

# HEALTH AND SOCIAL CARE STAFFING AGENCY SERVICES FOR CHILDREN AND YOUNG PEOPLE



## **DRAFT** Service Specification

This Specification sets out the requirements of independent sector health and/or social care staffing agencies (hereafter referred to as the Provider) commissioned by the Council to deliver services within this Framework Agreement.

## I. INTRODUCTION

The vision set out in Plymouth's five year Strategic Plan for Children and Young People [A\\_Bright\\_Future\\_2021-2026.pdf \(plymouth.gov.uk\)](#) is that children and young people in our city grow up healthy and happy, safe and able to aspire and achieve, living in resilient families and communities, and able to take advantage of a broad range of opportunities. Our aim is that no child should find their life chances defined or limited by the circumstances of their birth or early childhood experiences. If problems do emerge, services will seek to work effectively with children, young people and families to improve outcomes.

To truly understand and compassionately respond to the lived experiences of children, young people and families, Plymouth is committed to embedding a trauma informed approach across all children's and adult's services in the city.

Our Trauma Informed approach focusses on these 5 'Rs':

**REALISE** - what trauma is and how it can have widespread impact for individuals, families and communities.

**RECOGNISE** – the signs and effects of trauma in individual people, families, groups, and communities. This includes the workforce within organisations that deliver services.

**RESPOND** – by integrating knowledge regarding trauma informed approach into policies, procedures and practice.

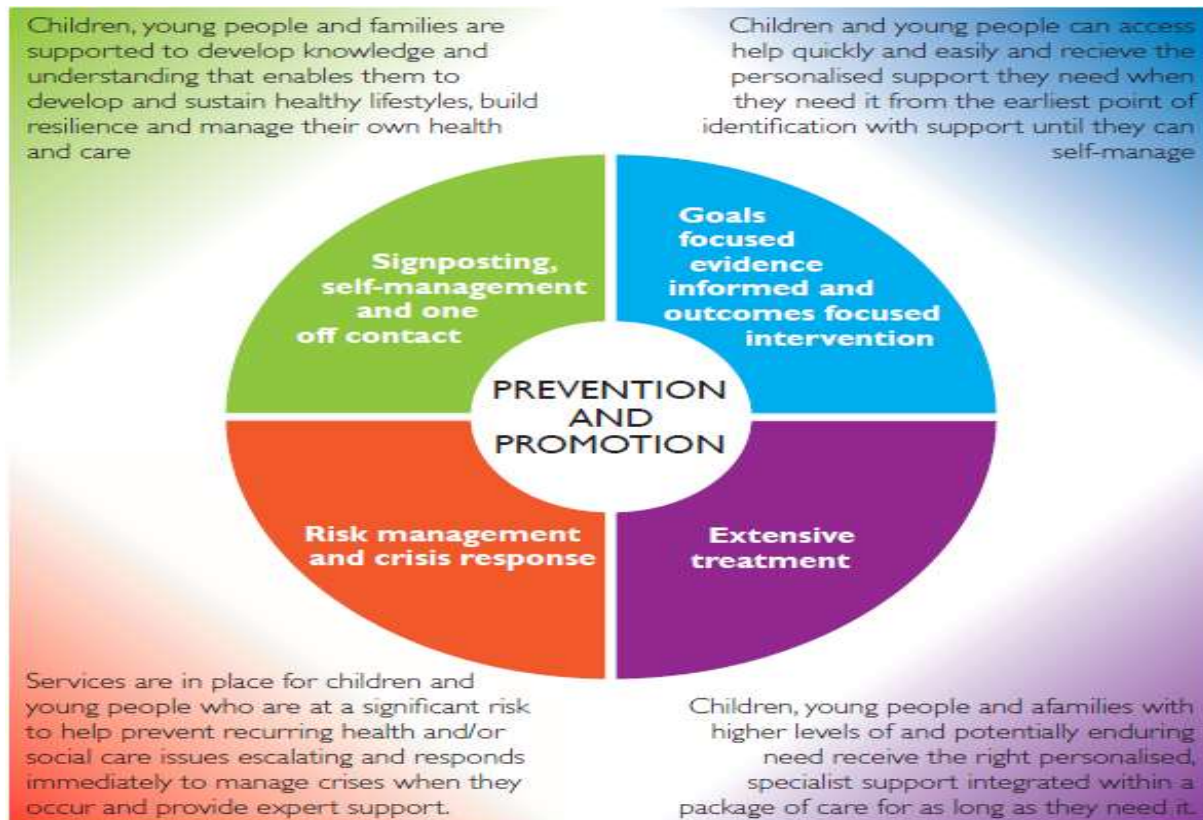
**RESIST** - re-traumatising people and communities by actively seeking to avoid situations where traumatic memories might be re-triggered, and seeking to de-escalate and diffuse potentially traumatic interactions when they occur.

**RESILIENCE** – is promoted in supporting individuals and communities to cope with and adapt to adversity, and have the strength to challenge situations where it might occur.

This approach harnesses the capacity of positive interactions, even routine interactions, to be therapeutic and validating. Positive experiences of relationships are central to trauma recovery, whilst negative experiences in relationships can exacerbate emotional and psychological impacts. Plymouth's trauma informed lens model is available here [Trauma Informed Practice | PLYMOUTH.GOV.UK](#)

Plymouth is also increasingly using the iThrive framework as an approach to designing and joining-up our collective trauma informed service provision. This framework focuses on recognising when needs may change and aims to ensure a more person-centred response, where the right support is provided at the right time to enable young people to manage their needs.

**iThrive framework** developed by the Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families:



Whilst Plymouth is ambitious for the future life chances of all our city's children and young people, there are some significant and ongoing challenges. In common with national trends we are currently seeing increasing need and complexity affecting some of our most vulnerable children and young people, as evidenced by:

- Plymouth's rate of children with a Child Protection Plan (as at 31/03/2020) was comparable to our statistical neighbours, but significantly higher than the South West and England average rates;
- Plymouth's rate of Children in Care (as at 31/03/2020) was below our statistical neighbour average, but higher than the South West and England average rates. Our rate has increased significantly during the Covid-19 pandemic, to 91.5 per 10,000 (as at 30/11/2020);
- Education, Health and Care Plan assessments completed annually in Plymouth have increased by just over 140% in 3 years (from 118 in 2017/18 to 285 in 2020/21);
- Requests for special school placements have risen by 125% in 3 years (from 186 in 2017/18 to 420 in 2020/21);
- School requests for additional funding to support children and young people with Special Educational Needs and/or Disabilities (SEND) have increased by 62% within the last 2 years (from 197 to 319).

