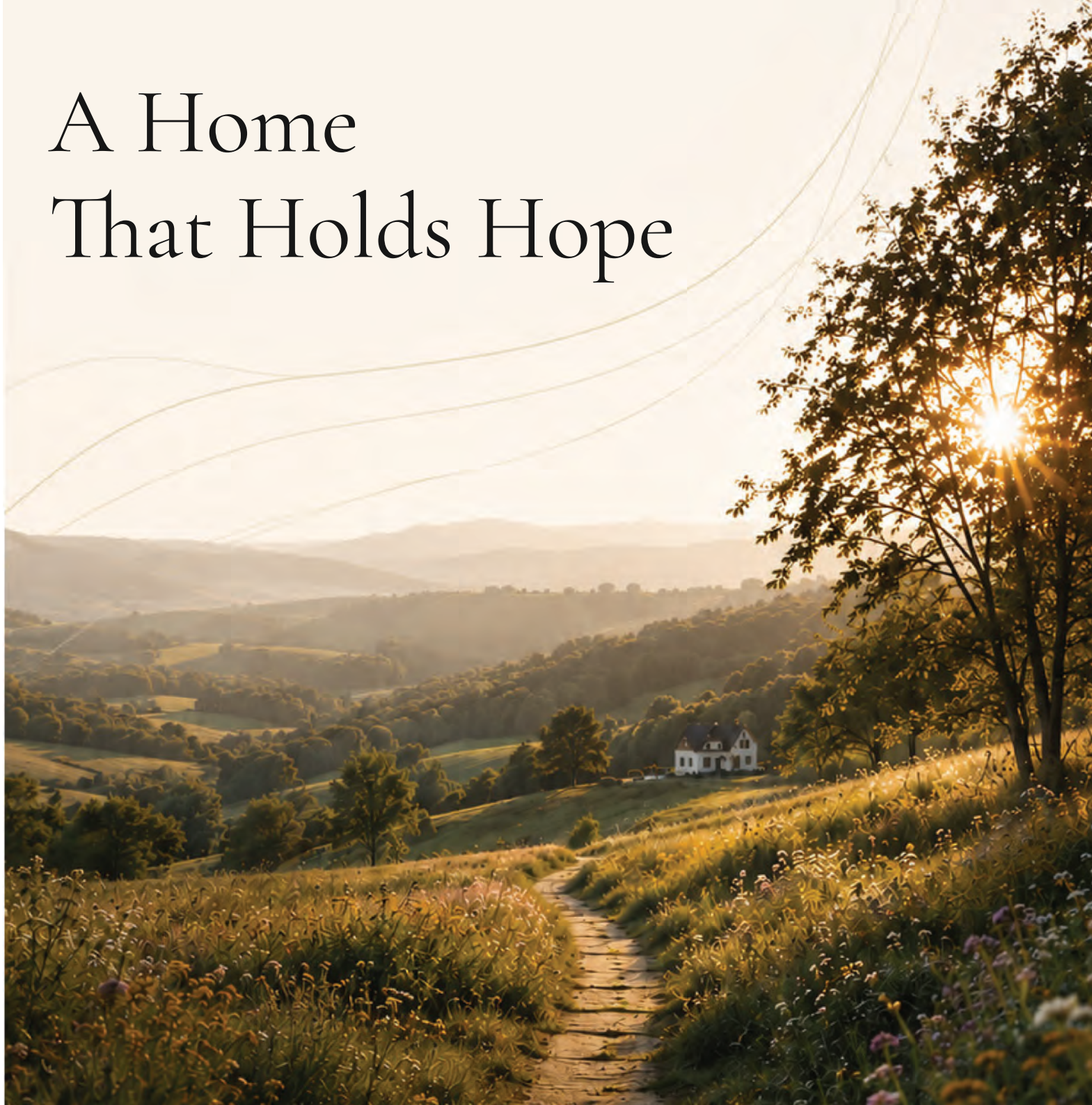




THERAPEUTIC CARE.
LASTING RELATIONSHIPS.
BRIGHTER FUTURES.

FAMILY TODAY.
FOREVER.

A Home That Holds Hope





For children whose needs have been too often described...

... but too rarely understood.

Every child has a story before they have a file.

Somewhere between the referrals, the assessments and the risk ratings, the child can become difficult to see.

Over time, the language around them changes.

High risk. Missing. Aggressive. Self-harming. Complex.

Those words are important, as they help professionals communicate risk. But they were never meant to become a child's identity.

Because before there was a referral, before there was a diagnosis, before there was an incident, there was simply a child.

