



# SERVICE SPECIFICATION

THE PROVISION OF CHILDREN'S RESIDENTIAL CARE

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This specification has been adapted with minimal changes from that designed in collaboration and consultation by the Local Authorities across the Southern Region (LASR) in 2018.

## **Section A Introduction and context**

Dorset Council believes in supporting all of our children and young people to have a safe place to live and thrive. The Council recognises that most children and young people are best brought up within their own families. Where this is not possible, the Council looks to find a family or a home that best meets their needs and offers access to the support and opportunities needed for success and happiness in later life. To meet this vision, the Council needs to have the right home, with the right people, in the right place, at the right time.

- The number of Children in Care in Dorset has increased over the past 5 years, from 390 children in 2015 to 476 November 2020.
- The number of children in care aged 0-12 is consistently greater than the number of children aged 13 – 17 in the care system
- 43% are girls and 55% boys
- 15% of our children in care are from Black, Asian or other minority ethnic groups
- At the end of February 2022, there were 15 unaccompanied asylum-seeking children. These children are over-represented in unregulated provision
- 8.4% of our children in care are disabled but around a third will have an Education, Health and Care Plan Special Educational Needs
- Nearly one third of our children in care are from Weymouth and Portland
- Too many of our children in care are placed at a distance from home making it more difficult for them to keep in touch with family and friends and leading to changes of school – over 30% of children and young people are looked after over 20 miles from their home address and 43% live outside Dorset
- Too many of our children have placement moves before they find the right home for them – a third of all children in care have had more than one placement
- Long- and short-term placement stability is worse than national or statistical neighbour averages

## **Section B Aims and Objectives of the Services**

### **2.1 Aims:**

- a) To achieve positive outcomes for looked after children and young people **aged between 12 to 18 years old** when placed (see outcomes framework at Appendix 2). Improved outcomes are achieved through provision of high quality services.
- b) To commission high quality residential placements for looked after children which must be **located within the Dorset Council area**.
- c) To improve the relevancy and effectiveness of high cost therapeutic placements for the most vulnerable children.
- d) To provide safe and effective planned and unplanned placements in a manner that is compliant with current legislation.
- e) To work with Providers to support the development of local provision in line with assessed needs, (refer to Appendix 1).

2.2 The main objectives of the Framework are:

- To sufficiently meet the needs of children and young people in residential care
- To improve placement choice which matches need and provides placements to enable the Council to meet their sufficiency duty
- Improving placement stability
- Providing clarity on placements which can meet the needs of children and young people with disabilities (the 'Local Offer')
- Compliance in commissioning and procurement practice
- To demonstrate value for money and efficient use of public funds and where possible realise savings
- To improve cooperative working between Providers and the Council
- To enable transparency in pricing, ensuring best value in the use of public funds and enabling the Council to report where required on how money is spent
- Consistency in terms of the referral process.

## **Section C Services**

### **3.1 Purpose of the Service**

The service is to provide Residential Care as follows:

- **Lot 1 – Planned and Same Day Children’s Homes Residential Care**  
Children and young people requiring planned and/ or same day residential care and accommodation only, with preparation for family living, who are normally resident within the Dorset Council area.
- **Lot 2 – Therapeutic Residential Care**  
Children and young people requiring a therapeutic residential placement, with preparation for family living, who are normally resident within the Dorset Council area (see page 16 for full definition of Therapeutic Care).

### **Ofsted Position Rating within Framework Agreement**

The residential settings offered by the Provider shall be tiered in the Framework Agreement according to their Ofsted rating position as follows:

- Ofsted Position Rating “A” means a residential setting that has current Ofsted Rating of “Outstanding” or “Good”
- Ofsted Position Rating “B” means a residential setting that has a current Ofsted Rating of “Requires Improvement”

- Ofsted Position Rating “C” means a residential setting that has a current Ofsted Rating of “Inadequate” and will be on an improvement journey, or a residential setting that does not yet have an Ofsted rating but has made an application to Ofsted or have a target Ofsted application date. Once Ofsted have inspected the residential setting Ofsted Position Rating within the Framework Agreement will be adjusted accordingly.