The longer-term impact of the Covid-19 pandemic on Plymouth's children and young people is yet to fully emerge. For those children whose lives were already more difficult or risky, whether through SEND, caring responsibilities, poor attainment, the impact of living in poverty or in challenging home environments with parental mental ill health, substance misuse, or domestic abuse, the legacy is likely to be significant, and detrimental.

In this context, the Provider will deliver health and/or social care services to children and young people as part of a coordinated, holistic, trauma informed system of services, able to respond rapidly and effectively to meet need at all levels and as circumstances change.

## 2. PURPOSE

The Provider will deliver a range of services for children and young people which are effective in:

- preventing health and/or social care needs escalating - and managing and de-escalating crises - to ensure that children and young people experience feeling safe and cared for, in stable and nurturing living arrangements;
- ensuring that children and young people's voices are heard - including appropriate involvement in planning how their needs will be met.

Ultimately, the Provider will make a key contribution to enabling children and young people to live safely and happily - within their family home wherever possible, or in the care of the local authority - to maximize their life opportunities and participation and to achieve their full potential, in accordance with the strategic vision set out in this Specification.

## 3. SERVICE DESCRIPTION

### 3.1 Key activity

The Provider will supply agency health and/or social care staff as required to provide safe, effective, person-centred services (care / support / supervision) in a range of circumstances, including but not limited to:

- a child or young person with special educational needs and/or disabilities needs 'short break' care/support in the community, enabling them to take part in a wide range of activities that other children experience, thereby promoting their independent living skills, helping them reach their full potential and reducing family stress;
- a child or young person with profound and complex physical or mental disabilities needs 'short break' care/support in the family home, enabling parents/carers to continue caring for them at home;
- a child or young person's level of health and/or social care need is at 'edge of care', and further escalation of need would be likely to result in the child or young person becoming 'looked after' by the local authority (see **Appendix I** for definition);
- a parent and newborn baby/ies subject to statutory children's social care intervention require support and/or supervision in hospital whilst, for example, arrangements are made for an appropriate matched parenting capacity assessment placement;
- a child or young person subject to statutory children's social care intervention requires support and/or supervision whilst in hospital;
- a child or young person subject to court ordered Deprivation of Liberty Safeguards (DoLS) [or any equivalent framework subsequently introduced by mental capacity legislation – for example the Liberty Protection Safeguards (LPS) intended to supersede DoLS - as and when implemented] requires services to meet their needs;
- a child or young person enters local authority care in response to an 'emergency' or 'crisis' (for example acute stress experienced within a family, resulting in a breakdown of familial relationships) and whilst arrangements are made for an appropriate matched placement to meet their assessed needs;
- a 'looked after' child or young person is in transition between placements as a result of changing needs;

- the placement of a looked after child or young person is at risk of breaking down, to promote stability and continuity;
- a child or young person is in the process of reunification with their family following a period of being looked after by the local authority.

As well as direct work with children and young people, the Provider may also be required to undertake direct work with parents/carers, siblings, and other members of the familial network (including foster families), and on occasion alongside regulated children's homes personnel.

### **Evidence informed practice**

The Provider will be creative and solution-focused, drawing upon a range of established theories and delivering evidence informed interventions, tailored to the child or young person's individual needs, to promote resilience and positive change. These include, but are not limited to:

- Attachment theory
- Cognitive behavioural therapy
- Mindfulness
- Motivational interviewing
- PACE (Playfulness, Acceptance, Curiosity and Empathy) approach, from the Dyadic Developmental Practice model founded by Dan Hughes PhD
- Parenting programmes / approaches, for example:
  - Incredible Years
  - Parenting Puzzle
  - Respect Young People's Programme
  - Solihull
  - Strengthening Families
  - Take 3
  - Therapeutic Parenting
  - Trauma Recovery Model
  - 'Triple P' (Positive Parenting Programme)
- Role modelling
- Social learning theory
- Systemic practice

### **Relationship based practice**

Staff working directly with children, young people and families will work hard to build effective relationships and establish trust, and will act as positive role models for children and young people. All staff undertaking direct work will:

- have advanced interpersonal, communication and rapport-building skills;
- demonstrate commitment to children and young people, characterized by tenacity and persistence - particularly with those that are the most challenging to engage. This approach, even in the face of ambivalence and/or resistance, is key to building trust and meaningful engagement;

- demonstrate belief in, empathy and respect for each child or young person, whilst being able to have difficult, honest, age appropriate conversations with them where necessary;
- offer kind and compassionate but assertive, challenging support to enable a child or young person to see things from a new perspective;
- model behaviours so that children and young people can experience healthy relationships and non-adversarial interactions;
- support children and young people to reflect, including on past traumas when ready, and positively encourage them to engage with any further support necessary to meet their needs.

Staff undertaking direct work will do so in ways that reflect the following 'Ten Wishes', developed by Plymouth's Young Safeguarders group, and which describe how children and young people want to experience the professionals who work with them.

Children and young people want professionals to:

1. Be easier to contact;
2. Be on time, as they expect us to be;
3. Be properly trained, and for us to be involved in the training;
4. Ask us what we need, and not to assume;
5. Do what they say they are going to do, to listen and stand up for us;
6. Use words we understand;
7. Reassure us something is being done and tell us how long it will take;
8. Understand when we need to talk to them one-to-one;
9. Ask us 'do you feel safe?'
10. Respect us and how we feel.

### **Strengths based practice**

Staff undertaking direct work will focus on each individual's strengths in order to build their confidence and self-esteem, develop their resilience and aspirations for the future.

### **Trauma informed practice**

Staff undertaking direct work will do so in ways which reflect Plymouth's trauma informed approach, harnessing the capacity of positive interactions to be therapeutic and validating and avoiding negative experiences for children and young people which could exacerbate emotional and psychological impacts of trauma. Plymouth's trauma informed lens model is available here [Trauma Informed Practice | PLYMOUTH.GOV.UK](https://www.plymouth.gov.uk/trauma-informed-practice)

### **Voice of the Child/Young Person**

The Council and the Provider will work together to ensure that the child or young person is given opportunities appropriate to their age, understanding and stage of development to express their views and feelings and that these are taken into account when any decision is made which affects them.

The specific services which the Provider is required to deliver to meet the health and/or social care needs of each child or young person will be set out by the Council in an appendix to an individual Purchase Order.

