



Outcomes First Group

Clinical Excellence 2025

Introduction to The Outcomes First Group Approach

Supporting Affirming Therapeutic Environments

At Outcomes First Group, our approach integrates a range of overarching strategies designed to foster therapeutic environments that prioritise the well-being of both young people and the teams supporting them. Our environments are trauma-informed and neurodiversity-affirming, celebrating and building on strengths and interests, preparing young people for their best futures.

Central to this is our **Trauma-Informed Practice (TIP) strategy**, which emphasises understanding and addressing the impact of trauma—often, education trauma is a common experience for many of our young people. This strategy not only strengthens understanding and outcomes for young people but also enhances the well-being of our teams, empowering them to be their best in supporting those they care for.

In addition, we champion a **Reflective Practice Group model**, creating dedicated spaces for our teams to pause, evaluate, and refine their approaches. These groups ensure that our practices remain grounded in evidence and continuously evolve to meet the needs of young people effectively.

Supporting Parent, Carer and Family Involvement

At Outcomes First Group, we recognise the vital role that parents, carers, and families play in the care and education of young people. We are committed to supporting our parents and carers responsively and sensitively, which ensures issues are addressed in a timely and effective way. Parents and carers are an integral part of their child's care and education, with every voice valued and heard. We encourage open communication from the outset to ensure strong collaboration and joint solution-finding. Understanding that parents and carers may have been on an emotional and sometimes traumatic journey to get to this point, we approach sensitive situations with empathy, always keeping the child at the centre. Our goal is to support the family where we can, fostering a positive and collaborative relationship for the benefit of the child. We also recognise that additional services and support to families may be lacking in the current climate.

Additionally, we encourage schools to facilitate workshops and get-togethers, creating opportunities for group and shared support spaces. These initiatives foster a sense of community and provide parents, carers, and families with the chance to connect, share experiences, and gain support. By offering a space for open dialogue, we strengthen collaboration and ensure families feel supported in their journey, empowering them to be active participants in their child's care and education.

The Outcomes First Group Approach: Designed for Young People, Guided by Evidence

At Outcomes First Group, our strategies are designed specifically to meet the unique needs of our young people. Rooted in the evidence base and informed by best practice, they reflect what we observe truly works in real-world settings.

A cornerstone of our approach is close collaboration with our **Advisory Board**, including renowned experts **Professor Barry Carpenter** and **Professor Francesca Happé**. This partnership allows us to exchange ideas and ensure our practices are firmly grounded in the most up-to-date research and innovative thinking.

Equally vital to the development of our strategies are the voices of those with lived experience. Our **Lived Experience Groups** play a central role in shaping our work, while our young people contribute through mechanisms such as **student councils** and regular feedback opportunities. These contributions are tailored to their preferences, ensuring they feel heard and valued.

By integrating expert guidance and authentic lived experience, our strategies are not only robust but also deeply reflective of the young people we support.



In partnership

**Restraint
Reduction
Network**

Our **3 C's Approach** is the foremost strategy in supporting our Acorn Education colleagues in understanding the impact of trauma on a child's early experiences, the subsequent internal world they have developed, and how this relates to the survival skills (or behaviour) they have developed. This helps us to meet and respond thoughtfully to the underlying need, rather than respond to behaviour.



The TIP approach encourages colleagues to standardise their practice through the lens of **Connect**, **Co-Regulate** and **Co-Reflect**. It is a comprehensive approach based on the current evidence base, emphasising the importance of relationships that young people require in trauma recovery.



Ask, Accept, Develop (AAD) is our Neurodiversity strategy that supports Options Autism colleagues and services. It recognises that despite underlying shared traits, **autistic individuals are unique** with their own **strengths and needs**. Our strategy has been created to ensure all abilities within the Spectrum have been considered, **included and celebrated**.

The main objective of our Neurodiversity Strategy is to strengthen and continually progress our approach to the provision of education services to Autistic individuals, in an environment which **values their contributions, breaks down barriers and teaches new skills**. This allows each pupil to reach their **best potential**.