Only a Provider that has offered residential settings with an Ofsted Position Rating with the Framework Agreement of either “A” or “B” shall be considered for any Call-Off Award; priority being “A” (Call-Off Award Procedure refers).

### **3.2 Collaborative Working**

The Provider shall work collaboratively with the Council to ensure delivery of the care package and support plans for a child or young person. This will involve either the Provider’s services as specified by the Council, **or** the Council and its commissioned services, **or** an amalgamation of the two. The Provider will need to demonstrate flexibility in enabling the care package and support to be delivered as assessed appropriate by the Council. The needs of young people requiring residential care, are varied.

### **3.3 Transition**

Transition from one placement to another or even any planned move can be a destabilising and traumatic time for a child or young person. When the Council talks about transitions in this section it is intended to cover:

- Staying Close arrangements, if available
- An alternative placement, including fostering
- Reunification
- Adult services provision for young people requiring ongoing care and support, if they meet the criteria
- Independent living provision

During the child or young person’s stay in the establishment, the Provider shall actively prepare children and young people for planned transition stages, including those where an alternative placement has been assessed as now being more appropriate to meet the needs of the child/ young person. This may include, for example, the move from residential to a family-based placement. Additionally, the Provider is required to positively support the transition of children or young people to alternative accommodation where this has been assessed as part of their care plan. Agreement regarding plans for transition will be made with the Council and if there are models or tools that the Council uses it will be expected that the Provider will continue to work through this with the young person throughout their journey in residential care. The Provider is encouraged (where practical) to develop ‘Staying Close’ arrangements for young people leaving care. Staying Close is similar to Staying Put arrangements which exist for children in foster care and enables young people to live independently in a location close to their former children’s home, with ongoing ‘light touch’ support from that home.

## What Children and Young People Say

*“We want to feel safe where we live”*

### 4.1 Lot 1 Planned and Same Day Residential Care

The provision of residential care and accommodation is required to meet the full range of needs, including challenging behaviour, of looked after children and young people, this includes young people aged 16 and 17 years old; young people who are particularly vulnerable because of mental health needs which fall just below the threshold for mental health services or secure welfare; at risk of child sexual exploitation, trafficking and/or radicalisation and criminalisation; children with a difficulty or impairment, for example in learning, communication and/or social interaction including autistic spectrum conditions; and those with specific cultural needs.

- a) Residential care provision shall be provided in line with the Statement of Purpose and Ofsted registration of the home. The Provider shall also need to make available, a copy of The Children’s Guide to the home and the Safe Area Assessment, as required.
- b) The Provider shall support the Council where there is a plan to move the child or young person to an alternative home or service that better meets their needs (move on). This includes preparation for independence for 16 and 17 year olds in this type of accommodation.
- c) The Provider shall use a multi-disciplinary approach in the delivery of care, with the use of Dorset Council and NHS services such as CAMHS when appropriate. The care must be adaptable to the changing needs of the child with a plan for transition and greater independence as appropriate.

### 4.2 Same Day Residential Care

Same Day residential care will be provided using the same specifications as for Planned Residential Care (4.1) but together with the following additional stipulations;

- a) Same day residential care means provision of a safe and comfortable place for the child/ young person which can be accessed on the same day as the referral is made.
- b) Placements are required to provide care and if asked to do so, provide an assessment of the child/ young person’s on-going need.
- c) At times and for a number of reasons, children and young people require same day or short notice admission to a residential provision. These may include those already in the care system – where a placement breaks down, for whom the safeguarding concerns are too great for them to remain in their

existing placement. Sometimes placements will need to be made for children and young people for whom there is limited knowledge and information about their needs and risks, however what is known will be documented on a referral and risk assessment.

