



# **Healing** child trauma through Restorative Parenting®

[www.halliwellhomes.co.uk](http://www.halliwellhomes.co.uk)



**Halliwell is a social enterprise offering clinically informed practice through the medium of education, fostering and residential care.**

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# Introduction



The concept of **Restorative Parenting**<sup>®</sup> is based on the idea of creating a re-parenting environment to restore the psychological deficits which children have suffered at the hands of their own parents and often other adults. It was originally developed by Halliwell Homes.

The children with whom Halliwell Homes works have suffered trauma, often aggravated by frequent breakdowns in placements such as fostering, residential care and adoption. Most of all this has led them to distrust adults. Restoring that trust (or in many cases, creating it for the first time) is the task of our innovative and unique **Restorative Parenting**<sup>®</sup> Recovery Programme that has been designed to put the parent and parenting skills back into the lives of our children. Our aim is to enable the placed child to recover from child trauma within 18 - 24 months.

Of course each child is different and the programme treats them individually, seeking to treat the whole child. How this is done is explained in this brochure and in more detail in our published book - *Healing Child Trauma through Restorative Parenting*<sup>®</sup> by Dr Chris Robinson and Terry Philpot (2016). In short, we address the child's trauma by using our homes and schools as a therapeutic living space.

In this space we utilise the role of the team of graduate-based Therapeutic Parents supported by a highly-skilled team of in-house clinicians whose knowledge is employed to guide the child's short, medium and long-term lifestyle choices. In addition, we are strongly dependent on the support from our Education team through our own schools, and through the mainstream school system.

Halliwell has developed the **Restorative Parenting**<sup>®</sup> Recovery Programme as a therapeutic programme based on humanistic principles. It is grounded on optimism, positing that each traumatised child, having suffered abuse, should have the opportunity to recover through their participation in the Halliwell Homes **Restorative Parenting**<sup>®</sup> Recovery Programme.

“ Halliwell Homes is a Social Enterprise delivering clinically informed practice. Halliwell's primary social purpose is to improve the psychological health of the children within our care. To facilitate this strategy, Halliwell continues to re-invest the majority of its trading surpluses into the acquisitions and upkeep of assets, research, development, training and operating associated activities that would not otherwise be commercially viable but are critical to our social purpose. ”

Andrew Constable and Karen Mitchell-Mellor



# Restorative Parenting®



## Enabling the Recovery of a Traumatized Child

Halliwell is the home of the Restorative Parenting® Recovery Programme (RPRP). Our aim is to enable each placed child to recover from child trauma within 18 – 24 months<sup>1</sup> before moving on to step-down to a foster family. The RPRP supports the whole child by providing a compensatory experience that challenges their previous lived experiences. The Restorative Parenting® elements of the programme are delivered by highly effective, professional, graduate-based, therapeutic, clinical and educational teams<sup>2</sup>. Their work with the child is a key enabler to the child's transition to a foster family within 24-months of placement. The RPRP provides a holistic model of re-parenting that provides the space – environmental and interpersonal – within which recovery can take place. The RPRP provides a therapeutic response to the chronic impact of toxic childhood stress in a separate, integrated way. The RPRP is designed to help those children who not only cannot live with their birth families, but also whom mainstream foster and residential care have been unable to help. Our specialised and highly professionalised service is what is needed if these children are to be helped towards lasting recovery.

To aid their recovery, children are provided with a safe and secure space which is constituted by their home and school. The RPRP is designed to deliver consistency, predictability and nurturing. The child is provided with the opportunity to re-engage with the learning process through:

1. Self-care
2. Forming relationships and attachments
3. Building a positive self-perception
4. Developing self-management skills and self-awareness
5. Becoming more emotionally competent

The children who enter the RPRP are among the most severely affected of all those in the residential care sector and demand highly specialised support<sup>3</sup>. Many will have been wrongly placed in residential care facilities and foster placements (sometimes several) where the placement was not able to deal with the severity of the child's needs and situation.

We track the child's recovery journey through a series of quantitative and qualitative measures. These include everyday observations of behaviour which are collated as data to provide graphical evidence of the child's progress through the Restorative Parenting® Recovery Index (RPRI). Three-monthly assessment progress reports are produced throughout the child's journey on the programme providing key findings, recommendations and actions. Monthly consultation meetings with therapeutic, education and clinical staff ensure delivery of the recommendations.

The model and working methodology set out three factors that are the key ingredients of the care journey:

1. Early intervention – 12 years old or younger
2. Stability – Restorative Parenting® Recovery Programme
3. Supported transition to a foster family – 18 to 24 months

**Our aim is to enable each placed child to recover from child trauma within 18 – 24 months.**

1. We accept that not all children progress at the same rate, therefore, their placement may be extended or reduced if that is in the interest of the child's recovery. Currently 75% of placed children leave on or before the 24<sup>th</sup> month. 95% leave by 30 months.  
2. All Halliwell staff are enlisted on a career development pathway through to a minimum level 5 qualification and up to a level 7 qualification relevant to their role e.g. Therapeutic Childcare, Child Protection, Psychological Wellbeing etc.  
3. We estimate this number to be around 1% of the residential children in the looked after sector.

# The Halliwell Child Profile

The Halliwell child will be 12-years old or younger and will have suffered trauma as a result of catastrophic failures in parenting, such that the child can no longer live with the very people who, more than any other, are supposed to provide the child with basic care and protection.