Key activities which the Provider may be required to undertake include, but are not limited to, the following:

**Facilitating and supporting family time:**

- Understanding the needs of children, young people and families in order to help ensure that their family time is suitably tailored to their needs;
- Planning and preparing with the child or young person ahead of their family time, so that they have an opportunity to ask questions and understand what is planned to happen;
- Transporting the child or young person to/from their family time (which may take place in the family home or other location in the community);

Facilitation of family time will NOT include supervision of these arrangements, or undertaking observations, assessment or recording of family time.

**Contributing to multi-agency meetings / statutory reviews relating to a child or young person:** activities may include providing reports in advance, attending meetings/reviews, supporting the child or young person where they chose to attend, encouraging and facilitating their engagement with an independent Advocate where relevant.

**Proactively supporting and encouraging the child or young person's engagement with other services identified within the Care/Pathway / team around the child,** for example, but not limited to:

- Child and Adolescent Mental Health Service (CAMHS)
- Community Learning Disability Teams
- Education
- Health
- Substance Misuse Services
- Young Carers

The Provider will advise the Council of any difficulty in accessing services or support on behalf of the child or young person, as identified within the Care Plan / 'team around the child', without delay.

**Transporting children and young people** including, but not limited to, travel to/from care placements, educational establishments, family home, family time, hospital, medical or other appointments, police custody.

In all circumstances where the Provider is required to transport a child or young person, the Provider will ensure that the vehicle used is roadworthy (i.e. it has a valid MOT certificate) and that the driver of the vehicle has a full current driving licence and the appropriate classification(s) of business vehicle insurance for the purpose.

**Medicines Handling**

The Provider may be required to administer medication for children and young people in a range of circumstances, including but not limited to:

- Whilst providing services in temporary safe accommodation whilst arrangements are made for an appropriate matched placement;
- Whilst providing short break services in the family home or in the community.

The Provider will ensure that all staff handling medicines do so in accordance with the guidance set out in **Appendix 2** of this Specification. **(Note: Appendix 2 document to follow)**

### **Proactively creating a positive structure**

The Provider will proactively ensure that a child or young person's time is consciously structured, in ways which promote physical and emotional wellbeing and contribute to the desired outcomes set out in their Care Plan. This structuring will include:

- Providing opportunities for social and emotional enrichment through age appropriate, positive interaction with staff (and others as appropriate);
- modelling and promoting the development of trust and healthy relationships;
- providing clear, consistent, age appropriate boundaries and guidance to enable the child or young person to feel safe;
- providing opportunities to develop independent living skills (e.g cooking, laundry, etc);
- positive activities which reflect the interests and preferences of the child or young person (within safe and age appropriate boundaries) – this should include providing opportunities for time outdoors / physical exercise such as a walk in the neighbourhood or local park.

The Provider may be required to maintain a daily log setting out how a child or young person's day has been purposefully structured, and reflections on how the activities and interactions of that day have met the aims and objectives of the Care Plan - including any feedback from the child or young person.

The length of time the Provider is required to deliver services in each case will ordinarily range from a few hours to several weeks, and will be confirmed by the Council on a case-by-case basis and subject to review as individual needs and circumstances change.

The Provider will have an important role and responsibility for actively contributing to the ongoing assessment of need, which informs the child or young person's dynamic Care Plan.

All service packages will be reviewed to ensure suitability and effectiveness in meeting need, initially within 28 days of the commencement of delivery, and thereafter as agreed between the Council and the Provider, or as needs and circumstances change.

### **3.2 Eligibility criteria**

The Provider will support any child or young person identified by the Council as being eligible for statutory intervention as set out in the Children Act 1989 and/or Children and Families Act 2014 and/or the Care Act 2014.

Children and young people with profound and complex physical or mental disabilities which have substantial and long-term effects on their ability to carry out day-to-day activities are eligible for 'short breaks'. The Council has a duty to meet any assessed needs requiring specialist services, and the Council commissions a range of short break services in the local area.

Many parents/carers choose to retain ownership for arranging 'short break' support to meet the needs of their children with SEND, via a 'direct payment' funding arrangement. However, if parents/carers experience difficulties in sourcing the required support themselves – for example if they do not have a local supportive network of extended family or friends, or if the existing short break opportunities available locally are not sufficiently bespoke to meet the specific needs of their child – the Council can assist them by commissioning the Provider to deliver care/support in the family home and/or community.

### 3.3 Referral routes

All eligible children, young people and families requiring agency health and/or social care services from the Provider will be identified and referred by the Council. The Provider will not accept self-referrals.

The Council will:

- ensure that available relevant information regarding each child or young person is shared with the Provider at the point of referral, to enable the Provider to determine whether to submit an expression of interest;
- consider all expressions of interest received in response to a referral, and will then reach a decision on which is/are the most suitable to meet the assessed needs of the child or young person. This process may include conversations between the Council and the Provider(s);
- prior to delivery of the required services, share with the relevant Provider(s) all available essential information for providing safe care/support/supervision for the child or young person, and relevant contact details for the 'team around the child', such as but not limited to: the Council's Social Worker or other lead professional, team/service manager, Independent Reviewing Officer (IRO) and Child in Care Nurse where relevant, Out of Hours service, family network, GP, school/college;
- make available to the Provider(s) all relevant documents relating to the child or young person. Wherever possible the Council will provide such documents prior to delivery of the required services, and in any event within 5 working days of commencement of delivery of the required services. Relevant documents could include, but are not limited to:
  - Care Plan / Pathway Plan (See **Appendix I** for definitions)
  - Chronology
  - Delegated Authority
  - Education, Health & Care (EHC) Plan (See **Appendix I** for definition)
  - Medical Consent
  - Personal Education Plan (PEP) (See **Appendix I** for definition)
  - Review Health Assessment (RHA)
  - Risk Assessment
  - Single Assessment
- prior to delivery of the required services, review the Provider(s) own plan setting out how they will meet the individual child or young person's assessed needs and achieve the outcomes specified within the Council's Care Plan/Pathway Plan;
- convene a planning meeting where required to review the relevant plans for the child or young person and clarify roles and responsibilities within the 'team around the child', including the Provider(s). Wherever possible the Council will convene such planning meeting prior to delivery of the required services, and in any event within 5 working days of commencement of delivery of the required services.