### 4.3 Standard Weekly Fee

The standard weekly fee shall be inclusive of all services required to deliver the service, as detailed below. The Provider shall provide the following items and services within their standard weekly fee:

1.	24 hour care and accommodation
	<ul style="list-style-type: none"> <li>▪ Accommodation, food (offering a healthy and balanced diet, taking into account religious and cultural practices where appropriate) and care that meet the child or young person's needs. <i>(Where items such as food are provided through Health Services on prescription a deduction from the standard weekly fee should be made and will be negotiated on a case by case basis)</i></li> </ul>
2.	Health Services
	<ul style="list-style-type: none"> <li>▪ The Provider, together with the Council, the local Clinical Commissioning Group or its successor and the Parent shall seek to ensure early identification and appropriate action in the event of a child or young person's ill health including, in the case of a residential placement, provision of appropriate care and treatments as prescribed by an appropriate health professional.</li> </ul> <p>The Provider shall ensure:</p> <ul style="list-style-type: none"> <li>▪ That it has and adheres to its written policies, procedures and operational guidelines which promote the health of children looked after and which encourages children and young people to feel that their health is important.</li> <li>▪ That the Provider ensures that local Health Services are alerted to the specific and/or special health needs of the young people and provide positive support to identify and address any health needs.</li> <li>▪ That the Provider implements policies of non-smoking, prevention of substance abuse and of consumption of alcohol which are consistent with the Department of Health's guidance on smoking, substance misuse and alcohol.</li> <li>▪ That all statutory health assessments are carried out within the prescribed period.</li> <li>▪ That children and young people in residential placements have access to and are provided with optical care.</li> </ul>

- That records are kept on the child or young person's health, treatment, medication and assistance is given to a child or young person's social worker where relevant in maintaining a comprehensive record of the child or young person's medical history and ongoing health care needs.
- That vaccination, immunisation and screening provision are undertaken when appropriate.
- That where feasible registration with the family GP is maintained. In residential placements where this is not possible, the child or young person is registered with a local GP.
- That children and young people in residential placements have access to and are provided with regular dental care.
- That children and young people receive health education which covers smoking, sex and relationships education, alcohol and substance abuse, sexually transmitted diseases, HIV/AIDS and personal hygiene.
- Young people are consulted and their consent sought for medical examination and treatment.

3. Clothing, equipment and resources

- School uniforms (summer and winter), general sports activity clothing and other general clothing
- Individual sports or hobby tuition and equipment where deemed reasonable by the Council.
- Stationery, calculators, school books drawing instruments, school bags, additional materials to support school or education activities including but not limited to arts and crafts materials and foodstuffs to support domestic science lessons.
- Children and young people of school age shall have access to a computer in the home for education, homework and recreational purposes. It shall be connected to the internet and be appropriately safeguarded against the use of inappropriate material (see safeguarding link: [Pan-Dorset Safeguarding Children Partnership - Pan-Dorset Safeguarding Children Partnership \(pdscp.co.uk\)](http://pdscp.co.uk)).
- Resources relating to religious and cultural needs.
- Ensuring appropriate safeguarding measures for all resources and equipment, including future developments with changing technology e.g. Wi-Fi and smart phones.
- Any replacement clothing including special requirements, e.g. unusual sizes or for children or young people with disabilities.

Where additional equipment requirements have been identified for children and young people with additional needs, for example disabled children, a written



	application can be made to the Council who will consider making additional funding available but each application will be dealt with on an individual basis.
4.	Glasses and contact lenses, hearing aids and other physical aids
	<ul style="list-style-type: none"> <li>▪ Provision of glasses, contact lenses, hearing aids and other physical aids if required, including replacement in the event of accidental damage or loss.</li> </ul>
5.	Holidays for Children and Young people
	<ul style="list-style-type: none"> <li>▪ Children and young people who are looked after will be given the opportunity to experience positive holidays with their care Provider as a child or young person would with their own family.</li> <li>▪ Trips and excursions to enable children and young people to have new experiences, build confidence, and develop their awareness of different cultures.</li> <li>▪ The cost of any day trips as part of the child or young person's schooling.</li> </ul> <p>Where additional holidays, such as school activity holidays, are requested for the child or young person, a written application can be made to the Council who will consider making additional funding available to fund such trips but each application will be dealt with on an individual basis.</p>
6.	Contact
	<ul style="list-style-type: none"> <li>▪ Promotion of contact with siblings, parents, relatives or other important people as specified in the child or young person's keeping in touch arrangements, following risk assessments.</li> <li>▪ The facilitation of transport for the child or young person to spend time with the above.</li> <li>▪ The agreed support that a child or young person usually benefits from at the setting will be made available to also support the child or young person when spending time with the above as specified in the child or young person's keeping in touch arrangements, following risk assessments.</li> <li>▪ The keeping in touch arrangements for the child or young person will be facilitated or supervised by the provider where the risk assessment supports this.</li> </ul>
7.	Initial and on-going assessment of need
	<ul style="list-style-type: none"> <li>▪ Provide requested information as required, which contributes to the initial and on-going assessment of the child or young person.</li> </ul> <p>Any additional/specialist resources required to complete assessments will be agreed by the Council in advance.</p>
8.	Pocket money, birthday and festival gifts to Children and Young people

