in relation to children refer to:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Household adversity

ACEs affect a child's development, their relationships with others, and increases the risk of them engaging in health-harming behaviours and experiencing poorer mental and physical health outcomes in adulthood. Witnessing domestic violence is the most frequently reported form of childhood adversity (Meltzer et al, 2009). Research using neuroimaging has shown that experiences of domestic violence in childhood can change brain structures and increase the risk of mental ill health, in a way that is akin to

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soldiers who have trauma following armed conflict (McCrory et al, 2011). Compared to people with no ACEs, people with four or more ACEs are:

- twice as likely to binge drink and have a poor diet
- three times more likely to be a current smoker
- four times more likely to have low levels of mental wellbeing and life satisfaction
- five times more likely to have had underage sex
- six times more likely to have an unplanned teenage pregnancy
- seven times more likely to have been involved in violence
- 11 times more likely to have used illicit drugs
- 11 times more likely to have been incarcerated

(Bellis, 2014)

Experiencing adversity during childhood impacts the autonomic nervous system. These experiences can alter our neuro-perception, which is our automatic detection of whether or not there is a threat in our external environment (Porges, 2009). Such children and young people spend a significant amount of time in a state of hyper arousal, facing significant emotional distress, which adversely changes their ability to regulate their emotions, also known as affect dysregulation (Greenwald, 2015).

Experiencing psychological trauma can also create a hypervigilance, in which the young person is continually looking to identify and detect threats on their environment. This is associated with problems with sleeping (Kajeepeta et al, 2015) as the child grows older. As such, many children who experience trauma find it difficult to calm themselves, and return to a “window of tolerance”, which represents a safe and optimum level of arousal (Ogden, 2010).

Disassociation

An alternative response to trauma is disassociation, by which a child might try to separate their emotions from the overwhelming feelings of distress they experienced at the time of the adversity. These children may feel unconnected with their body or a specific body region or area associated with the trauma. They may also feel an emotional numbness and significant cognitive fatigue if they try to recall or remember anything related to the experience –this is also known as being in a state of hypoarousal (Bremner, 2006).

Sometimes it seems as if the child has spaced out or is emotionally absent (Minton et al, 2006). Some of these young people consequently are unable to experience pleasure as a result of activities that would usually be pleasurable, such as music, social interaction or sexual encounters (Frewen et al, 2012).

Behaviours seen as risky or challenging

In the face of significant adversity and complexity, many children and young people adopt risky or challenging behaviours, for example highly sexualised behaviour and substance misuse. For example, Bellis (2014) found that those adults, who had experienced four or more adversities in their childhood, were 11 times more likely to have gone on to use crack cocaine or heroin (Bellis, 2014). The chances of developing a dependence on substances doubles if a child has also experienced sexual abuse (Simpson and Miller, 2002) or other forms of violence (Douglas et al, 2010).

Adaptations are children and young people’s attempts to:

- Survive in the immediate environment
- Finding ways to mitigate or tolerate adversity by using available resources

- Establish a sense of safety or control
- Make sense of the experiences they have

Children who engage in significant risk-taking should be seen as both finding ways to make sense of adversity and trauma they have experienced, as well as avoiding the need to address and resolve the trauma. Such children are at additional risk of being labelled as having a clinical disorder (such as 'oppositional / defiant disorder' and 'conduct disorder'), rather than having the adversity identified (Greenwald, 2015).

It is vital for those caring for such children to understand the meaning of both challenging and risk-taking behaviours, as for many children they will represent a response to the adversity, complexity and trauma they have experienced in childhood. Moreover, being further labelled, stigmatised and confronted by professionals, who are unaware of their adversity, can trigger memories and emotions relating the trauma they have experienced. This can have the effect of escalating their behaviour and emotional distress, and risks re-traumatising the young person or sustaining a secondary trauma (NCTSN, 2011).

U.K. Research tells us that children who experience neglect at an older age are likely to experience worse outcomes compared with their younger counterparts (Farmer & Lutman, 2010). This is supported by American evidence, which finds that maltreatment experienced during adolescence had a "stronger and more pervasive effect on later adjustment", including in areas such as criminality, substance misuse and other health damaging behaviour (Thornberry et al, 2010). The World Health Organisation reports that post-traumatic stress disorder has been reported in as many as a quarter of abused children (WHO, 2016). Not only can experience of ACEs impact on childhood, but also there can be a lasting impact on adult mental health.