In circumstances where services are to be delivered for a child or young person in safe temporary accommodation in response to an emergency or crisis whilst arrangements are made for an appropriate matched placement:

- Unless otherwise stated on the individual referral, the Council will be responsible for sourcing the appropriate accommodation on a case-by-case basis;



- irrespective of which party has sourced the accommodation, the proposed property will be subject to the approval of the Council as being appropriate for the purpose;
- the Provider(s) will work collaboratively with the Council on a case-by-case basis, to agree which party will be responsible for practical matters relating to the property, including for example, supplying essential household equipment and/or consumables, arranging for any necessary emergency repairs, refuse disposal, etc;
- In the case of a child or young person subject to court ordered Deprivation of Liberty Safeguards (DoLS) or any equivalent framework subsequently introduced by mental capacity legislation, practical matters could also include additional measures necessary to ensure the child or young person's safety;
- Such agreement on practical matters relating to the property will then be confirmed in writing by the Council to the Provider(s), as an appendix to the Purchase Order, wherever possible prior to delivery of the required services, and in any event within 5 working days of commencement of delivery of the required services;
- The primary purpose of this agreement regarding practical matters is to ensure that the child or young person is cared for at all times within an appropriately resourced environment which they experience as a 'homely' place in which they feel secure and safe.

In exceptional circumstances wherein a Provider anticipates being temporarily unable to deliver any part of the services set out in an appendix to the relevant Purchase Order (for example due to levels of staff sickness absence), the Provider will make the Council aware of this immediately.

The Council may then approach other Provider(s) commissioned within this Framework Agreement, requesting temporary cover as necessary to ensure continuity of service provision.

As such cover will be short term in nature, and may only require the provision of staff for a few hours or a single shift/session, the Council will not be required to adhere to the usual notice period of any Provider in circumstances wherein they supply temporary cover to ensure service continuity.

The Provider will submit invoices to the Council for services delivered in relation to an individual Purchase Order and in accordance with the Care Plan, ensuring that:

- Invoices are submitted fortnightly in arrears (unless otherwise agreed between the parties on a case by case basis);
- Invoices are submitted via email directly to the relevant department as detailed on the Purchase Order (e.g. Children, Young People and Families or Education, Participation and Skills);
- The relevant individual Purchase Order number is shown on all invoices;
- The value of each invoice accurately reflects the services the Provider has delivered - with all relevant deductions and adjustments made in relation to any element of service commissioned but not delivered due to exceptional circumstances as referenced above.

The Provider is expected to commit to maintaining delivery of each package of services for as long as it is needed, and to act in the best interests of the child or young person at all times, to ensure they experience stability, and so that further trauma is avoided. Unless the immediate safety of the child or young person is in question, the Provider will give a **minimum of one week's notice** if it intends to end delivery of a package of services. Notice may initially be given to the Council verbally, but in any event must also be confirmed in writing, via secure email to the Strategic Cooperative Commissioning Team at [Plymplacements@plymouth.gov.uk](mailto:Plymplacements@plymouth.gov.uk)

### Escalation process

The Provider and Council will work in partnership around the child or young person, ensuring that communication is consistent. Any professional differences with one another or other professionals working with the child or young person are to be resolved so as not to disadvantage the child or young person or cause delay to the implementation of their Care Plan.

Either party may formally challenge the other if sufficient information or response is not received from the Provider or the Council to enable the Provider to care safely for the child or young person.

In the first instance, any emerging issues identified by the Council will be communicated to the Provider's **nominated contact**, and any emerging issues identified by the Provider will be communicated to the Council's **nominated Social Worker / other lead professional**. Depending on the circumstances this may initially be via a telephone conversation, but in any event will be confirmed via email.

If an appropriate reply is not received within **three** working days the Provider or Council will email the other party's **nominated manager**.

If an appropriate reply is not received from the nominated manager within a further **three** working days the issue will be raised via email to the Council's **Strategic Cooperative Commissioning Team** at [Plyplacements@plymouth.gov.uk](mailto:Plyplacements@plymouth.gov.uk). The Commissioning Team will further escalate the issues with **senior managers of either party** as required to enable a resolution.

### 3.3 Access to the service

The Provider will:

- supply details of relevant management and administrative telephone contact number(s), and ensure that it is accessible to the Council by telephone, both during and out of office hours – i.e. 24 hours a day, year round including bank holidays;
- have arrangements in place for receiving referrals from the Council and submitting expressions of interest in delivering services as specified in the referral, via secure email; those arrangements will include out of hours provision;
- respond to referrals in a timely manner and will provide services within the required timescale. In 'emergency' or 'crisis' circumstances, this may require services to commence on the same day as the referral is made;
- not be required to respond to referrals in circumstances where it is unable to offer the services as specified in the referral.

### 3.4 Opening times

The Provider will ensure that services are available 24 hours a day, 7 days a week, including bank holidays. Services will be delivered in accordance with the needs of the child or young person, which may include during evenings and/or weekends, and will be flexible in response to changing needs and circumstances on a case-by-case basis.

### 3.5 Delivery location

Services for children or young people may be required to be delivered within Plymouth, or within the wider South West peninsular, or elsewhere in England or Wales.

Depending on the services required in each case, delivery will be in a range of locations, including but not limited to:

- family home, including foster family home (or on occasion a residential children's home);
- community settings (e.g. during short break provision, transport of children and young people, etc);
- Family Time settings other than family home;
- safe temporary accommodation, as determined by the Council and utilised on a short term basis in response to an emergency or crisis whilst arrangements are made for a matched placement to meet assessed need;
- hospital;
- Council offices (e.g. when attending meetings relating to a child or young person). In certain circumstances, meetings may need to be held 'virtually'; the Provider will therefore ensure that relevant staff have the necessary ICT resources to be able to engage in 'virtual' meetings as and when required.

#### 4. NETWORKS AND LINKS

The Provider will work collaboratively in partnership with a range of agencies and other stakeholders so that children and young people experience effective holistic support tailored to meet their unique physical, emotional, psychological, behavioural and practical needs. Those partner agencies and other stakeholders may include but are not limited to:

- Parents/carers and other family members (including foster families / guardians)
- Child or young person's independent Advocate
- Participation services (commissioned and/or delivered by the Council)
- Independent Fostering Agencies / Residential placement providers
- Other Providers commissioned by the Council (for example where more than one Health and/or Social Care Staffing Agency is contributing towards the delivery of a package of services around an individual child or young person);
- The Council – in particular these departments: Children, Young People and Family Services (including Children's Social Care, including Out of Hours service); Education, Participation and Skills (including Virtual School for looked after children – see **Appendix I** for definition), Strategic Cooperative Commissioning.
- Health services (including Children in Care Nursing team, where relevant)
- Substance misuse services
- Young Carers services
- Police

Key to this partnership working will be effective team work and information sharing across partner agencies so that all those in contact with the child or young person respond consistently and work effectively together to achieve the same goals.

The Provider will ensure that its staff working directly with children, young people and families are equipped with mobile phones for business use.