	<ul style="list-style-type: none"> <li>▪ Pocket Money, Birthday, Festival allowance and Gifts.</li> </ul>
9.	Schooling
	<ul style="list-style-type: none"> <li>▪ Costs associated with homework assignments and extra-curricular activities.</li> <li>▪ Acting as a 'good parent' in supporting and promoting participation in education, training or employment.</li> </ul>
10.	Telephone calls
	<ul style="list-style-type: none"> <li>▪ Calls to family members and friends, advocates or the Council are to be included in the cost of care. Any costs associated with the use of a mobile phone are to be included in the Standard Fee.</li> </ul>
11.	Toiletries and Cosmetics
	<ul style="list-style-type: none"> <li>▪ All toiletries, including skin and hair care products.</li> <li>▪ The cost of a regular haircut and associated treatments required to meet health or cultural needs.</li> </ul>
12.	Transport
	<ul style="list-style-type: none"> <li>▪ Day to day travel and transport (whether by car up to 250 miles per week, train, bus or other form of transport) to education/Training, Social and leisure activities, contact, statutory meetings and reviews.</li> </ul> <p>Any additional mileage expected above what would be considered reasonable, is to be negotiated between the Council and the Provider through the care planning process. Agreement will need to be sought (in writing) from the relevant manager/budget holder within the Council. Journeys by car will be charged at the prevailing rate of the Council.</p>
13.	Life Skills and Preparation for Independence
	<ul style="list-style-type: none"> <li>▪ Support for each child/young person to develop life skills and where applicable prepare for independent living.</li> <li>▪ Teach and support the child or young person to develop their life skills and ability.</li> <li>▪ Setting up bank/savings accounts for all children and young people and encouraging them to save.</li> <li>▪ Assisting the child or young person to manage their finances appropriately.</li> <li>▪ Assistance in looking for suitable jobs, further training and education.</li> <li>▪ Support the young person, working with the Council to find suitable accommodation when leaving care/ moving toward independence.</li> <li>▪ Placement transition to supported lodgings or other arrangement, including adult services provision, once the young person reaches the age threshold or as appropriate.</li> </ul>
14.	Placement Transition (move on placements and independence)

	<ul style="list-style-type: none"> <li>▪ Pre-placement meetings, planning and introductions, including overnight introductory visits to provision.</li> <li>▪ Move on placement meetings, planning and introductory visits.</li> </ul>
15.	Training
	<ul style="list-style-type: none"> <li>▪ Any staff training required to meet the needs of children/ young people placed with the Provider</li> </ul>

#### 4.4 Lot 2 Therapeutic Residential Care and Accommodation

Therapeutic placements shall be provided using the same specifications as for Planned Residential Care but with the following additional stipulations:

The Provider will be required to demonstrate their understanding of the challenges of working with highly traumatised children in residential care, who have a range of difficulties in their social, emotional and intellectual development as a result of their past and be clear on how the delivery of the therapeutic service will improve the child's ability to function within their daily lives.

To deliver these services effectively, the Provider shall need to embrace delivering social care from a child-focused, strengths and resilience perspective, which allows for new and creative ways to work with children that values their skills, competencies, and talents as opposed to their deficits.