Trauma-Informed and Neurodiversity-Affirming Behaviour Policy

At Outcomes First Group, we are committed to creating an environment where all young people feel supported, understood, and empowered. Our **Trauma-Informed and Neurodiversity-Affirming Behaviour Policy** is designed to provide a framework that recognises and responds to the impact of trauma and neurodivergence on behaviour.

We integrate this policy with our **Ask, Accept, Develop (AAD)** strategy, ensuring we take a collaborative, strengths-based approach to every young person's journey by **Asking** about their preferences, **Accepting** their experiences and needs, and **Developing** together through co-regulation and shared growth.

We apply the **3C's (Connect, Co-regulate, Co-reflect)**, where we **Connect** by building positive, trust-based relationships, **Co-regulate** by supporting emotional regulation through shared strategies and empathetic responses, and **Co-reflect** by reflecting together on experiences and learning to deepen understanding and encourage positive behavioural change.

Our approach is **non-sanction-based** and uses a **restorative approach**, incorporating **natural and logical consequences** for children who understand and require these. This approach helps young people prepare and learn for a safer future, reducing shame and increasing their sense of safety—key factors in overcoming the barriers to effective learning in schools.

We also integrate this approach with **Restraint Reduction Practice**, ensuring that we minimise physical interventions and focus on building understanding, trust, and self-regulation (please see - Outcomes First Group: Approach to Restraint and Restraint Reduction – for more information).

How Our Strategies Drive Best Practice

Our strategies are designed to continually enhance best practice, ensuring every team member is equipped to support young people effectively.

Comprehensive **training** is provided as part of staff induction and continues regularly throughout their journey with us. This ongoing professional development empowers our teams to stay aligned with the latest evidence-informed approaches.

We also implement an **accreditation process** for our services, fostering continual growth and progression to achieve the best outcomes for the young people we support

To further embed these strategies, we have established **TIP (Trauma-Informed Practice) and AAD (Ask, Accept, Develop) Champions** within each service. These champions act as primary sources of support, helping to drive our strategies and foster a shared commitment to excellence.

Our **clinical teams** play a pivotal role in this process, providing hands-on support and expertise to implement these strategies on the ground, working directly with staff and young people to ensure their success.

Driving Innovation Through Research and Development

To ensure our strategies evolve in line with the ever-changing needs of young people, we have established a dedicated **Research, Innovation, and Development Board**. This newly created board is central to our commitment to continually refining and advancing best practices across Outcomes First Group.

Chaired by **Professor Barry Carpenter and including Professor Francesa Happe and Professor Mary-Louise Hemmeter**, the board brings together key leadership figures, including our **Director of Quality and Compliance, Chief Clinical Officer, Head of Clinical Quality Assurance**, and **Senior Clinical Leadership**. Together with education, they oversee projects that contribute to the ongoing development of evidence-informed approaches, ensuring our work remains at the forefront of therapeutic and educational practice.

This collaborative effort reflects our unwavering dedication to providing the best possible outcomes for young people, underpinned by rigorous research and a forward-thinking approach.

Standardising & Embedding Clinical Excellence

At Outcomes First Group, we are dedicated to achieving and maintaining clinical excellence through a framework that ensures consistency, quality, and innovation. Our approach is grounded in the following principles:

- **Standardisation and Quality**

All services adhere to a clinical approach that meets established standards while being tailored to the specific needs of their cohort. This ensures consistency in quality across Outcomes First Group clinical practice.

- **Inclusion, Equality, and Diversity**

We are committed to providing equal opportunities and services for all, ensuring an inclusive and equitable approach in everything we do.

- **Holistic Support**

We address every area of an individual's functioning to enable them to engage with others, perform tasks, and achieve independence in ways that support a happy and healthy life.

- **Inter-Disciplinary Collaboration**

Recognising the value of teamwork, we work closely with the wider teams to provide a joined-up service that delivers the best education, care, and support for individuals.