On a case-by-case basis and prior to commencement of the required services, the Provider will ensure that mobile contact number(s) of relevant staff member(s) are shared with the Council, and with any other Provider(s) directly involved, e.g. where a package of services is to be jointly delivered by more than one agency.

Sharing contact numbers in this way will facilitate trauma informed, relationship based practice and meeting the Ten Wishes set out within this Specification. For example:

- If a Social Worker (or other lead professional) is unavoidably delayed for a scheduled visit, he/she is able to contact the Provider's staff team ahead of the scheduled start time; this

information will then be relayed promptly and sensitively to the child or young person, so that at all times they feel informed and know what to expect;

- If a member of the Provider's staff team is unavoidably delayed for the start of a shift, he/she can contact the relevant Council representative and/or the relevant contact within any other Provider(s) involved, before the scheduled shift start time, to enable any necessary contingency arrangements to be put in place to ensure continuity of services and a smooth shift handover;
- Relevant information will be communicated between Providers / staff groups as part of effective shift handovers, to ensure all staff are well informed (for example regarding any scheduled medical or other appointments, or emerging or changing need), and therefore able to provide continuity of services and effective de-escalation where necessary.

## **5. OTHER KEY TASKS**

### **Significant and notifiable events**

The Provider will keep the Council informed of the child or young person's progress as agreed on a case by case basis, and will notify the Council immediately of all significant or notifiable events related to the child or young person, including any:

- serious illness/accident, or death;
- episode wherein the child or young person is 'missing';
- occurrence of use of restraint of a child or young person;
- serious incident necessitating calling the police;
- allegation that a child or young person has committed a serious offence;
- involvement or suspected involvement of a child or young person in any form of criminal exploitation (for example but not limited to sexual exploitation, drug related exploitation such as 'county lines' gangs, etc);
- serious complaint about any staff member directly working with a child or young person;
- information is provided to the Disclosure and Barring Service under any of sections 35, 36, 39, 41 or 45 of the Safeguarding Vulnerable Groups Act 2006 in respect of an individual working for the Provider.

Depending on the individual circumstances, significant or notifiable events may initially be communicated by the Provider to the Council by telephone, but all such events must always be notified to the Council in writing within 24 hours. Written notification will be via email to the child or young person's Social Worker, with a copy also sent to the Council's Strategic Cooperative Commissioning Team at [Plymplacements@plymouth.gov.uk](mailto:Plymplacements@plymouth.gov.uk)

### **Child or Young Person missing episode**

In the event that a looked after child or young person goes missing, the Provider will adhere to the Council's processes for reporting of significant and notifiable events, and will support the child or young person to participate in a return interview as required.

### **Risk Management**

If risks relating to a child or young person escalate, the Provider will work with the Council to convene a Risk Management meeting, or any other meetings as are deemed necessary to ensure the child or young person's safety. This may include attending multi-agency meetings as required.

## 6. STAFF

### Staffing ratios

The number of staff which the Provider is required to supply will be confirmed by the Council on a case-by-case basis, and will be subject to review in light of changes in the individual needs and circumstances of children and young people.

### Role Types

The Provider will supply staff across a range of roles, as required to meet the individual needs of children and young people. These roles could include, but are not limited to:

- Family Support Worker;
- Health Care Assistant;
- Registered General Nurse (RGN);
- Registered Learning Disability Nurse (RNLD);
- Registered Mental Health Nurse (RMN);
- Youth Worker.

### Recruitment

The Provider will ensure that all staff engaged in the provision or management of services within this Framework Agreement are recruited in accordance with Safer Recruitment Good Practice Guidance published on the Plymouth Safeguarding Children Partnership website at:

[http://www.plymouthscbdev.delthosting.co.uk/wp-content/uploads/2017/08/safer\\_recruitment\\_good\\_practice\\_guidance.pdf](http://www.plymouthscbdev.delthosting.co.uk/wp-content/uploads/2017/08/safer_recruitment_good_practice_guidance.pdf)

The Provider will not sub-contract the recruitment or provision of staff to any organisation whose own recruitment process does not accord with this Safer Recruitment Good Practice Guidance.

The Provider will ensure that all staff employed to undertake direct work within this Framework Agreement are subject to an enhanced Disclosure and Barring Service (DBS) check.

### Retention

The Provider will use its best endeavours to retain competent, experienced personnel and to ensure that the turnover rate of staff engaged in the provision or management of services within this Framework Agreement is at least as good as the prevailing sector norm for similar services, locations and environments, in order to promote continuity of high quality service provision.

### Workforce Development

The Provider will maintain a workforce development plan incorporating the learning and development needs of all staff engaged in the provision or management of services within this Framework Agreement. The Provider will keep the workforce development plan under regular review, and refresh it as necessary to ensure that the qualifications and competencies of all staff/volunteers remain comprehensive, up to date and relevant to meet the requirements of this Specification.

The Provider will ensure that **all staff engaged in the provision or management of services** within this Framework Agreement receive training to an appropriate level in a range of core subjects, including but not limited to:

- Data Protection Act 2018 and the EU General Data Protection Regulation (GDPR)
- Equality and Diversity: anti-discriminatory practice
- Safeguarding Adults
- Safeguarding Children and Young People
- Trauma Informed / Trauma Skilled practice – including understanding the impact of Adverse Childhood Experiences on attachment and behaviour