These children may have experienced multiple placement breakdowns which may have caused further trauma. The Provider shall be able to meet the needs of children who display very complex behaviours, which will include (but not be limited to):

- Sexualised behaviour
- Self-harming (cutting, ligaturing, drug & alcohol etc.)
- Risk of, and actual, exploitation
- Aggression and harm to others
- Physiological/Psychological behaviours such as encopresis and enuresis
- Eating disorders
- Risk taking behaviours (which may have resulted in youth justice interventions)

The service will work to an identified, evidence-based, nationally recognised, therapeutic model. Examples of these would include (but not be limited to):

- Children and Residential Experiences (CARE) model
- Sanctuary Model

- Attachment, Self-Regulation and Competency (ARC) model
- Model of Attachment Practice (MAP)
- Dyadic Developmental Psychotherapy (DDP)
- Playfulness, Acceptance, Curiosity, and Empathy (PACE)

Care planning will take a therapeutic approach with an evidence-based methodology for measuring and tracking progress against the child's care plan and outcomes contained within that care plan. This planned process of change should evidence the role of the child being transformed from passive recipient of intervention, into active collaborator or indeed director of their own care pathways, i.e. a person-centred planning approach.

The Provider shall evidence outcomes as a result of therapeutic interventions in a written report provided every three months which is reflective of individual development and progress and identifies how resilience is developing, based upon the therapeutic model used.

The service will be designed to have the flexibility to meet a diverse range of needs and have the resilience to ensure that the provider does not cause further trauma through placement breakdown. In line with the ethos of the therapeutic interventions, placements should be planned and maintained so that children move on in line with their care plan.

The Provider shall work collaboratively with the Council to ensure that they are able to meet the child's needs, and in recognising their successes, the service will work actively to return children or young people either back to their family, into foster care, community or an alternative residential setting.

The service shall ensure that the staff are suitably trained in the selected evidence-based approach as outlined in the statement of purpose, and their effectiveness in the delivery of this therapeutic approach is reviewed in their professional development plans. Clinical governance and supervision arrangements must be in place to monitor and manage this provision, carried out by professionals registered with a suitable national body such as the UK council for Psychotherapists (UKCP), the British Association for Psychotherapists (BACP) or The Royal College of Psychiatrists (RCPsych).

All therapies and support used in the care of the child should be included within the Standard Weekly Fee with no additional costs to the Council. This will include initial assessments, ongoing reviews, medical/specialist appointments to meet a child's needs, and all types of court appearance. Weekly fees will also cover the cost of

clinical oversight and supervision of the approach, model and strategies used to manage this cohort, the cost of training related to the therapeutic model and supporting staff. All therapeutic interventions must be agreed by the Council in advance of delivery and must enhance rather than duplicate any services being offered by CAMHS.

## **Section D Referrals Process**

### **5.1 A referral process will be used to identify individual Residential Placements.**

**Initial enquiry:** All referrals for individual placements will be co-ordinated by the Brokerage Team and will include basic details including, age, gender, need and geography. This will be sent to the Provider, and other Providers, who may be able to meet the needs of the child or young person in accordance with the framework Call-off Award Criteria.

5.2 The Provider is encouraged to seek the views of the Council's professionals involved with the child or young person (where possible) prior to making a placement offer. Offers of placement will be made by completing an expression of interest and will make reference to the Standard Weekly Fee as provided in the tender submission.

5.3 Before accepting an offer, in accordance with Care Planning Regulations 2015, Social Workers have a duty to consult with the Council to ensure children and young people will have access to local services identified within the home's statement of purpose.

5.4 Confirmation of acceptance, or not, of the placement offer will be made by the Council either in writing or by electronic communication within 7 days.

5.5 Individual placements will be made on the basis of the best match to meet the needs of the individual child or young person, the geographical location and the price in that order (refer to Call-Off Award Criteria)

5.6 The Individual Placement Agreement, completed by the Brokerage Team, will form the Contract between the Provider and the Council and will detail specific services and costs for each individual child or young person (the prices being in line with those offered in the price schedule).

### **5.7 Call-Off Award Criteria**

The Council shall award a Call-Off Contract, individual placement, or Block Contract, by way of direct award, based on the following criteria per Lot and on the terms laid down in the Framework Agreement.