Curious. Funny. Kind. Creative. Still there.

Waiting to be seen.



You're thirteen years old.

You've experienced things no child should ever have to experience. The people who were supposed to protect you became the people you feared. Home has never really felt safe.

So you learnt to rely on yourself. You stopped asking for comfort because nobody came. You stopped believing people would stay.

Then one day, someone notices. Someone takes action. You move into care.

You arrive surrounded by strangers who know your history, but not your story.

You're terrified. Yet somewhere beneath all the fear, a tiny part of you quietly wonders 'maybe things will get better'. Only, nobody has ever shown you what safety feels like. You've spent your whole life learning how to survive, not how to trust.

So when someone gets too close, you push them away. When you feel scared, you become angry. When emotions become too much, you run, self-harm, stop talking or explode.

You hear words like high risk, complex, aggressive, too difficult. You hear those words so often you begin to wonder if they're true.

What if the problem isn't what happened to me...

What if the problem is me?

When every door has closed...



Some referrals make people pause. Not because these children are beyond help, but because their needs are so significant that finding the right home can feel almost impossible.

Many are living with daily risks to life, repeated self-harm, suicidal thoughts or attempts, exploitation, multiple placement breakdowns, or long periods in hospital or secure settings.

These are the children Helm was created for.

There is another way.

Some children don't need another placement. They need a different way of being understood.

“
For the first time in a very long time, we have been able to see hope.

- Parent

What the **Helm way** looks like.

01

Safety comes before change.



Children who have experienced developmental trauma have learnt that adults are unpredictable and the world is unsafe. Before trust can grow, they first need repeated experiences of emotional and relational safety.

We don't expect immediate change - we expect testing, setbacks and uncertainty whilst we remain consistent long enough for safety to become believable.

02

Therapy isn't a place.



Healing doesn't only happen in a therapy room.

Research shows that recovery is built through thousands of ordinary interactions with safe, consistent adults.

Every breakfast, school run, bedtime routine, boundary and repair becomes part of the therapeutic process.

03

Relationships become the intervention.



Our children have learnt to protect themselves through survival strategies that once kept them safe.

As relationships become predictable and emotionally safe, those protective responses begin to soften.

Change is measured not only by fewer incidents, but by greater trust, connection and emotional safety.

04

Progress isn't linear.



Feeling safer doesn't always mean presentation improves immediately.

As trust grows, children may begin expressing emotions they have hidden for years.

We understand this as part of the therapeutic journey and remain alongside them, knowing that lasting change is built through consistency, not quick fixes.

Children rarely remember what we wrote about them.
They remember who we were to them.



Who made them a hot chocolate when sleep wouldn't come.



Someone noticing they were quieter than usual.



Someone learning their favourite hobby, just to spend time with them.



Someone saving baking ideas all week, just to surprise them.



Who reminded them they're worth thinking about, even when they're not there.

Why Helm exists.

Every child deserves a service designed around their needs, not a child expected to fit the service.

Many children requiring residential care do not fit neatly within existing services.

Some require more than a traditional children's home can safely provide. Others no longer require secure care or inpatient admission.

Too often these children experience repeated placement breakdowns, not because they cannot be supported, but because they have not yet found an environment capable of understanding what their behaviour is communicating.

A different place to begin.

Helm bridges the gap between traditional residential care and secure or inpatient settings, offering children the therapeutic structure, clinical thinking and relational safety they need to move forward.

Every child deserves a place where progress becomes possible.



Traditional Residential Care

Helm Therapeutic Residential Care

Secure / Inpatient Settings

● Tier 3.5 ●

“

Many providers declined the placement altogether because they did not believe they could safely meet her highly complex therapeutic, emotional, safety, and security needs.

Helm Care Services, not only saw past those challenges, but also showed ___ and myself that they are able to make a visible difference. Changing, not only ___'s experience, but also my perception.

- Parent

The Discovery Model.

A live model of assessment, therapeutic planning and progress.