**In addition to the core subject requirements above:**

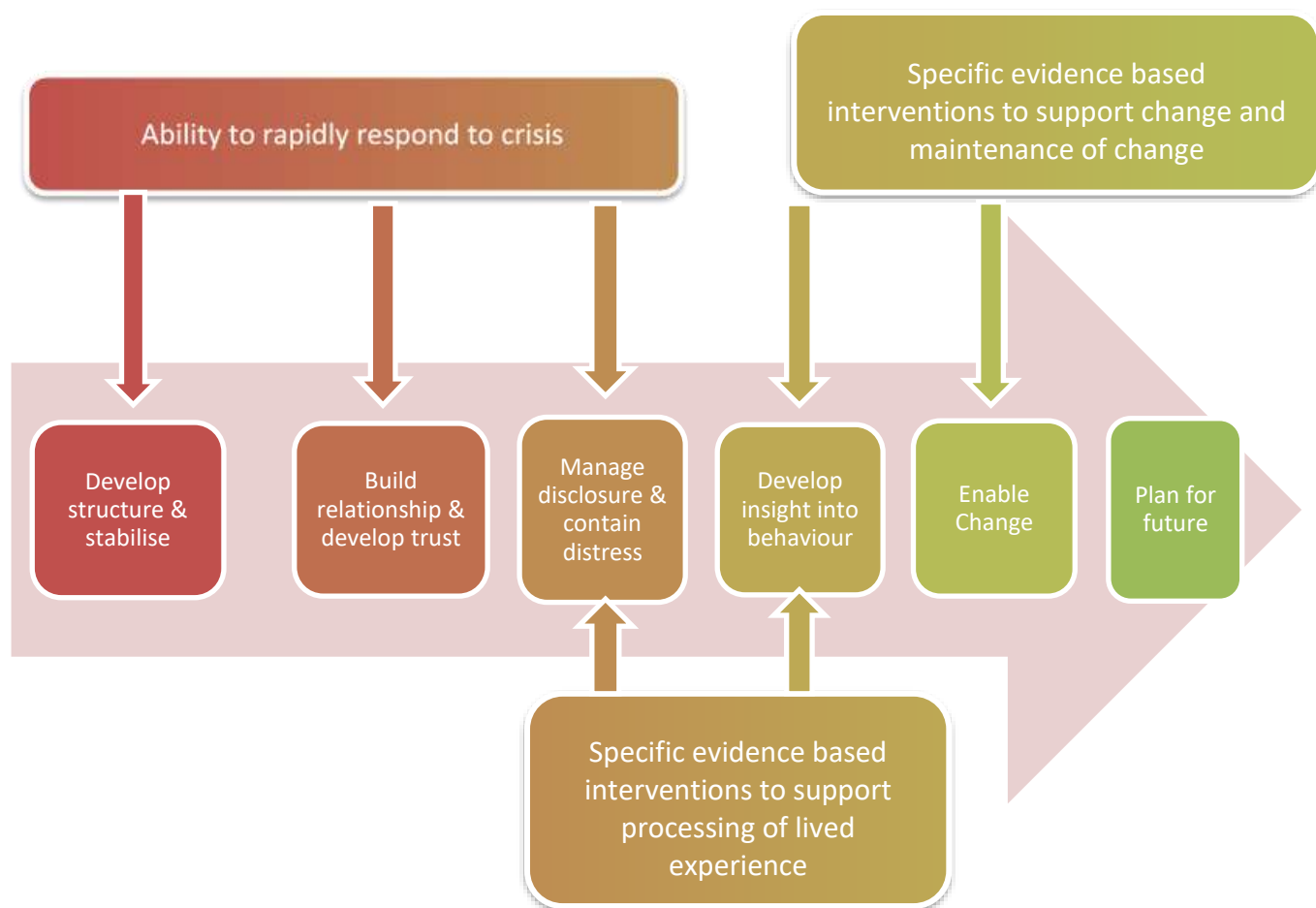
The Provider will ensure that **all staff undertaking direct work with children and young people:**

- are appropriately qualified, trained, skilled, knowledgeable and experienced - to competently meet the requirements of this Specification and demonstrate consistently high standards of practice that put the needs of children and young people at the centre of all activity;
- have their performance appraised and their learning and development needs reviewed at least annually;
- have access to relevant and timely workforce development opportunities to meet their identified needs, and to regular (i.e. at least quarterly) reflective, restorative and clinical supervision - to enable them to develop and improve their practice and maintain their personal resilience and wellbeing, and to promote staff retention;
- have access to competent managerial/supervisory advice and guidance via telephone, 24 hours a day, 7 days a week including bank holidays, to ensure they are appropriately supported at all times to meet the needs of the child or young person;
- have opportunities to participate in team meetings to promote ongoing engagement, peer support and to facilitate the exchange of information and updates between staff and managers. Where staff work varying shift patterns, the Provider may need to schedule multiple team meeting sessions at different times, to ensure all staff have an equal opportunity to participate.

The views and comments of children and young people, and other stakeholders, will be reviewed during staff appraisals and supervision as part of ongoing internal quality assurance by the Provider.

In order to deliver services which are psychologically informed and therapeutic, the Provider will ensure that **all staff working directly with children and young people with social care needs:**

- understand the impacts of trauma on attachment and behaviour;
- work in trauma informed/skilled ways with children and young people who may have experienced multiple adversities and may communicate their distress or difficulty coping through behaviours which appear challenging, such as physical aggression, emotional dysregulation, and sexualised behaviour;
- are able to appropriately manage and de-escalate distress/difficulties expressed through behaviour, in ways which seek to avoid re-traumatising the child or young person;
- are skilled in working with children and young people at all stages of their journey (see Figure 1 below), delivering needs based, trauma informed interventions, enabling children and young people to progress through stabilisation and times of crisis towards increased resilience and being able to positively plan for the future.



**Figure 1:** Based on the Trauma Recovery Model (Dr Tricia Skuse and Jonny Matthew), the I-Thrive Model and That Difficult Age (Research in Practice).

The Provider will ensure that **all staff working directly with children and young people with social care needs** receive training to an appropriate level of knowledge and skill in a range of subjects, including but not limited to the following:

- Assessment of Risk & Vulnerability
- Asylum Seeker and Refugee Awareness
- Autistic Spectrum: awareness and skills for adapting practice
- Behaviour Management:
  - Positive behavioural support, de-escalation and conflict resolution techniques;
  - Supporting children and young people to manage aggressive / challenging / impulsive behaviours
  - Physical intervention and defence strategies (e.g. positive handling, guiding, holding, breakaway and restraint).
  - NB: Training must be compliant with the ethical Training Standards developed by the Restraint Reduction Network and Health Education England (first published 2019). Example: Team Teach positive behaviour training or equivalent programme.
- Child Criminal Exploitation, including: Image Based abuse (e.g. 'sexting'), Sexual, 'County Lines' gangs, Modern Slavery and Human Trafficking
- Complaints and Allegations
- Deprivation of Liberty Safeguards (DoLS) (or any equivalent framework subsequently introduced by mental capacity legislation)

- Eating disorders
- Effective Communication with children and young people
- Emotional Abuse, including Bullying and 'Cyber-Bullying'
- Emotional Wellbeing & Mental Health: awareness and skills (e.g. Mental Health 1st Aid)
- Gender Identity
- Harmful sexual behaviour by children and young people
- Learning Difficulties / Disabilities: awareness and skills for adapting practice
- Neglect
- Physical Abuse
- Physical Disability Awareness (including Sensory)
- Radicalisation [**W**orkshop to **R**aise **A**wareness of **P**revent (WRAP) / e-learning] and Violent Extremism (Channel Programme)
- Relationships & Sexual Health
- Sexual Abuse
- Self-harm
- Substance Misuse (including new Psychoactive Substances)
- Suicide Prevention
- Young Carers
- Understanding other forms of Abuse and Violence (including Stalking & Harrassment, Coercive Control, Domestic Abuse, Honour based violence, forced marriage, Female Genital Mutilation)

The Provider will ensure that staff receive refresher training in these subjects at the intervals set out in their organisational training matrix, or at least every three years where not otherwise specified.