**We estimate that the number of children who would fit this profile is around 1% of the looked after children in the residential sector<sup>1</sup>.**

The Halliwell child has experienced a variety of events which induce developmental trauma, all of which arise from a breakdown in parenting – in some cases, no parenting at all because their parents are absent. The children who are placed at Halliwell Homes will present their trauma as rejection, aggression, avoidance, compliance, ambivalence, as well as through chaotic and impulsive behaviours.

The component factors of their trauma can include physical, emotional and sexual abuse, neglect, rejection, abandonment, exposure to severe domestic violence, parental mental health problems, parental misuse of drugs and alcohol resulting in a failure of basic care, nurture and protection.

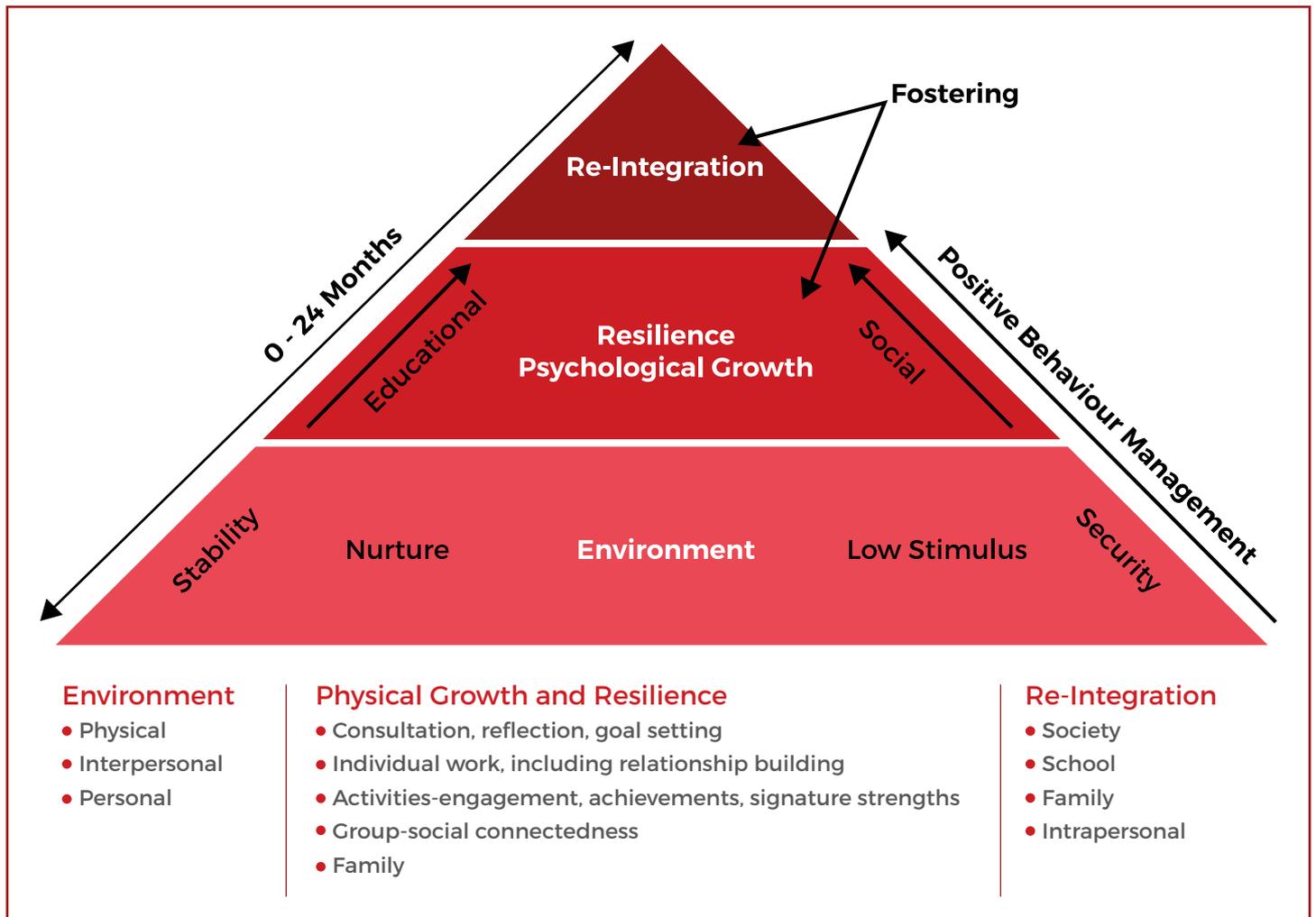
The impact of repeated and severe trauma on the child is profound. Fundamentally, their ability to form trusting relationships at any level has been broken.

The nature and extent of the trauma our children have suffered is not discrete or fixed in time and place. The Halliwell child will have suffered chronic trauma. The best chance for this child to recover from their trauma is if they are placed on the **Restorative Parenting®** Recovery Programme.



1. Partly sourced by National Statistics Ofsted release for Children's Social Care in England, 2017-2018, including U2019s charts and SFR National Tables, specifically, A1, A2 and A3.

# The Restorative Parenting<sup>®</sup> Picture



## The model above provides a visual representation of the Restorative Parenting<sup>®</sup> Recovery Programme

At the most basic level the model refers to the environmental aspects of the homes. A child can start to grow emotionally and psychologically once these aspects are in place and the environment is stable, secure and safe.