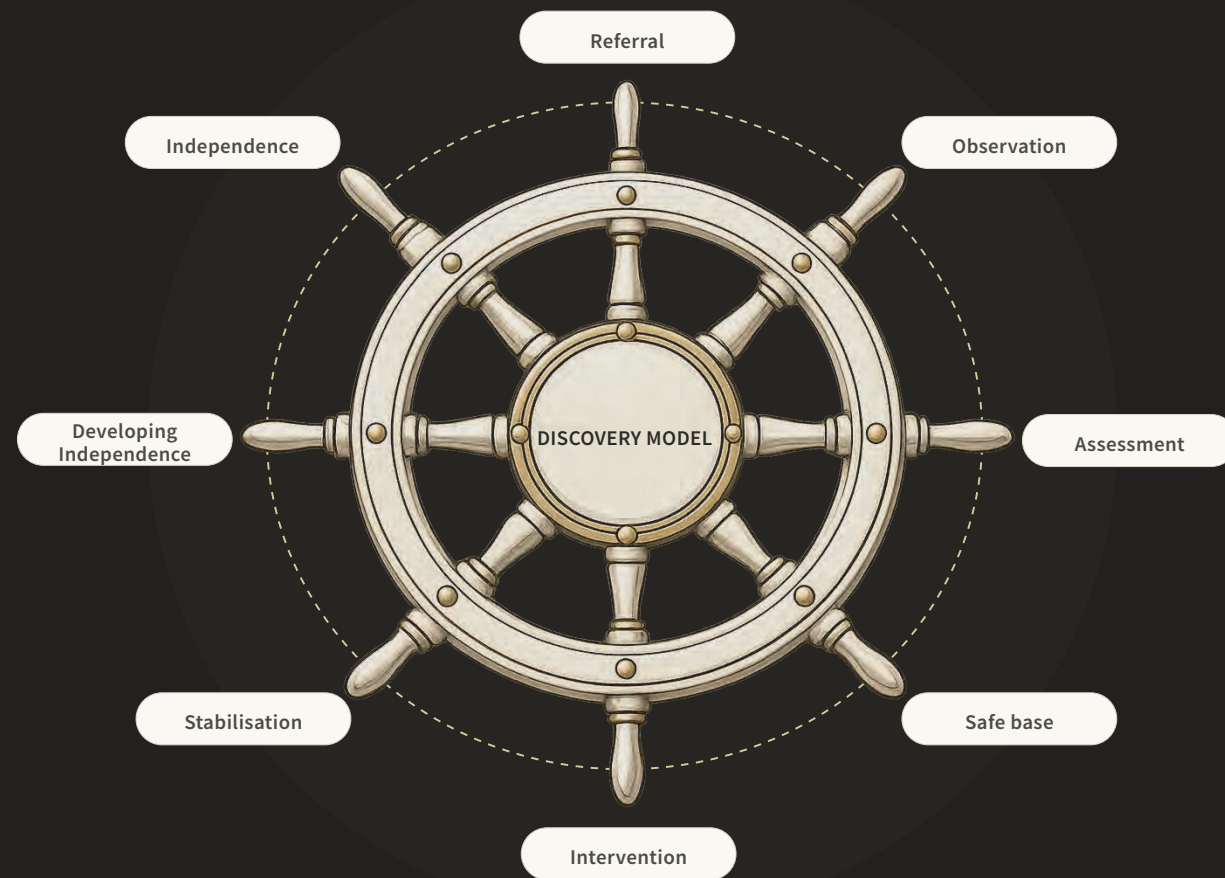
The Discovery Model is Helm's structured pathway for healing and recovery. It begins before admission and continues throughout the child's placement, guiding the team through eight stages of assessment, formulation, therapeutic planning and review.

This means care remains responsive, evidence-informed and individual.

Clinical Discovery
Referral screening, pre-admission assessment, observation, baseline measures and formulation.

Therapeutic Practice
PACE-informed care, skilled therapeutic interactions, keywork, direct clinical input and relational repair.

Review and Progression
Core team meetings, updated formulations, outcome measures, adapted goals, and readiness to move forward.



How children move through discovery

Progression is guided by readiness, not routine. Every stage of the Discovery Model has an indicative timeframe, but children do not move forward simply because time has passed.

Movement through the model is informed by:

- Clinical formulation
- Continuous assessment
- Observations from Therapeutic Parents
- Feedback from the wider professional network
- Evidence that therapeutic goals have been achieved

Where new needs emerge, the model remains flexible. Children can revisit previous stages, adapt interventions and receive additional therapeutic support without disrupting their overall journey.

This ensures progress is individual, evidence-informed and based on what the child needs - not a fixed programme.

Referral → Observation → Assessment → Safe Base → Intervention → Stabilisation → Independence

The journey from safety to independence.



01

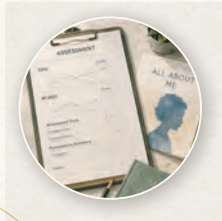
REFERRAL AND ADMISSION

Clinical screening, assessment, transition planning and training.

02

OBSERVATION

Skilled observation across risk, relationships and daily routines.