- **Communication and Information Sharing**

We prioritise effective communication to meet both immediate and long-term needs while adhering to Outcomes First Group's policies on information protection and safeguarding.

- **Adherence to Regulatory Guidelines**

All Speech and Language Therapists (SaLTs), Occupational Therapists (OTs), Psychologists and Arts Therapists at Outcomes First Group follow the HCPC Standards of Proficiency (SOP). Meeting these standards is essential to fitness to practice and maintaining HCPC registration. All qualified clinicians follow the professional codes of conduct and ethics set by their respective professional bodies (e.g. RCSLT, RCOT, BACP, UKCP, PTUK). Continued Professional Development (CPD) underpins this lifelong learning process.

Understanding Clinical Excellence

To fully embed clinical excellence, we distinguish between the following:

- **Standards of Conduct and Performance:** This includes fitness to practice processes.
- **Standards of Proficiency and Registration:** Requirements set by the HCPC and other professional accrediting bodies.
- **Standards for Continuous Professional Development (CPD):** Essential for professional growth and compliance.
- **Standards for the Delivery of Clinical Offerings:** Ensuring services meet the highest levels of quality and impact.

Our Outcomes First Group clinical structure supports excellence, by integrating our strategies with our clinical practice and standards team and our clinical operational team.



Our Clinical Offer

How We Work Together: A Tailored Approach to Support

Our clinical teams are led by **Senior Clinical Leaders** accountable to our Clinical Governance Structures, and schools are supported by in-house, multi-professional teams within each school. This collaborative model ensures that young people receive the right level of care and support tailored to their unique needs, in line with our strategies.

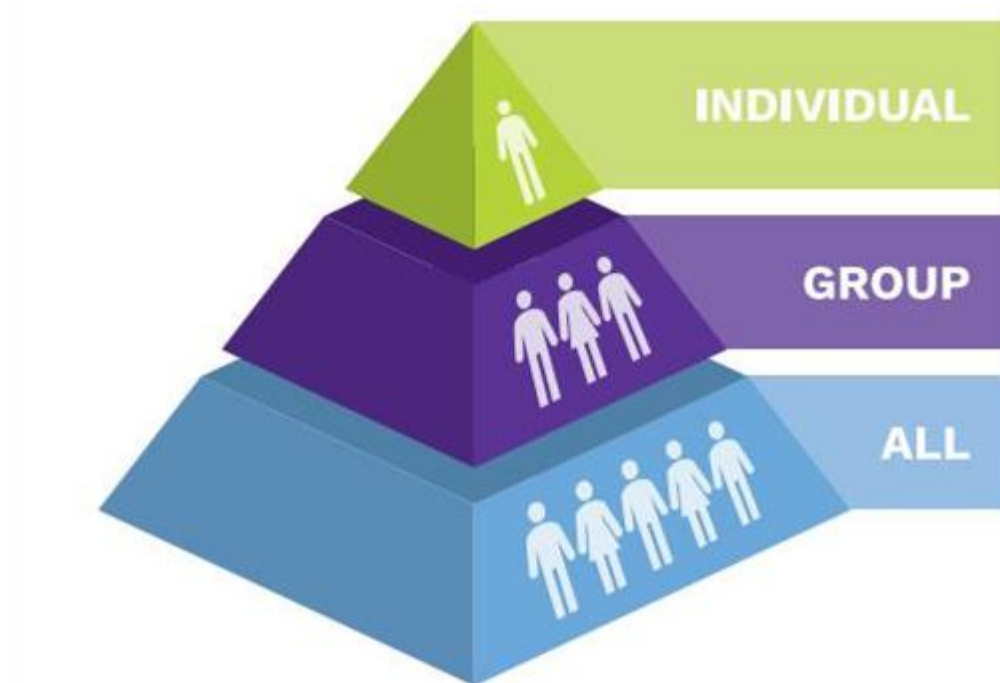
At the heart of our approach is the **Outcomes First Group Clinical Pyramid**, which provides differentiated levels of therapeutic support. This structure allows us to match our support to the strengths, differences, traits, and needs of each individual.