Investment in extracurricular activities focusing on a child's signature strengths can help build resilience and social connectedness. As a child begins to become more confident and develops improved self-management, an appropriate school can be found (12-months) and, finally, a stable, long-term foster placement (18 - 24 months).

Key to the success of this model is the creation and consistent maintenance of a home environment that is stable and secure and conducive to the emotional and psychological growth of the child.

Finally, a measure of the child's increased confidence can be found in improved self-management, a placement in an appropriate school and over time, a stable long-term foster placement. These measures are supported by the scores from the Restorative Parenting<sup>®</sup> Recovery Index.

# The Restorative Parenting<sup>®</sup> Programme

## Delivering the Recovered Child

Instability within chaotic families is very frequently characteristic of the background of children who come into therapeutic residential care. The life of a child who finds themselves in need of a therapeutic environment is overlaid by multiple layers of historic adversity. They will very likely be traumatised through neglect and abuse; and will have been separated from their birth family. They may also have suffered multiple misplacements that have broken down.

The compounded effects of early trauma will have had an impact on the child's social self and their psychological and may be physical health. It will also have had a detrimental effect on their educational attainment. The complexity of these impacts cannot be over-stated or the fact that existing trauma may be compounded by other events which continue in the child's life.

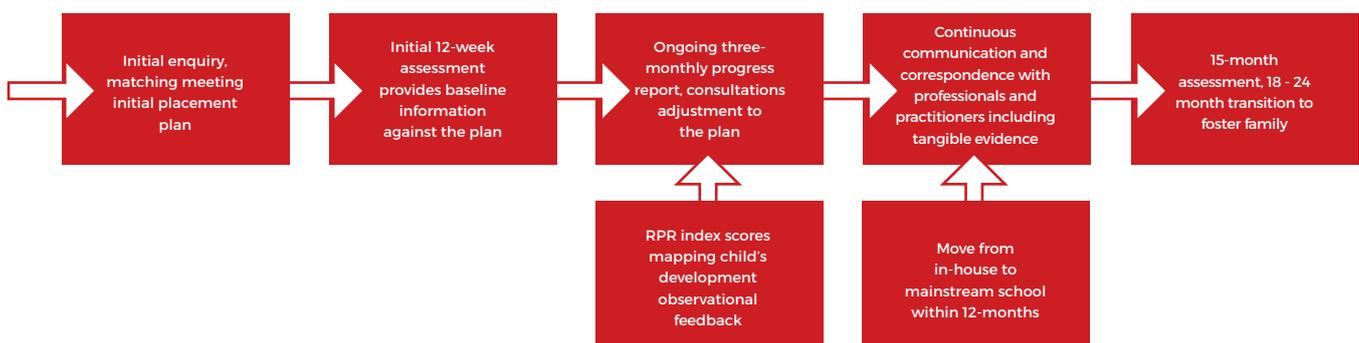
Thus, the assessment of a child who is to enter a Halliwell home is an important one. It is as delicate a matching process as a new fostering process can be.

It is not about filling a vacancy or a bed. It is a live process; the age, the needs of the child, the stage of their development, how their presence will impact on the home, and how they will fit in are all factors to be borne in mind and which will determine decisions about admission. When the child is to become a Halliwell child; when they can be admitted to their new home and how that process is to be managed are key considerations.

Like any therapeutic intervention, RPRP is a process and part of it involves confronting, experiencing, accepting and overcoming difficult memories and associated emotions. The programme does not demand this, but it is an inevitable part of the healing for most children who have suffered trauma and rejection. If a child begins to feel safe enough that they are able to embark upon this process, it is important that the security and support that enabled them to begin to do so remains in place throughout what for many children can be a difficult journey.

Almost all children, even the youngest (5), who enter the programme, come with a history of placement breakdown. They are often laden with labels such as conduct disorder, oppositional defiance disorder, or, very commonly, attention deficit hyperactivity disorder. Halliwell looks beyond those labels. What Halliwell sees is the whole child, the child as they actually are, their strengths as well as their problems.

## The Restorative Parenting<sup>®</sup> Recovery Programme Operating Process



# The Three-Month Assessment Progress Report



Following a successful placement of the child, an initial placement plan is completed setting out the presenting behaviours that the RPRP is looking to address. A rolling three-month assessment will be undertaken to determine the child's needs and to develop their children's plan. The assessment is designed to monitor the progress of the child over the placement period, report on the findings and make recommendations for adjustments against the plan.

The progress meeting is led by the Lead Therapeutic Parent (Registered Manager) and attended by education and clinical colleagues as well as the child's social worker and local authority commissioning team. A report is collated and sent to the social workers highlighting progress/regress to date with recommended changes to the child's development plan to enable continued improvement.

The assessment includes observational material from the **Restorative Parenting**<sup>®</sup> Recovery Index and cognitive tests including SDQs and sensory assessments. Every 6-months a LAC review is undertaken chaired by the IRO.

Clinical consultations take place every month, facilitated by a Psychologist, which include the Registered Manager, Key Worker and other members of the Therapeutic Parenting team. The consultations offer a space for discussions and suggestions to make adjustments to the plan in order to ensure the child's progress is maintained.