04

SECURE BASE

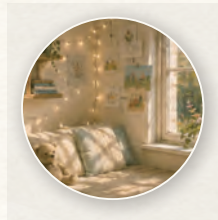
PACE-informed care, co-regulation, key adults and relational safety.



03

ASSESSMENT

SDQs, RCADS, formulation, attachment and trauma assessments.



05

INTERVENTION

Bespoke keywork, direct clinical input, therapeutic plans and outcome review.

06

STABILISATION

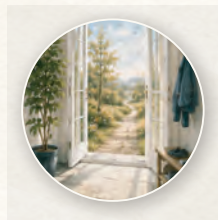
Embedding strategies, reviewing change, reassessment and reformulation.



07

DEVELOPING INDEPENDENCE

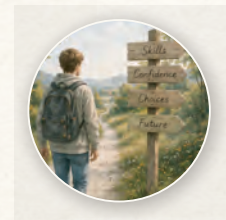
Life skills, identity work, pathway planning, education and community inclusion.



08

INDEPENDENCE

Transition planning, endings work, memory books and lifelong links.



Helm's Discovery Model is an eight-stage pathway of healing and recovery, designed to guide each child from referral through to independence at a pace that reflects their needs, readiness and progress. It is structured, but not rigid. Movement between stages is informed by clinical formulation, ongoing assessment, therapeutic parent observations, professional feedback and evidence that the child is ready to move forward.

Progress is based on readiness, not routine.

Every stage combines clinical thinking, therapeutic relationships and evidence-informed practice.

This is the work that sits quietly behind every successful placement.

Clinical expertise doesn't visit the home. It lives there.

The most meaningful observations are rarely made in an office. They happen where children live, learn, play and begin to trust.

At Helm, clinical formulation is not held at a distance. Mental Health Practitioners and Clinical Therapeutic Parents spend time in the home, working alongside Therapeutic Parents and children in the everyday moments where the most meaningful observations are made — around the dinner table, during school runs, after difficult phone calls, in moments of celebration, and in the quiet conversations that happen when children finally begin to feel safe.

They observe, model, coach and reflect in real time, helping the team understand what children may be communicating and how adult responses can increase safety, connection and trust.



Therapeutic care, shaped by evidence.

At Helm, therapeutic care is not a single intervention. It is a shared way of understanding children, responding to distress and creating the conditions where safety, trust and recovery can grow.

“___’s stability and emotional wellbeing have flourished because it is a truly professional and therapeutic environment.”

- Education safeguarding lead

A shared therapeutic framework.

Different approaches work together to help adults understand, respond, and adapt around the child.

PACE-informed care

Adults respond with playfulness, acceptance, curiosity and empathy.

Clinical formulation

Creating a shared understanding of what a child is communicating and what they need.

Reflective practice

Helping adults think together, adapt responses and keep care emotionally safe.

Trauma-informed practice

Understanding behaviour as communication shaped by past experience.

Attachment-informed care

Building relationships that help children experience adults as safe and reliable.

Therapeutic parenting

Making everyday care feel safe, predictable and emotionally attuned.



Together, not in isolation

At Helm, these therapeutic approaches are never used in isolation. Together they provide a shared language that helps adults understand each child's experiences, make sense of behaviour, strengthen relationships and respond with consistency, compassion and confidence. Rather than following one model, our practice draws on the strengths of each approach to create care that is individual, responsive and clinically informed.



Therapeutic practice does not happen by accident.

Every Therapeutic Parent is supported to understand not only what to do, but why it matters. Training at Helm is designed to help adults translate therapeutic theory into calm, consistent and relational everyday care.

1 Observe practice

Managers, clinical team and the in-house trainer observe practice, documentation, confidence, approach and children's responses.

2 Identify development needs

Training needs are identified through observation, supervision, feedback, records, incidents and Personal Development Plans.

3 Bespoke training and coaching

Training is delivered individually, in groups, through team meetings, training days and in-home coaching.