Decisions about the **type and level of support** are guided by the unique needs of the child, as outlined in the EHCP (Education, Health, and Care Plan), alongside comprehensive assessments, observations, and collaborative input from our teams. We recognise that sometimes EHCPs need further refinement to fully reflect the child's individual needs, the school environment, and the staff team, ensuring that support is personalised and holistic. We also place great emphasis on understanding and incorporating young people's preferences into their therapeutic plans, ensuring that their voices are central to decision-making. Additionally, we work closely with parents and carers to align our support with their insights and the young person's unique context.

Our approach enables **collaborative and integrated best practice** with our **education teams**, ensuring that clinical and educational support are seamlessly woven together to create an environment that maximises the potential of each young person.

Support and progress are continually monitored through **regular outcome measures**, which may include **questionnaires**, team involvement, feedback from young people, as well as input from parents and carers. This ongoing feedback ensures that interventions remain effective and aligned with the young person's evolving needs and we can demonstrate and understand impact clearly.

We recognise that supporting a young person within their environment proves more effective than traditional therapy models, such as offering one hour of therapy per week. While some young people may require all levels of support provided by the Clinical Pyramid, others may need only specific interventions. This flexibility ensures that our approach is both responsive and impactful.



- **All** individuals in our services receive this level of support as part of Outcomes First Groups focus on creating holistic, therapeutic environments in which individuals can thrive and progress towards achieving their potential. This includes access to our outlined strategy support, multi-modal communication approach and adapted environments.
- **Groups** of individuals in our services may require more focussed support for a period of time to meet need. This might include a SaLT/OT focussed therapy group and clinical consultation to support and guide the staff team.
- **Some individuals** in our services may require more individualised direct support for a period of time to meet their needs. This might include direct SaLT, OT, and/or Psychological Practice sessions. These sessions are always offered as a block of intervention to allow for consolidation and effectiveness, rather than open-ended support, ensuring the impact is measurable and targeted to the individual's specific needs.

Occupational Therapy

Occupational Therapists (OTs) help individuals take part in the daily activities that are important to them- at home, school, work and elsewhere. Some individuals have difficulty doing the things they want or have to do because they have physical, learning or mental health needs. Others struggle due to illness or family circumstances, or because of changes that happen as they grow and develop. Whatever the reason, we help individuals take part in the activities and routines – the 'occupations' – that give purpose and meaning to their lives. These include **self-care activities, productive occupations, play and leisure**.

Occupational therapists are trained in physical and mental health and have an in-depth understanding of child development. OTs work across traditional health, education and social care boundaries to provide holistic, person-centred care that prepares children and young people for adulthood.

OT **help individuals thrive and reach their full potential** by identifying:

- activities they do well and those they find difficult
- personal, environmental and task-specific factors that help or limit their ability to take part
- different ways of doing things, teaching new skills or changing the environment to make it easier for them to participate, have fun and achieve.

(Royal College of Occupational Therapy, 2024)

Occupational Therapists at Outcomes First Group **work collaboratively** with education teams and families, offering support at the **whole school, group, and individual levels**. Within Outcomes First Group, we specifically focus on encouraging activity engagement and participation, promoting functional independence skills, supporting motor skill development, providing sensory-based assessment and intervention, supporting mental health & wellbeing and facilitating life skills to support successful transitions and preparation for adulthood. OTs drive sensory friendly environments within Outcomes First Group and support with sensory environmental audits.

Speech & Language Therapy

Speech and language Therapists (SaLTs) provide, help, care, support and intervention to individuals of all ages who present with a broad range of communication strengths differences, traits, difficulties and needs. They also support individuals with eating / drinking and swallowing difficulties and individuals who have complex profiles of additional needs due to trauma or childhood adversity, social and emotional and mental health difficulties, cognitive impairment and motor and sensory differences and / or difficulties.