# The Restorative Parenting<sup>®</sup> Index



The Restorative Parenting<sup>®</sup> Recovery Index (RPRI) is both a marker of a child's progress and a guide through the therapeutic journey.

## The five indexes are:

1. Self-Care
2. Forming Relationships and Attachments
3. Self-Perception
4. Self-Management and Self-Awareness
5. Emotional Competence

Each child is assessed against the Progress and Development Index within the first four weeks of placement and thereafter on a monthly basis. Scores are discussed and agreed by a child's keyworker and a member of the clinical team.

## In completing the RPRI, the following key points are always considered:

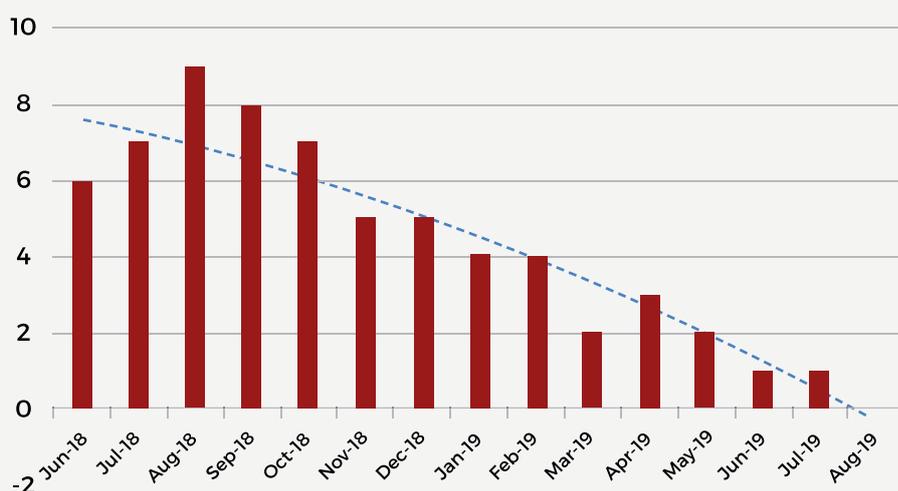
1. The general behaviour and emotional presentation of the child over the last 4 weeks rather than a focus on acute instances
2. The age and level of maturity of the child
3. Any significant changes or events impacting on the child during the preceding 4 weeks – this can be personal, interpersonal or environmental

The charts on next page show the progression of a typical Halliwell child during the programme showing RPRI scores trending positively as the child recovers.

## Behaviour Profile

In addition to the RPRI charts a behaviour profile is mapped using data gathered from the observed activities of the child. This is a supplementary exercise, designed to underpin the assumptions determined in the clinical assessment. It is also used again as a supplement to enable the following chart that shows how the child's behaviour progresses over time. These observations work in tandem with the Recovery Index and support the decisions / strategies that drive the child's recovery plan.

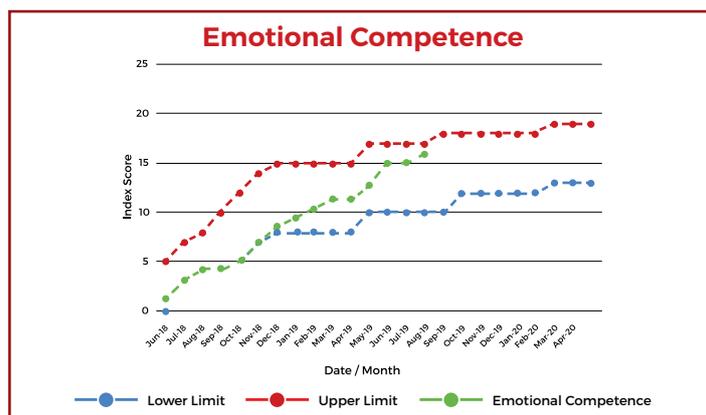
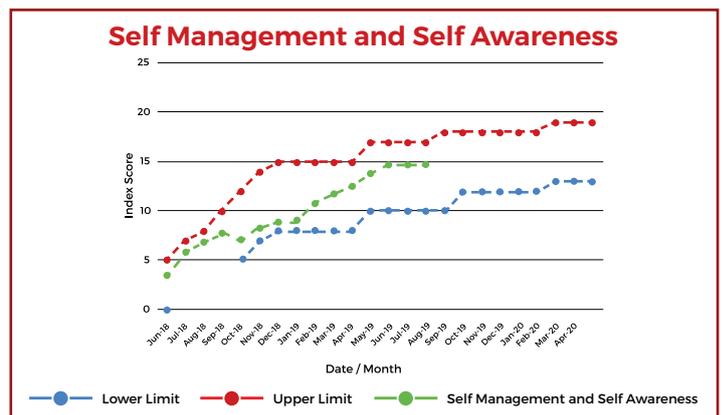
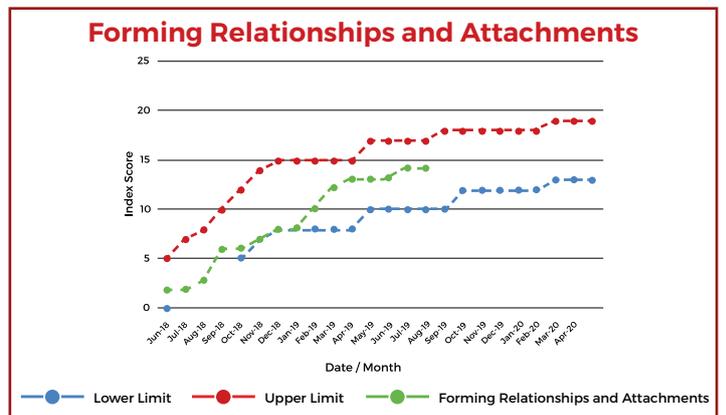
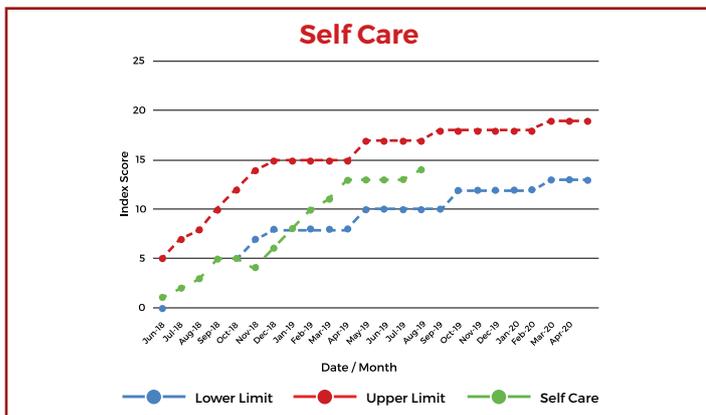
## Home-Based Incident Reports