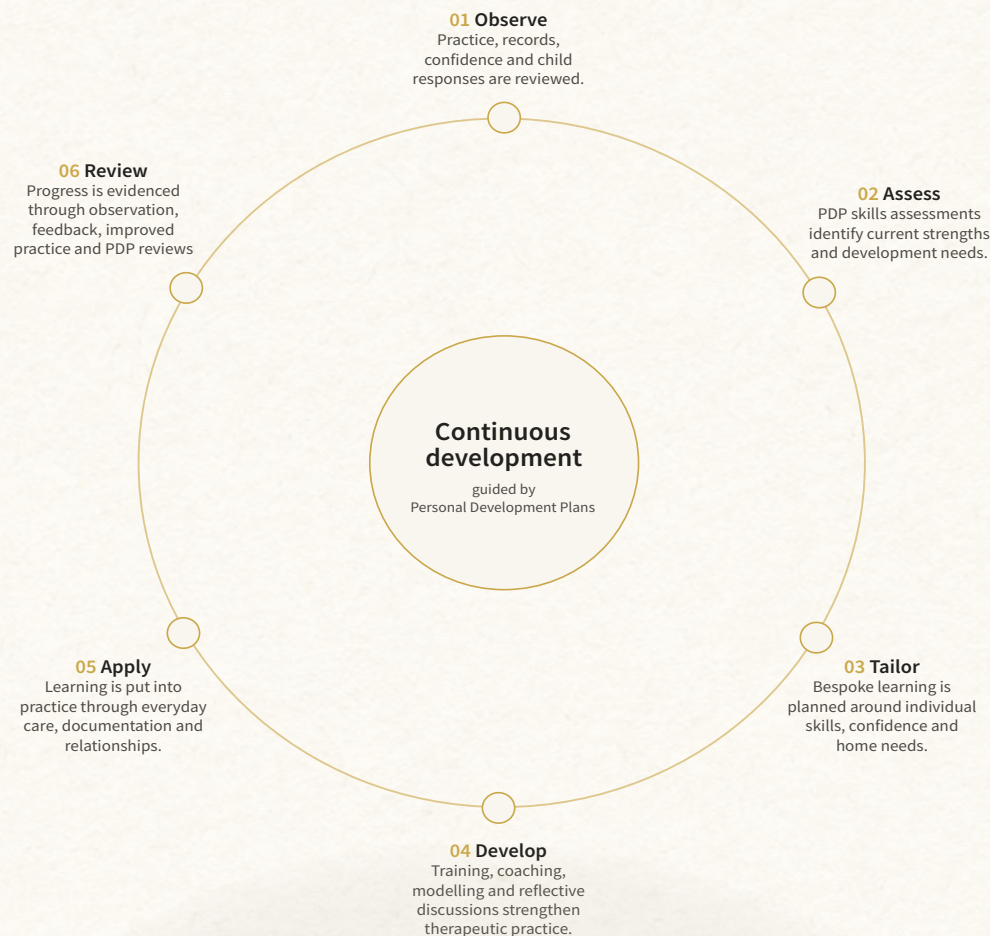
4 Evidence impact

Learning is reviewed through PDP scoring, homework tasks, improved records, observed practice and outcomes for children.



From insight to impact.

Training is targeted around what Therapeutic Parents need to understand, strengthen, and evidence in real practice.



• Documentation • Observation • Assessment • Therapeutic approach • Knowledge • Confidence • Practical skills

Therapeutic parents progress is evidenced through what is observed in practice, how records improve, how confidently adults respond, and whether learning is translated into safer, more attuned care for children.



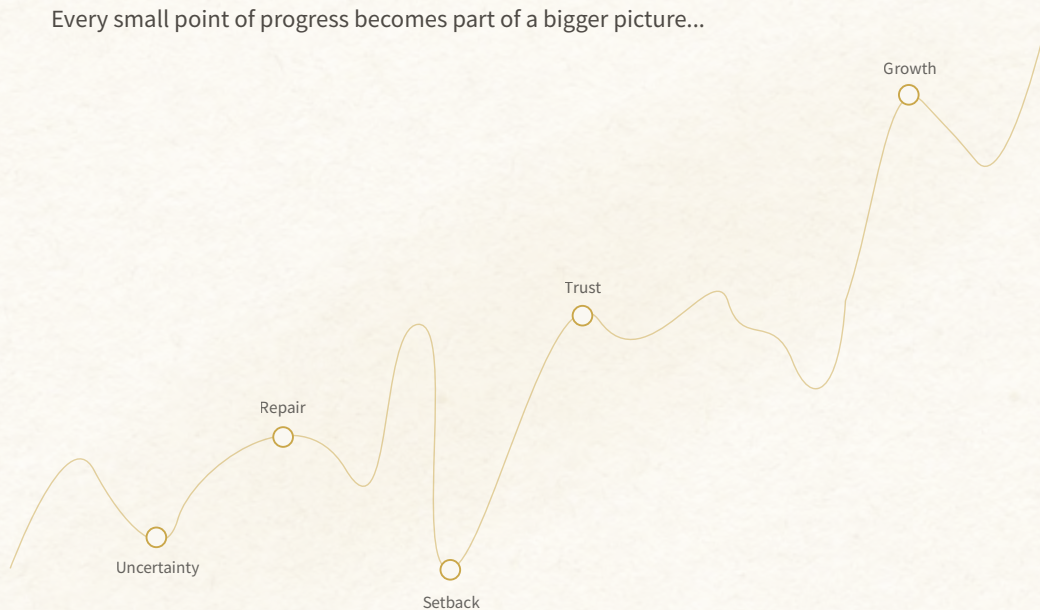
Training is informed by psychological theory, residential care experience, live observation and direct knowledge of the children and home.