SaLTs work in **partnership with families / carers and other colleagues**, both within and outside the profession (e.g. education, clinical, medical), in the best interest of individuals as it is key to providing an effective service.

The core role of a SaLT working in education settings is to support and enable children and young people to **reach their full communicative and educational potential** and remove or reduce the barriers that their speech, language and communication needs (SLCN) present to their learning.

(Royal College of Speech and Language Therapy RCSLT)

In Outcomes First Group services SaLTs play a key role in ensuring **inclusion** in the context of all things that relate to supporting individuals to process, understand and express themselves to the best of their ability. This is because communication is central to how individuals learn, form and maintain relationships and is a contributing factor to how they feel about themselves and their mental health and wellbeing. The role entails:

- Working closely with other education professionals, providing training on recognising and responding to SLCN.
- Sharing information with all key individuals involved in the child or young person's education.
- Working closely with children and young people and their families/carers and education team to provide tailored support.
- Advising staff on changes that can be made to the learning environment and wider setting which can optimise communication development. This is known as creating a 'communication friendly' environment.

Psychological Practice

Psychologists support a wide variety of individuals, drawing on their training and clinical skills to address behavioural, mental, emotional, educational, and developmental challenges. **Psychotherapists**, trained professionals, assist people with their mental health and emotional well-being.

Within Outcomes First Group, we recognise the diverse psychological and therapeutic needs of our pupils, which is why we have a range of psychological and psychotherapeutic disciplines providing support. This includes psychologists from specialised fields such as **education, forensic, counselling, and clinical** psychology, alongside psychotherapists who focus on **creative or talking-based therapies**.

Each of our disciplines are described below:

- **Educational Psychologist** – support young people (up to 24 years), their families and education settings to promote the emotional and social wellbeing of pupils, and support those with learning difficulties to achieve their full potential, using assessment, monitoring and evaluation.
- **Clinical Psychologist** – focus on the assessment, formulation, intervention and evaluation of a wide range of mental, emotional and behavioural difficulties.
- **Forensic Psychologist** – assess, formulate and intervene in those engaging in harmful or concerning behaviours, providing advice and expertise with the ultimate goal of contributing to the development of a safer community.
- **Counselling Psychologist** – use psychological and psychotherapeutic theory and research to reduce psychological distress and to promote the wellbeing of individuals, groups and families.
- **Psychotherapists** – use evidence-based resources to help people explore/discuss deep-rooted issues impacting their daily lives. Some Psychotherapists use 'talking' as their main mode of therapy. Whereas Arts Therapists use drama, art or music as a vehicle for expression.
- **Assistant Psychologists** – support the psychologists and psychotherapists and schools in a range of ways, under the supervision of a qualified psychologist.

While these disciplines have distinct contributions, their ultimate goals remain consistent: to **support the emotional and social development, engagement, and access to learning** for our pupils, enabling them to achieve to the best of their abilities. These efforts contribute to a wider goal of **fostering positive change and development** across our schools.

Psychologists and psychotherapists at Outcomes First Group **work collaboratively** with education teams and families, offering support at the **whole school, group, and individual levels**. Their involvement includes promoting a therapeutic milieu, embedding Trauma-Informed Practice (TIP), implementing neurodivergent-friendly and trauma-informed behaviour policies, and providing consultation, training, and reflective practice to staff. They also deliver direct group and individual evidence-informed interventions under specific criteria, which include the need for consent, a clear rationale for intervention, readiness for intervention, and ongoing support at an organisational level.

Summary

At Outcomes First Group, we are committed to providing a holistic, trauma-informed, and neurodiversity-affirming approach that supports the well-being and development of each young person. Through our evidence-based strategies, strong collaboration with families, and focus on clinical excellence, we aim to create a safe, inclusive, and nurturing environment where every child can thrive. By working together with parents, carers, and education teams, we ensure that every young person receives the care, support, and opportunities they need to reach their full potential. Together, we are building a brighter, more resilient future for all young people at Outcomes First Group.