# The Restorative Parenting® Recovery Index Charts

The child's progress is mapped over the 18-24th month period using the Restorative Parenting® Recovery Index scores as set out in the worked example below. Please note the normative lines (Red for the upper limit and Blue for the lower limit) for measuring and scoring the development of the child. The green line represents the development of child at this time at six months into the programme.

The RPRI data is gathered monthly, and a fuller progress assessment is formulated every three months. The child's development plan will be altered accordingly. The aim is to enable the child to develop a score between 15 - 20 across each of the five domains over the 18 to 24-month period. At this time the child will be deemed ready to step-down to a foster family.



# Not Just an Index



The **Restorative Parenting**<sup>®</sup> Recovery Index (RPRI) is a key part of the therapeutic programme and an understanding of it informs all levels of practice. The scores are not stand-alone measures and the Index should reflect the general presentation and progress of a child through the programme. By thinking about the score a child is achieving at each stage of the programme, practitioners will be aware of progress being made and areas of outstanding need.

The **Restorative Parenting**<sup>®</sup> Recovery Index is a key part of achieving that goal and this Index is both a marker of a child's progress and a guide through the therapeutic journey. The Index provides trends and themes that require analysis and interpretation.

Once the child has achieved a score of 15 (around 18 months) they begin their journey toward their transition to a foster family by 24 months.



## Scoring Each Index

Each Index has five statements that need to be scored using the Likert Scale. Within each Index the five statements reflect stages associated with a child's recovery and development through the programme. The table below describes the Likert Scale in more detail (Table 1).

**Table 1: Description of the Likert Scale for the Restorative Parenting<sup>®</sup> Recovery Index**

Likert Score	Description
Never	This has never been observed
Infrequently	Individual occasions have been observed (usually in one specific setting or environment)
Sometimes	This has been observed across different environments and settings between 1 - 5 times each week
Usually	This has been observed across different environments and settings more than 5 times each week
Most Often	There are only individual occasions when this is not observed (possibly in one specific setting or environment)
Always	This is constantly observed across all environment and settings

The scores are designed to reflect the child's general presentation and should not rely on single examples of behaviour. It is unlikely that a child who has only begun to display the ability described in a particular statement would achieve a score higher than 'occasionally'. A score of 'always' would be given when the level of function/ability described by the specific statement is well established and expressed throughout all of the contexts the child usually encounters.

# A Home for a Child: Therapeutic Environment

How children react is often determined by factors other than their relationships with other children and staff in the home; indeed, those relationships and more can be influenced by the physical environment.

How a home is designed and decorated requires a fine attention to detail with the needs of the children who are to live there being the most central consideration. Halliwell therapeutic homes and schools are designed specifically to meet the needs of the children on the programme such that they are the context in which therapeutic parenting and education take place.

They are total environments that complement the emotional availability and commitment of the Therapeutic Parent to the child. And so, every part of the child's lived experience is seen as offering the potential for an opportunity; with the environment providing the setting for parenting. The homes and schools - the therapeutic environment - are thoughtfully designed as a context in which to realise that potential.



**Importantly, the role of the Therapeutic Parents goes beyond the specific tasks of caring for and supporting the child. It requires the team and each staff member to ensure;**

- Looking after the home where the child is now living
- That maintaining standards in the home is everyone's task, not just one allocated to key workers or those in senior positions
- All rooms are painted a neutral colour, without glaring lights
- Floors are carpeted, not made of wood, so that they do not echo
- Temperatures are kept to a level in the home that is neither hot nor cold
- The child is woken by their Therapeutic Parent with whom they have a significant relationship. When this cannot be done, then someone with whom the child is, at the very least, familiar
- The home is warm and welcoming
- There are common mealtimes, when everyone sits down together
- There are enough spaces for all children to sit down together thereby reducing the perception of rejection by the child or the children

# Another Kind of Parenting: Therapeutic Parenting

Therapeutic Parenting is defined by the ability to nurture. Children in the **Restorative Parenting®** Recovery Programme have suffered a deprivation of nurture. Nurturing is a word that resonates with the idea of time being committed to tending, with care and protectiveness, and enveloped by love and warmth, to create gradual, healthy growth.