Progress isn't always linear.



Progress is not always seen first in fewer incidents, better attendance or reduced risk. Sometimes it begins more quietly — in a child sleeping through the night, asking for help, joining the table, accepting comfort or beginning to believe they are worth showing up for.

Every small point of progress becomes part of a bigger picture...



Success is deeply personal.

Outcomes are not measured against other children. They are measured against where that child began.

A constellation of quiet change



To many people, these moments appear ordinary. For children who have spent years surviving rather than living, they represent something extraordinary. Each one is a quiet sign that safety is growing, trust is returning and hope is beginning to take its place.

MEMORY BOOK

Windows into change.

These are not stories of perfect progress. They are real outcomes of children supported by Helm from beginning to feel safer, trust adults, recover after difficult moments and imagine a future that once felt impossible.

WINDOW ONE

 **Child A**

AT THE BEGINNING...

Following multiple placement breakdowns, secure care and hospital admissions, and DoLS order, they arrived with life-threatening self-harm, suicidal ideation, repeated attempts to abscond and prolonged periods of dysregulation requiring frequent physical intervention to keep them safe. Previous services had been unable to provide the stability they needed.

WHAT CHANGED...

Consistency replaced crisis through therapeutic relationships, predictable routines and trauma-informed care.

WHERE ARE THEY NOW...

Increasingly seeks comfort from trusted adults, accepts co-regulation and recovers more quickly from distress. Significant reduction in severity, frequency, and intensity of emotional distress and harmful responses.

WINDOW TWO

 **Child B**

AT THE BEGINNING...

A lifetime of instability, years of confusion around gender identity, multiple placement breakdowns and escalating risk. Numerous incorrect diagnoses and significant physical aggression, self-harm, overdoses, hospital admissions, and DoLS order. Carried the belief that something was fundamentally wrong with them.

WHAT CHANGED...

Therapeutic relationships, comprehensive assessment, and formulation, clinical input and consistent adults who remained throughout difficult moments

WHERE ARE THEY NOW...

Received official diagnosis for Autism following clinical observation and input, aggression and emotional distress reduced significantly, able to verbalise needs and ask for help, comfortable with gender identity for 2 years, moving into a long-term CQC home for adult life.

WINDOW THREE

 **Child C**

AT THE BEGINNING...

A history of repeated placement breakdowns, secure care, DoLS order, and some of the highest levels of risk we encounter in residential care. Daily self-harm, repeated physical interventions and multiple hospital admissions.

WHAT CHANGED...

Adults who remained alongside them, even during their hardest moments. They learnt that relationships could survive conflict, repair was possible, and goodbyes did not have to mean abandonment.

WHERE ARE THEY NOW...

Moved into semi-independent living successfully. Stronger family relationships, growing independence and a substantial number of months without risk prior to moving.

WINDOW FOUR

 **Child D**

AT THE BEGINNING...

One of the highest missing-from-home children in their local authority, repeatedly placing themselves at significant risk through missing episodes, self-harm, overdoses, and DoLS order. Their future felt uncertain, and trusting adults felt almost impossible.

WHAT CHANGED...

Relationships became the intervention. Through consistency, therapeutic parenting and feeling genuinely understood, they gradually started letting people in.

WHERE ARE THEY NOW...

Over six months without missing-from-home. Looking ahead to football scholarship opportunities, building healthy relationships and beginning to imagine a future. Education attendance increased from 16% to 85%.

Every page tells part of the story.

Together, these outcomes show what becomes possible when children are understood, held in mind and given time to feel safe.

Family doesn't end on moving day.

The kind of belonging that cannot be written into a care plan, but can only be built. **One ordinary day at a time.**

For many children, “moving on” has meant saying goodbye to the adults they finally learnt to trust.

Again.
And again.
And again.

We wanted this story to be different. Months after leaving Helm, one of our young people invited us to spend their birthday with them. We swam in the river. We met their girlfriend. We shared cake. We laughed about old memories.