In respect of individual placement the following criteria shall be applied:

- Provider’s residential setting “A” \* or “B” rating based on Ofsted Position Rating within the Framework Agreement
- A Provider meeting the requirements of the indicative Children’s Home Needs in Appendix 1
- Provider’s suitability to meet an individual child’s needs
- Price (best value)

In respect of call-Off Block Contracts the following criteria shall be applied:

- Provider’s residential setting “A” \* or “B” rating based on Ofsted Position Rating within the Framework Agreement
- A Provider meeting the requirements of the indicative Children’s Home Needs and Service Needs in Appendix 1
- Provider’s suitability to meet an individual child’s needs and service needs of location, capacity, service provision
- Provider’s available capacity that will enable for all places within a single residential setting to be direct awarded by the Council, i.e., full capacity purchased by the Council.
- Price (best value)

*\* A residential setting with an Ofsted Position Rating with the Framework Agreement will be given priority.*

## **Section E      Safeguarding and Standards**

### **6.1      Safeguarding**

The Provider shall make available their assessment and subsequent annual reviews that premises are appropriately and suitably located so that children and young people are effectively safeguarded.

The Provider shall ensure that there are systems in place to protect children from the risks associated with changing technology, including but not limited to, the internet (particularly social media and online gaming), use of mobile phones, and inappropriate or unwanted photography and filming. Staff are to ensure that children are well informed of the potential risks and how to protect themselves from harm.

The Provider shall work to the safeguarding standards of the Council, and be able to demonstrate their compliance with Section 11 of the Children’s Act 2004 and the guidance contained within Working Together 2018 and any future national legislation and guidance issued.

The Provider shall take account of Pan-Dorset Safeguarding Children Partnership policy and procedures relating to safeguarding children and young people.

[Pan-Dorset Safeguarding Children Partnership - Pan-Dorset Safeguarding Children Partnership \(pdscp.co.uk\)](http://pdscp.co.uk)

The Provider shall complete and make available upon request the local safeguarding partnership self-Assessment Audit.

## **6.2 Underpinning Values**

### ***All behaviour has a purpose and is a method of communication***

The ethos of the Provider is directly linked to positive outcomes for children and young people. Ethos will be monitored as part of the on-going contract management and used to inform decision-making and development of new services. The ethos of the Provider shall be represented by:

- a) Strengths based approach to parenting with emotional warmth;
- b) Culture and the use of Trauma-informed and Restorative Practice;
- c) Preparation for transitions, including Positive Risk Taking (PRT), and proactive stability meetings to resolve difficulties prior to transitions and endings;
- d) Safeguarding, including the safeguarding of children and young people who may be trafficked or at risk of child sexual exploitation, radicalisation or criminalisation, HBV (Honour based violence) or FGM (Female genital mutilation).
- e) Provide a mechanism for children and young people and their families to express their views. Providers will be encouraged to use this feedback to inform better or changed practice within the Care Home and will be expected to provide evidence at review meetings.

## **Section F Monitoring Arrangements**

### **7.1 Demonstration of measurable outcomes**

The Provider is required to work collaboratively with the Council to achieve positive outcomes for the child, and to meet the identified outcomes sought from the placement.

The specific outcomes sought for an individual child will be included in the referral, expression of interest and confirmed at the Placement Planning Meeting and included in the Individual Placement Agreement (IPA) and the child's Care Plan. Additional outcomes may be identified through an Education Health and Care Plan (EHCP) if the child has one.

Progression against outcomes will be measured through the statutory processes that already exist (Looked After Children Reviews etc.) and will form a part of the ongoing contract monitoring. The Provider is required to contribute to the on-going contract monitoring and provide information about how well the child's needs are being met and the specific outcomes achieved.