The work of the Therapeutic Parent is demanding but can also be immensely satisfying. At a formal level, Halliwell practice staff have proven academic ability and a willingness to undertake further training and studies through our full funded Career Development Programme up to Masters level and beyond.

Therapeutic Parents are resilient, empathetic, attentive, physically fit, able and willing to invest in the children, and have an ability to learn and develop a knowledge base about children. Enthusiasm, self-awareness, emotional literacy, as well as intellectual ability and good communication skills are also characteristics of our Therapeutic Parents.

The Therapeutic Parent is a substitute parent for the child and must care about him/her with a similar depth of genuine care and affection. The care provided must be informed by additional knowledge and understanding, reflecting the needs of children who have suffered trauma, but, without the fundamental emotional warmth of genuine caring, no amount of clinically informed practice will successfully help a child regain the capacity to trust which their experience has taken away.



**The presence of a Therapeutic Parent makes a huge difference to a child's life and is a crucial part of their recovery.**

# Restorative Education

Repairing the damage and healing the wounds of the child are the essence of the recovery programme. Education must reach the whole child; Restorative Parenting® necessarily contains Restorative Education.

A loving home creates healthy and well-adjusted human beings, who have the potential to make satisfactory, healthy relationships with others, both as children and adults. And the other necessary gift is a good, wide-ranging education.

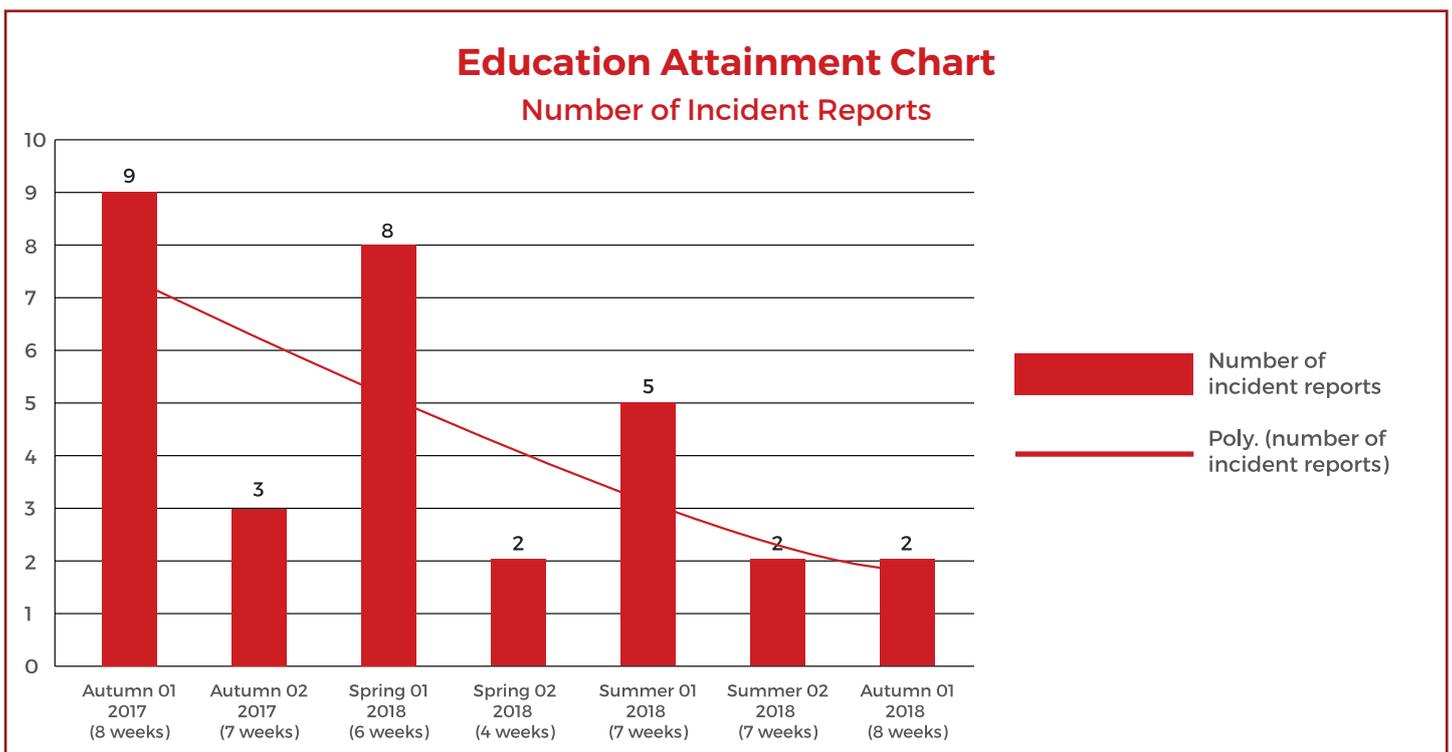
A child who enters the RPRP may well have had a very patchy education – at school some days, on others, not, with frequent absence, sometimes through her own doing by absconding from school.

In school as in the home, it is important to consider the environment and its potential impact upon children. Halliwell schools have spaces to display the children's work and to exhibit work plans and timetables. There are multi-sensory aspects to effective learning, so the children are able to use play and art materials.