For most families, this would seem completely ordinary.
For our children, it changes everything.

Where safe and appropriate to do so, Helm believe in the importance of lifelong links. Therapeutic care doesn't end when the placement ends.

The relationships that helped a child feel safe shouldn't disappear simply because an address changes.

Most children don't lose their family
when they move house.
Why should children in care lose theirs?



This is what lifelong links can look like.

Because moving on should not mean being forgotten.

Children don't just learn to cope.

They begin to rewrite the story they have always believed about themselves.

Therapeutic care is not simply about helping children manage difficult emotions or reduce risk.

It is about helping them experience enough safety, consistency and acceptance that the beliefs shaped by trauma slowly begin to change. When those beliefs change, everything else becomes possible.

Not many of my homes have ever seen me being me. I could truly be like myself, I never had to worry about being judged.
- YOUNG PERSON



Safety changes the story

New beliefs begin to grow.

Old beliefs begin to soften

I don't belong anywhere

I'm not enough

What's the point

Everyone always leaves

I ruin everything

It's my fault

There's no point anymore

No-one cares

I'm too difficult

I push everyone away

I can't do this

Nothing will ever change

“It's my first home that's not given up on me.”

- YOUNG PERSON

This is what therapeutic care makes possible.

Through consistent relationships, therapeutic parenting and psychologically informed care, beliefs can gradually begin to change. As children experience safety instead of fear, curiosity instead of judgement and connection instead of rejection, they begin to see themselves differently - and with that, new possibilities emerge.



What people remember.

The impact of the care Helm provide is heard most clearly in the words of children, families, and professionals.

"You helped me build my relationship back with my dad and I'm so **thankful** for that.

- YOUNG PERSON

"I'm used to being given up on, and I've finally been able to stay in a placement more than a few months, built good relationships, and now moving to semi independent, not because I've been given up on, but because **I'm ready**.

- YOUNG PERSON

"Her mental wellbeing has **transformed** - from a withdrawn child who was in constant fight/flight, unable to engage in lessons or build positive relationships to a confident young person who has built trust with key staff, engages consistently well in her lessons and has been making significant progress. ___ now has dreams and plans for her future and Helm Care Services have been instrumental to helping to make these become concrete next steps.

- EDUCATION DSL

"You always **cared** and listened to me, even when most people would have walked away.

- YOUNG PERSON

"Moving on feels like leaving my **family**. This is the best place I've ever been.

- YOUNG PERSON

Thank you
for never
giving up
on me

"Since transitioning into the current therapeutic residential environment, there has been a **notable shift**. This progress is closely linked to the consistency, predictability, and the trauma-informed nature of care provided, with the placement offering a relationally attuned environment.

- CAMHS CLINICAL LEAD

"We know how much you all **genuinely** care and love ___ and that has always shown. You have always remained committed to ___'s care and development even during the most difficult times for her and us and we really are truly grateful.

- PARENT

"She has voiced that Helm has **"saved her life"**.

As a parent, there are few things more powerful than hearing your child say those words.

- PARENT

"It is rare that I see this kind of work taking place and I think it has an extraordinary and **life changing** impact on those you support.

- MH SOCIAL WORKER

"You have all been nothing short of amazing. You provided ___ with a place to call home, and this is the most stable she has been in a long time. The care and support you have given her have led to such **incredible outcomes**. Thank you again, you have truly been incredible!

- SOCIAL WORKER

Children don't recover according to funding cycles.

Recovery isn't linear. Neither should the support around it be.

Support that disappears too quickly can disrupt the very progress it helped create.

For some children, reduced support can feel like adults step back the moment they begin doing well.

For others, risk may increase because crisis has become the only way they know how to ask for closeness, safety or help.

Our complexity model allows support to reduce in response to recovery, not simply because time has passed.

Support should reduce because a child is **ready**.
Not because a calendar says so.

Protecting progress.

Commissioning recovery means commissioning the whole system.

The aim is not to keep support in place forever.
It is to reduce it safely, **at the child's pace**.



What does the placement fee fund?

Every weekly placement fee funds the whole therapeutic system around the child - not simply the number of adults on shift.

It includes therapeutic parenting, clinical formulation, reflective practice, leadership oversight, risk management, quality assurance and the everyday experiences that support recovery. Staffing is one part of that system, not the basis of the price.

Children move between tiers when risk reduces, outcomes are achieved and recovery is sustained - not because a fixed period of time has passed.