CAMHS

The NSPCC completed an analysis of child and adolescent mental health services (CAMHS) in 2015, which highlighted those services, were struggling to cope with demand from across England. This picture is not improving. Long delays between referral and assessment at such a critical time in a child's life are common which may result in a significant escalation of a child's need.

Accessing CAMHS support is especially difficult for children who have been abused or neglected. In a NSPCC survey of child mental health professionals, 98% reported there was not enough therapeutic support for children who have been abused (NSPCC, 2015). Children who have been abused will not meet the high clinical thresholds for access to CAMHS unless they are in crisis. These problems are particularly acute for looked-after children. Over 60% of looked-after children in England and Wales are in care owing to abuse or neglect (Bentley et al, 2016).

Looked-after children can face significant challenges when seeking support for mental health needs. Since 2015, local authorities have been required to conduct a mental health assessment for every child in care and report this data to central government. However, the most recent figures suggest that almost 30% of children who go into care do not receive this statutory mental health assessment (NSPCC, 2015). The looked after children who are in greatest need of clinical mental health treatment are often also those with the most fragile placements. CAMHS will often not accept referrals of children who are likely to move location frequently, and this can directly block those who most need the service.

The NSPCC have urged the Government to recognise the needs of children who have experienced abuse and neglect and to increase investment in targeted therapeutic services to ensure the lives of these children are not

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derailed, and that they are helped to put their life back together.
Trauma informed care and building resilience:

Not all young people who face childhood adversity or trauma go on to develop a mental health problem. There are personal, structural and environmental factors that can protect against adverse outcomes. Protective factors reduce the likelihood of long-term mental ill health and emotional distress.

In direct contrast to the health-harming and risk-related adaptations, resiliency mitigates the full impact of adversity, and transforms potentially traumatic stress into tolerable stress, which can be subsumed into a young people's life and enables them to grow and develop as would have been otherwise expected. Resilience arises through children's interactions with their social and physical ecologies, from families through to schools, and neighbourhoods.

Trauma informed care aims to mitigate the impact of adversity on people's lives, and to address the mental health and/or traumatic stress resulting from these experiences. Importantly instilling trauma-informed care is now being seen as a priority public health concern throughout the UK (Sara, & Lappin, 2017).

Offering trauma informed care

"Children and young people who have experienced abuse or neglect are offered therapeutic interventions based on a detailed assessment of therapeutic needs."

Nice Quality Standard "Child abuse and neglect" Statement 5 (2019).

Increasingly Local Authorities have an expectation that children's residential providers are able to offer an evidenced based 'therapeutic care' model across all provisions as standard and in line with current best practice.

Many Local Authorities are now specifically seeking providers who can offer an in house-wrap around package of therapeutic services for increasing more complex young people who require additional support. Local Authorities are increasingly asking for evidence of a providers therapeutic care offering, as a greater scrutiny is being placed on what 'therapeutic' actually encompasses and what 'added value' a provider can offer in their costings.

Trauma-specific services focus on treating trauma through therapeutic interventions, involving professionals with specialist training and skills. These services and interventions are based on detailed assessments of the trauma and adversity that a young person has faced, and co-creates with them an integrated treatment plan to address identified symptoms. In contrast, trauma-informed care can be delivered by all organisations and professionals. Its core principles include building awareness of adversity and trauma (understanding of cultural, gender and sexuality contexts) into service protocols and staff culture in order to avoid re-traumatisation. Establishing and maintaining safety is at the heart of all adversity and trauma-informed models of care. Furthermore, these models focus on increasing levels of trustworthiness by being transparent with clients and investing in greater collaboration, shared decision making, and mutuality between the people who are using the services and receiving them.

Trauma informed care in schools

Students and teacher bring their life experience emotions and beliefs into the classroom every day. Understanding how traumatic events may impact students' emotions and behaviours and creating an environment for students to feel safe to learn, underlies the current movement towards trauma-informed schools.

A significant body of research evidences that exposure to traumatic events can have a profound impact on behaviour and performance in school. Children who have experienced complex trauma often have difficulty regulating their emotions and may demonstrate 'fight, flight or freeze' responses. Trauma has a significant impact on the brain's ability to process information in order to learn. Many of the children coming into Nugent House School have complex trauma, which has shifted their neurobiology, creating a 'survival brain'. This can result in a challenging school environment.