Another aspect of the school environment which can be supportive of the children's recovery is the value of routine. In any school, there are routines which are both explicit and implicit. The school day proceeds to a rhythm which is ordered and is expected and understood by everyone. This removes a great deal of uncertainty and with it, anxiety.

If the children and teachers know where they are supposed to be and what they are supposed to be doing and at what time, it can become an almost unnoticed answer to many potential difficulties and in that way immensely reassuring.

**All of our children are expected to move on from our in-house education provision to main-stream school within 12-months of admittance. All children on our programme attend a Halliwell school from their first day of placement.**



# Measurable Outcomes

At Halliwell we believe that everything is measurable. From the number of incidents in a day to the number of times a child attends school, all this data helps us evaluate the child's progress toward their transition to a foster family.

**As an organisation, we know from day one when the child is likely to move on and we can put in place their expected leaving date.**



**1.**  
15 RPRI - Measure of psychological recovery



**2.**  
12 months - Average time to move to mainstream education



**3.**  
100% of children fully completing the programme step-down to a family environment



**4.**  
18 to 24 months - RPRP average time to transition to foster family



**5.**  
90% stability after three months in foster family

# Transitions – Working with Agencies and Foster Carers

Halliwell will work with all agencies to ensure a child has access to a foster family when it is time to consider a transition. This can be as early as 18-months, but more likely around 24-months or two years into placement. To ensure the smoothest of transitions we will work with both the local authority and foster parents to ensure this happens. Our method of support includes our free of charge 12-week step-down service involving a tutorial-type education element for foster carers and support workers including behaviour management training, consultation, outreach support and even respite care. In some situations, while the child obviously lives in the foster home, the restorative parent can offer support by, say, taking the child to school or collecting them.'

Restorative parenting® seeks to meet the whole child, at different stages in their development, not least when they regress. The child's progress, like life itself, will not be a smooth and unhindered path. But the child will achieve maturity and make their own choices eventually not through admonition or exhortation but through the growth of their sense of self.

The child will come to see that there is a future for them and that she is worthy of it. They will come to the realisation more easily helped by a foster parent with an understanding and perspective informed not just by knowledge of the child them self, but also the way in which the child has and continues to be affected by their experience. Such clinically informed insights in practice can help support the child to make the right choices and develop her potential.

## Transition Model

Restorative Parenting® is a 24-month programme of clinically informed practice, based in a therapeutic home where qualified staff interact and engage with a child in order that they may progress toward a successful foster placement transition.

The RPRI scoring matrix provides the evidence, along with a supportive narrative as to when the time is right for the child to transition. The final report to local authorities and staff will indicate our recommended, free of charge, step-down service for a period of 12-weeks post placement. The transitions team per child consists of:

1. A Psychologist
2. A Transitions Manager
3. A Therapeutic Parent

The following analysis is a worked example of the breakdown in contribution by members of the Transition's team over the twelve weeks as follows:

<b>Contribution per person over 12-week period:</b>	
<b>1 x Psychologist =</b>	1 x day training includes pre-transition consultation = 1 day 3 x ½ day consultations = 1.5 days 1 x progress report = 1 day 1 x meeting ½ day = ½ day
<b>1 x Transitions Manager =</b>	Case Manager ½ per week for 12 weeks = 6 days
<b>1 x Therapeutic Parent =</b>	7 x visits ½ day per visit = 3.5 days 3 x ½ day consultations = 1.5 days 1 x day training include pre-transition consultation = 1 day 1 x progress meetings ½ day = ½ day
<b>Administration</b>	1 x day logistics support = day
<b>Total</b>	



# Halliwell Career Pathway for Therapeutic Staff

Joining Halliwell is not about getting a job in care; it is about embarking on a career in Therapeutic Parenting through the delivery of the Restorative Parenting® Recovery Programme to traumatised children; who are placed by Local Authorities in Halliwell Therapeutic Homes / Schools. As a Social Enterprise, our approach to the recovery and development of the children is through the development of our staff. To this end, we have recognised that the personal on-going learning and development process must continue throughout the organisation as part of its cultural identity, not just to comply with statutory requirements.

Here at Halliwell, our policy is to provide a fully-funded, free of charge<sup>1</sup>, Career Pathway for all residential therapeutic staff to progress from the statutory minimum QCF Level 3 qualification to a Level 5 Foundation Degree within two years.

From here a Level 6 Graduate Degree can be achieved within three years, and a Level 7 Post-Graduate Certificate within four years. If, at this point a staff member may wish to progress further, there is also open access to a Post Graduate Diploma (5 years) and finally a Master's Degree (6 years). Our aim is to ensure all of our therapeutic staff are qualified to a minimum Level 5 within their first 2 years of employment (Post-Probationary period). If you join the organisation with a Graduate Level 6 Qualification<sup>2</sup> you can 'Fast-Track'<sup>3</sup> to a Level 7 Post-Graduate by year 2.

## Linking Salary to Qualification and Performance

We believe that our Career Pathway is unique in that every level of qualification is available to all therapeutic staff up to senior management. You do not need to be promoted to gain an increase in salary, you just become more qualified. Each time you gain a qualification, your salary will increase. Every level of qualification will be available to you for every year you remain with the organisation.