Home and environment



Therapeutic parents and workforce



Clinical input and formulation



Activities and recovery



Leadership, QA, and outcome monitoring

Helm complexity-based cost model

Complexity and risk drive the care model: Children may present with acute trauma, exploitation risk, self-harm, suicidal ideation, missing-from-home episodes, aggression, Deprivation of Liberty restrictions, hospital or secure step-down needs, or repeated placement breakdowns.

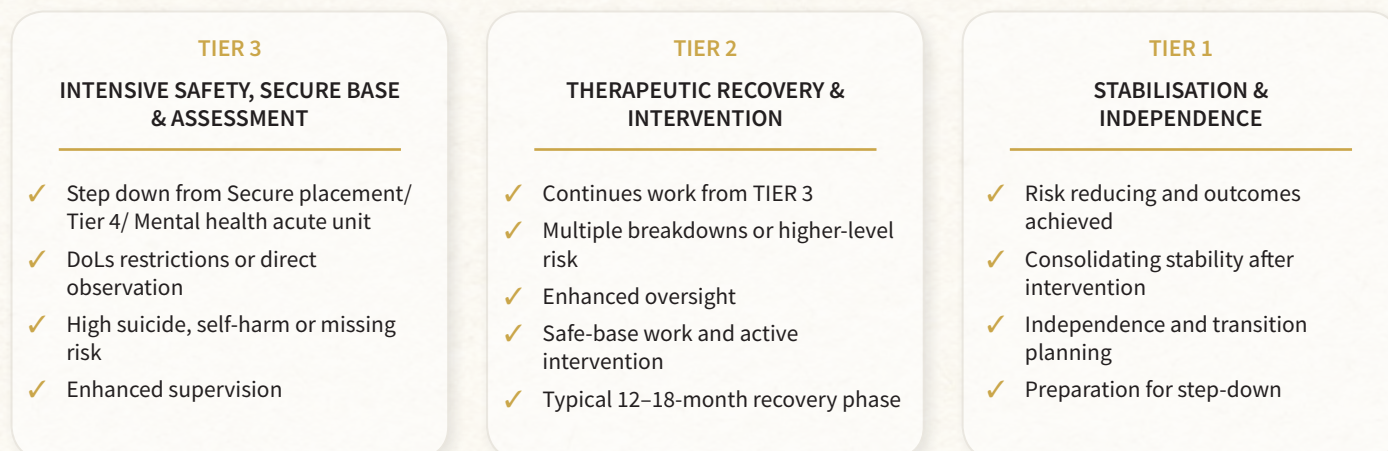
The fee funds the whole therapeutic system: The weekly fee funds the home environment, therapeutic parenting, risk management, clinical formulation, reflective practice, management oversight, regulatory compliance, activities, routines and recovery planning.

Staffing is included within the tier: The agreed tier includes the staffing required to safely deliver the child's care plan within that complexity level. The cost is not recalculated every time the child requires a different level of observation or support during the agreed tier period.

Outcomes determine movement: A child moves between tiers when agreed outcomes have been achieved and risk has reduced sufficiently, not simply because a calendar period has passed.

Helm complexity-based cost model

Cost is based on the child's complexity, risk and recovery outcomes – not staffing rota.



Progression is agreed through evidence of outcomes, clinical formulation and risk reduction.

Aim – Lasting recovery, stability and a planned step-down pathway.

The three-tier cost structure

Each child will have an individual cost proposal confirming the agreed tier and weekly fee. The following tiers explain the clinical and risk basis for the cost model.

TIER	CHILD PROFILE	CORE PURPOSE	NORMAL PLANNING PERIOD
Tier 3 Intensive Safety, Secure Base & Assessment	Step-down from secure, Tier 4 hospital, mental health hospital, or comparable high-complexity presentation. High level of risk including suicidal ideation, direct observation, Deprivation of Liberty restrictions, high missing risk or need for enhanced supervision.	Immediate safety, containment, observation, assessment and creation of a safe and secure base.	Usually for first 6 months
Tier 2 Therapeutic Recovery & Intervention	Step-down from Tier 3 or children with multiple placement breakdowns and higher-level risk. Usually requires enhanced oversight.	Observation, assessment, safe base, targeted intervention and recovery work.	Usually for 12-18 months
Tier 1 Stabilisation & Independence	Children who have achieved key placement outcomes and whose risks have reduced sufficiently to focus on stabilisation, independence and step-down planning.	Stabilise progress, develop independence and prepare for supported living, family reunification or lower-level residential care.	Usually for up to 6 months





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BRIGHTER FUTURES.

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