Sustaining a trauma informed culture requires the engagement and buy-in of the entire school. Training for all staff members is needed and needs to focus on clear and practical applications that can be used in a variety of settings; classroom, home and community. School leadership that demonstrates the importance of being trauma-informed is paramount to success.

Trauma-informed school

"A trauma informed school is one in which all the children feel physically and emotionally safe, warmly welcomed and inclusively supported. The school as a social and academic learning community ensures the impact of trauma on life and learning is understood, embraced and explicitly considered across the whole school community.

This is a school with healing and recovery at the heart of its social and educational vision it is a community with warmth, care, support and curiosity at its centre. A school with space and time for professional collaboration, teamwork, love, creativity and a shared responsibility for all children.

A trauma-informed school recognises the far reaching and lived impact of traumatic and adverse childhood experiences (ACEs), whilst promoting and

embracing the relational pathways to healing and recovery". (Shropshire Academy and Learning Trust SALT, 2019)

Trauma focussed model

Children who have experienced trauma often have insecure attachments, and do not respond well to our traditional models of working with them involving rewards and sanctions. This approach causes these children to feel a sense of shame and failure – resulting in frequent 'meltdowns'. A trauma focussed model places emphasis on routines, repetition, and predictability - the structure of the brain needs to alter. This work has to be regular and undertaken many times a day rather than being bolted on once a week during an 'intervention'.

Vision	To be a totally dignified and outstanding organisation				
Mission	To care, educate, protect and inspire those in need				
Values	iACCORD; integrity, ambition, courage, compassion, optimism, dignity and respect				
How we work	Schools, Homes, Families and Communities				
	Theme 1 	Theme 2 	Theme 3 	Theme 4 	Theme 5 
Themes	Health and wellbeing	Independence and resilience	Shaping futures	Collaboration	Financial Sustainability
Strategic philosophy	People feel good about the services we provide.	People get the best care, when they need it.	We feel proud about our work.	We work with our communities to improve people's lives.	Our Financial Affairs are well managed
Strategic outcomes	Healthier people through researching, designing and implementing a structured wellness programme for beneficiaries and staff.	Improve our therapeutic environments by developing and implementing a rigorous values led and outcomes focused therapy programme for all ages.	We provide continuous improvement of resources in a deliberate, planned and reviewed manner.	We are known and trusted as a collaborative and trusted partner within the Liverpool City Region education, health and social care economy.	We follow a clear financial strategy that sets out how our charity plans to finance our overall operations to meet our charitable objectives now and in the future.
Operations pillar	Transforming Nugent's experiences of activity, recreation and the arts (dance, music & artistry)	Improve timely access to Nugent services. Ensure our children and young people experience life and social skills, to contribute to independence and resilience.	Our practice is professional, compassionate, respectful and courageous.	We align our work in our themes to collaborate our outcomes to those of our stakeholders, where appropriate.	Our service provision represents good value and we ensure that we price for full cost recovery to ensure we have enough resources to robustly support our beneficiaries.
Business Support pillar	Improving nutrition and nutritional oversight in all that we do. Improving medicines management in all that we do.	Improving learning outcomes and experiences for children and young people.	Support ongoing learning Develop tools and resources to help us with our work Strive to be the best employer we can be	Continue to raise our profile We share our outcomes and research	Ensure that our support services to operations are of good value and are beneficial to the outcomes of the people who use our services.
Finance pillar	Engage with beneficiaries to improve experience.	Fees are determined according to need.	Our services are sustainable.	We engage with the education health and social care economy for FCR.	We support operations to ensure that financial controls are followed and collaboratively support the organisation to ensure that finance is understood.

UN Sustainable Development Goals

1 NO POVERTY



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



6 CLEAN WATER AND SANITATION



7 AFFORDABLE AND CLEAN ENERGY



8 DECENT WORK AND ECONOMIC GROWTH



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS



SUSTAINABLE DEVELOPMENT GOALS



0151 261 2000



info@wearenugent.org



wearenugent.org



99 Edge Lane,
Liverpool, L7 2PE



@wearenugent