In order to deliver services which are safe and inclusive, the Provider will ensure that **sufficient numbers of staff undertaking direct work with children and young people** are trained to an appropriate level in:

- communication methods including, but not limited to:
  - British Sign Language (BSL)
  - Makaton
  - Picture Exchange Communication System (PECS)
- First aid, including cardiopulmonary resuscitation (CPR)
- Food hygiene
- Health and Safety, including Fire Safety and Manual Handling
- Medicines handling (see **Appendix 2**) (**Note: Appendix 2 document to follow**)
- So SAFE! (programme designed to promote social safety for people with moderate to severe Intellectual Disability and Autism Spectrum Disorder), or equivalent programme
- working safely and effectively with children and young people who are subject to court ordered Deprivation of Liberty Safeguards (DoLS) (or any equivalent framework subsequently introduced by mental capacity legislation);

The Provider will ensure that **sufficient numbers of staff undertaking direct work with children and young people with personal / healthcare needs** are trained to an appropriate level in subjects including but not limited to:

- Catheter / Stoma care
- Continence care
- Gastroenteric tube feeding (PEG/RIG)
- Hoisting / Turning / Manual (Person) Handling



- Intimate care for children and young people with complex needs
- Suction
- Tracheotomy care
- Ventilation training

The Provider will ensure that all Registered Nurses adhere to the revalidation requirements of the Nursing and Midwifery Council (NMC) and maintain their registration to practise in the UK.

In order that children and young people experience continuity, stability and ultimately improved outcomes, the Provider will ensure that:

- wherever possible, there is consistency in the personnel delivering a package of services, to enable the child or young person to establish trust and positive relationships with familiar individuals;
- there is consistent, high quality practice, regardless of the number of the Provider's staff engaged in the delivery of a package of services;
- if requested by the Council, rotas including staff photographs are provided in advance, so that the child or young person can be kept informed of who will be caring for them.

The Provider will:

- use its best endeavours to maintain awareness of updates and changes (to legislative and regulatory frameworks, national and/or local policy and practice) relevant to the provision of health and/or social care services for children and young people;
- regularly review and revise its own organisational policies and procedures in light of such changes and updates;
- ensure that staff engaged in the management or provision of services within this Framework Agreement are made aware of relevant changes and updates;
- address any learning and development needs arising in a timely way, to ensure staff knowledge of the operating environment remains comprehensive, appropriate and up to date, and is reflected in practice;
- ensure that all staff employed in the provision of services within this Framework Agreement consistently adhere to all relevant policies and procedures (internal and external).

All staff undertaking direct work within this Framework Agreement will carry employee ID (including photograph) at all times whilst on duty, ensuring it is readily available for inspection as required. Staff will be required to exercise discretion by not having their employee ID visibly 'on show' in circumstances where this could stigmatise or otherwise negatively impact on children, young people or families.

All staff undertaking direct work within this Framework Agreement will refrain from using nicotine (in the form of tobacco products or e-cigarettes) in the presence of a child or young person (including whilst outdoors).

The Provider will use its best endeavours in structuring rotas to ensure staff have sufficient breaks between shifts to be able to consistently deliver a high standard of practice in their direct work with children, young people and families.

The Council may require the Provider to remove, or procure the removal of, any of its personnel undertaking direct work with children and young people whom it considers, in its reasonable opinion, to be unsatisfactory for any reason which has a material impact on such person's responsibilities. If the Provider replaces any of its personnel as a consequence of this clause, the cost of effecting such replacement shall be borne by the Provider.

## 7. SERVICE VOLUMES

The volume of health and/or social care agency services required will be determined by the individual and changing needs of children and young people, and therefore there will naturally be some variation in the volume of services required per annum.

However, the indicative overall value of services to be commissioned within this Framework Agreement is anticipated to be approximately £3million per annum.

Services will be tailored to the individual and changing needs of a child or young person and therefore the price of each package of services will vary according to its bespoke nature.

Providers submitting expressions of interest to deliver services in response to a referral will be required to justify their quotations, demonstrating how positive outcomes will be achieved in ways which deliver the best possible value for public money.

## 8. PERFORMANCE

### 8.1 Key Performance Indicators

Key Performance Indicator	Measure	Annual Target	Reporting mechanism
Provider's organisational policies and procedures remain up to date and reflective of relevant: <ul style="list-style-type: none"> <li>legislation/regulatory framework(s)</li> <li>national/local policies &amp; best practice guidance (for example from the Plymouth Safeguarding Children Partnership or Plymouth Safeguarding Adults Partnership)</li> </ul>	Policies and procedures reviewed within appropriate timescale: <ol style="list-style-type: none"> <li>Behaviour Management policy including restraint</li> <li>Clinical governance structure (where relevant)</li> <li>Data Protection / Information Governance</li> <li>Equality &amp; Diversity</li> <li>Food hygiene</li> <li>Health &amp; Safety</li> <li>Infection Prevention and Control (IPC)</li> <li>Lone working policy</li> <li>Manual (Person) Handling</li> <li>Medication administration</li> <li>Missing Person protocol</li> <li>Quality Management and Improvement</li> <li>Reporting procedures (Significant and notifiable events)</li> <li>Safeguarding Adults</li> <li>Safeguarding Children</li> <li>Staff Handbook &amp; Code of Conduct</li> </ol>	100% of policies reviewed / updated within appropriate timescale	<b>Quarterly report</b> For each policy or procedure: <ul style="list-style-type: none"> <li>•Date of last review</li> <li>•Date next review due</li> <li>•Overview of any key changes made this reporting period</li> </ul>
Compliments / Thanks / Suggestions / Requests	Number and subject of feedback received; actions planned or completed as a result.	N/A	<b>Quarterly report</b>
Complaints	Number, subject and stage Organisational learning derived	N/A	<b>Quarterly report</b>

## 8.2 Outcomes

The specific outcomes the Provider is required to deliver or make a key, demonstrable contribution towards for each child or young person will be determined by their individual needs, and as set out in the Care Plan. Examples of those specific outcomes could include, but are not limited to:

- Increased engagement with other services identified within the Care Plan, including for example:
  - Child and Adolescent Mental Health Service (CAMHS)
  - Community Learning Disability Teams
  - Education
  - Health professionals
  - Substance Misuse Services
  - Young Carers
- Improved emotional wellbeing and mental health;
- Improved behaviour regulation;
- Improved relationships with parents / carers / other family members;
- Reduction in harmful risk-taking behaviour;
- Increased parental/carer skills and confidence to maintain a family environment in which children and young people feel safe, cared for and can thrive;
- Improved Placement stability (for 'looked after' child or young person).