There is no ceiling. If you wish to remain a Therapeutic Parent for five years, there is no barrier to you gaining a Level 7 Post-Graduate Diploma over that period, in fact you will be encouraged to do so. Upon successful completion of each level, your salary will increase commensurate to your role<sup>4</sup>.

Further, we also believe that the knowledge gained through personal development can only truly improve the lives of our children if it is transferred into the working environment and applied in every-day practice. Only at this point is real learning achieved. To this end, we acknowledge, the performance of our organisation to deliver Restorative Parenting® is only as good as the applied practice of our staff within the working environment provided, The Therapeutic Home.

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**Halliwell are looking for candidates who are able to grow and develop with us. We operate a continuous professional development programme, up to post-graduate level, and are looking for candidates who are keen to develop their skills and deliver recovery to children in a challenging and rewarding environment.**

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1. Subject to a Learning Agreement where both parties agree to undertake the career pathway and to successfully complete each level within the specified period and thereafter to remain with the organisation for a minimum of one more year.

2. In a relevant subject area e.g. Psychology, Social Work etc. - At least 2:1 or equivalent.

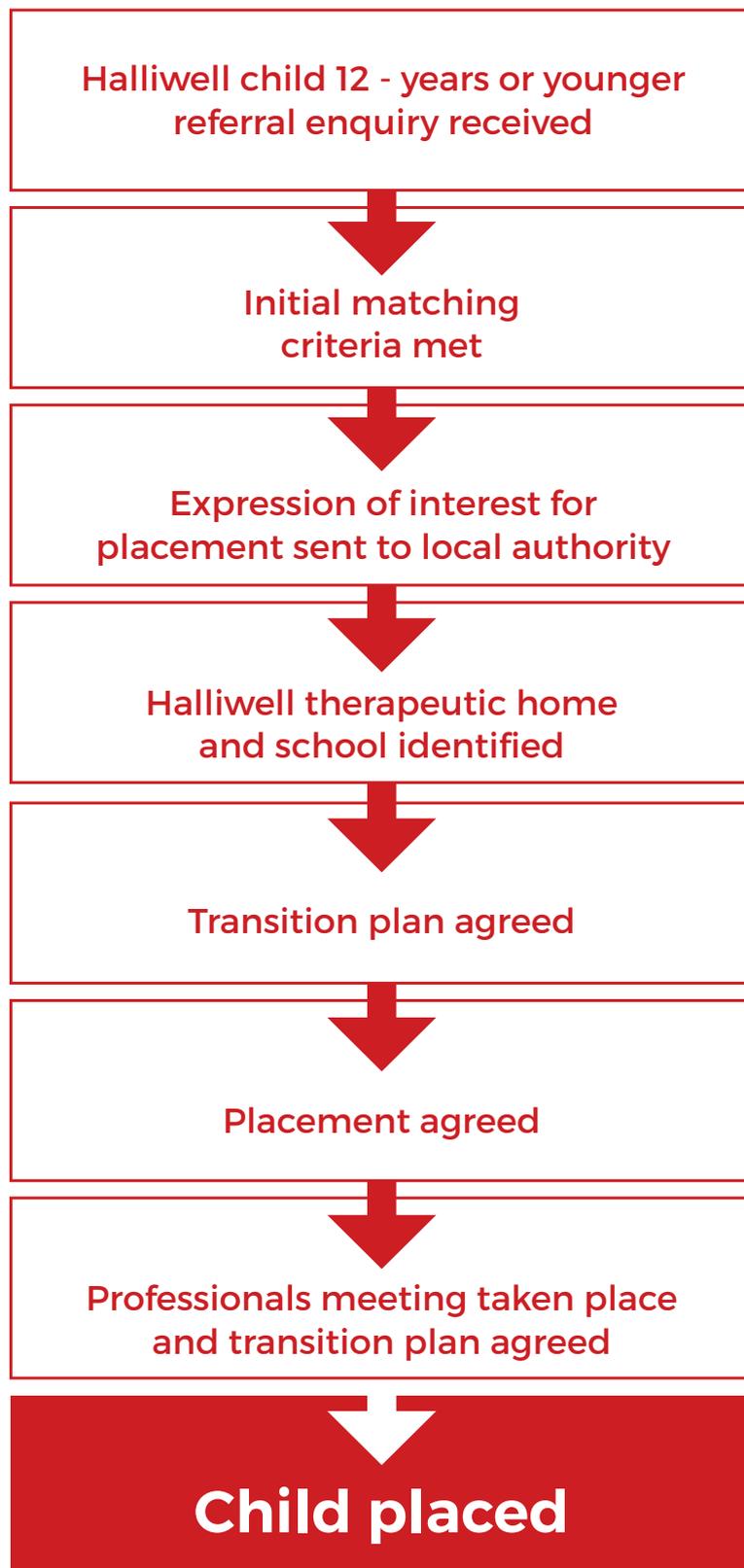
3. Fast-Track requires the completing of statutory training including a Level 3 Qualification in the first year of employment.

4. A Level 7 qualification salary will differ from a Therapeutic Parent to a Registered Manager due to the additional responsibilities that the Manager's role requires of them.

# Referral Process

**1 - 2  
days**

**3 - 5  
days**



Please feel free to contact us at any time with enquiries you may have. You can either use the contact details below or fill out the form located on

[www.halliwellhomes.co.uk](http://www.halliwellhomes.co.uk)

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