## 7.2 Key Performance Indicators Contract monitoring - Framework

The Council is committed to outcomes based accountability and will seek to measure the success of interventions by the positive impact on the lives of young people. The Provider shall have clear processes for

- identifying need – both from referral information and conversations with the young person
- developing plans with the young person for meeting that need and helping the young person realise their ambitions
- celebrating milestones and achievements

The Provider shall provide monitoring data on outputs. All data will be captured quarterly and will be reviewed during contract review meetings/visits. This data shall also be consolidated into an annual report. Other data may be requested from the Provider either as part of contract monitoring, in response to specific incidents or concerns. This will include (but is not limited to):

	<b>Data requirement</b>	<b>Reporting frequency</b>
1.	No. of referrals for each lot/no. accepted/ no. declined/reasoning	Quarterly
2.	Length of stay with service for each young person	Quarterly
3.	Engagement with employment, education and training for each young person	Quarterly
4.	Initial destinations of those leaving service, reasons for leaving and whether this was planned or unplanned	Quarterly
5.	No. of complaints received from young people or from professionals on behalf of young people	Quarterly
6.	Safeguarding concerns received and addressed – including missing episodes and contextual safeguarding concerns	Quarterly
7.	Data and reports on Young People in Placement; to include  Narrative updates on outcomes, physical and mental health, safety and an overall RAG rating of the placement.	Quarterly



8	<p>The Provider is required to provide the following information on Registered Managers:</p> <p>Has there been a change in Registered Manager in the last 3 months? Yes/No</p> <ul style="list-style-type: none"> <li>• If yes, please state date of change.</li> <li>• If yes, for how long was the post vacant?</li> <li>• If the position is still vacant, please provide us with evidence of what has been done to address this.</li> </ul>	Quarterly
9	Regulation 44 reports should be sent to the Council's representative.	Monthly
10.	Permanent staff employed from total establishment state a percentage of the full time equivalent (FTE) numbers of staff working at the establishment.	Quarterly
11.	<p>The number of placements which ended outside the agreed notice period, including those ended following assessed risk under safeguarding and health and safety.</p> <p>Target no more than 15%</p>	Quarterly
12.	The number of placements that have ended prior to the date planned for in the IPA (regardless of whether notice has been given in line with the terms and conditions of the Framework). Target no more than 15%	Quarterly

	<b>Additional data requirement for Lot 2 Therapeutic Placement</b>	<b>Reporting frequency</b>
	<b>Key Performance Indicators:</b>	
13.	Written reports for each child, evidencing progress against outcomes.	Quarterly
14.	Percentage of children’s home staff qualified in the therapeutic approach	Quarterly

### **7.3 Annual monitoring**

The Provider shall complete the following annually:

- Safeguarding self-audit;
- Annual property audit;
- Insurance renewals;
- Audited accounts;
- Complaints log and actions taken;
- Locality risk assessment with updates;
- A report to reflect development and areas for improvement based on experience of placements for the past year, service user feedback and purchaser feedback.

Annual reports for activity under the Framework Agreement, Individual Residential Placements and Block Contracts, shall cover the financial year from 1<sup>st</sup> April to 31<sup>st</sup> March and shall be submitted to the Council on the date of the first quarterly contract review following the end of the financial year.

#### **Contract Monitoring for Block Contracted Provision**

In addition to quarterly and annual monitoring in 7.2 and 7.3,

There will be monthly contract review meetings between the parties. The rolling agenda for these meetings will include (but not limited to);

- Block Performance
- Provider Performance – based on the submitted data
- Review of upcoming and submitted referrals

- Review of the young people in placement
- Key performance indicators (listed below)

In preparation for these meetings monthly reports will be submitted by the provider, as a minimum of 48 hours prior, to the Council and form part of the agenda. Reports will include, but not limited to:

**Young People Data and reports on all:**

Incidents

Missing episodes

Physical interventions

Safeguarding concerns

Complaints

Alcohol and drug misuse

Accidents

**Narrative updates on:**

Outcomes

Education

Physical and mental Health

Safety

Safeguarding

Progress on action plans for the home

Escalation matters

Overall RAG rating of placements

**In attendance will be:**

As a minimum 2 representatives from the Provider, these will include, the Residential Services Manager, Director and Registered Managers of all homes included in this contract.

Representatives from the Council. These will include, Commissioning Managers/Brokerage Team Manager and or Brokerage Team Leader for Children in Care, with optional attendance by Social Workers and Team Managers. The meeting should be attended by Quality Assurance Officer.