All service packages will be reviewed as set out within this Specification, to ensure suitability and effectiveness at meeting need and progress in delivering the required outcomes.

For the overall services in scope of this Specification, the Provider will evidence the following:

Outcome	Measure	Evidence Source
Needs of children and young people are met through continual service improvement	<p>Annual <b>Service Improvement Plan</b> demonstrating:</p> <ul style="list-style-type: none"> <li>• the Provider's commitment to, and effective planning and implementation of, continual service improvement, and a person-centred approach to meeting the needs of children and young people;</li> <li>• ways in which the Provider has worked collaboratively and effectively with partner agencies and other stakeholders (such as those set out in Networks and Links section of this Specification) to improve outcomes for children and young people;</li> <li>• ways in which the service improvements implemented and/or planned have been informed by:               <ol style="list-style-type: none"> <li>1. the voices of children, young people and families (e.g. 'they said, we did');</li> <li>2. insights from staff working directly with children and young people;</li> <li>3. insights/feedback from partner agencies/other stakeholders;</li> <li>4. changes/updates to legislative and regulatory frameworks, national and/or local policy and practice relevant to the provision of health and/or social care services for children and young people.</li> </ol> </li> </ul>	<b>Annual Service Improvement Plan</b>

Outcome	Measure	Evidence Source
Needs of children and young people are met and competent staff are retained and motivated by access to appropriate workforce development opportunities	Annual <b>Workforce Development Plan</b> , demonstrating how activity undertaken and planned is contributing to continual service improvement.	<b>Annual</b> Workforce Development Plan
	<b>Staff retention/turnover:</b> percentage of leavers over the last 6 months	<b>Six monthly</b> report

## 9. QUALITY REQUIREMENTS

The Provider will ensure that all staff engaged in the management or provision of services delivered within this Framework Agreement have an appropriate level of knowledge and understanding of the legislative and regulatory framework, national and/or local policy and practice relating to the provision of health and/or social care services for children and young people. This includes but is not limited to:

- Children Act 1989
- “Working Together to Safeguard Children” (HM Government 2015 and all subsequent editions)
- Child Protection procedures of the Plymouth Safeguarding Children Partnership
- Mental Capacity Act 2005 (and all subsequent amendments)

In carrying out its functions the Provider will adhere to the principle contained in the Children Act 1989 that the welfare of the child is paramount.

The Provider will act in accordance with the guidance contained in “Working Together to Safeguard Children” (HM Government 2015 and all subsequent editions) and adhere to the child protection procedures of the Local Safeguarding Children Partnership.

The Provider will comply with all legislation that is relevant to the operation of its business as specified in the terms and conditions of this Framework Agreement.

The Provider will regularly review and revise its own organisational policies and procedures to ensure they remain reflective of any relevant legislation, regulatory framework, national and/or local policy and practice relating to the delivery of health and/or social care services for children and young people.

Where deficiencies in service delivery are identified, the Provider will take measures to rectify these immediately through an action plan agreed with the Council.

## 10. MANAGEMENT INFORMATION

The Provider may be required to provide the following information to the Council upon request:

- Equality data (i.e. 'Protected Characteristics' of the young people supported by the Provider, as defined in the Equality Act 2010);
- If unmet need is identified, action plans to ensure the Provider maintains sufficient capacity to meet required levels of need, including plans for prompt recruitment of additional staff;
- Any other monitoring information reasonably deemed by the Council as necessary and proportionate to ensure the provision of an effective, high quality, service.

## 11. CONTRACT MANAGEMENT

The Provider will record and collate all data necessary in order to meet the performance reporting, quality and management information requirements of this Specification.

The Provider will meet with representative(s) of the Council to review performance of the Service. Contract review meetings will ordinarily take place quarterly in the first year following entry to the Framework Agreement, and thereafter on a six monthly basis.

The Provider will submit the required monitoring information via secure email to the Council's Strategic Co-operative Commissioning Team at [Plymplacements@plymouth.gov.uk](mailto:Plymplacements@plymouth.gov.uk), at least **5 working days** before each contract review meeting.

The Provider will act on any action plans or risk management plans produced as a result of the contract monitoring process.

The Council will retain the discretion to vary the performance reporting requirements set out in this Specification, and may implement additional and/or more frequent monitoring that it considers necessary and proportionate for the successful delivery of the contract (for example in response to concerns regarding quality of service provision).

## 12. BUSINESS CONTINUITY

The Provider must comply with the Civil Contingencies Act 2004 and with any applicable national and local civil contingency plans.

The Provider must prepare and maintain a robust Business Continuity Plan (BCP) with a clearly defined risk assessment, strategy for resilience and for recovery of usual service provision and must notify the Council as soon as reasonably practicable of its activation and in any event no later than 5 Business Days from the date of such activation.

In response to the increasing prevalence of cyber attacks globally, and the dependency most organisations place on their data and ICT systems in order to operate, the Provider must have robust cyber security measures in place, and the Provider's BCP must recognise that a cyber attack could potentially take ICT systems offline for a prolonged period. The Provider must regularly review, update and test their BCP to ensure it remains robust in response to emerging cyber security threats. Further information and guidance is available to organisations from the UK National Cyber Security Centre website [National Cyber Security Centre - NCSC.GOV.UK](https://www.ncsc.gov.uk)

The Provider will maintain sufficient numbers of suitably skilled, qualified and competent staff in order to avoid any disruption to service provision during periods of absence, whether planned (for example annual leave, attendance at training events) or unplanned (for example ill health).

## Appendix 1: Glossary of Definitions

**Care Plan:** a statutory document, providing key information about a child or young person's care; it will include services to be delivered by the Provider, including any specific requirements to meet education and health needs, religious, linguistic, racial or cultural needs, and any other information that is considered important to the child or young person's care.

**Education, Health and Care Plan (EHC Plan):** a plan for children and young people aged up to 25 years whose needs cannot be wholly met by what is available through special educational needs support. EHC Plans identify educational, health and social needs and set out the additional support required to meet those needs.

**Looked After Child:** Under the Children Act (1989), a child is legally defined as 'looked after' by a local authority if he or she is:

- provided with accommodation for a continuous period of more than 24 hours; or
- subject to a Care Order or a Placement Order

**Pathway Plan:** each young person who qualifies for services under the Leaving Care Act 2000 ('eligible', 'relevant' and 'former relevant' young people) will have a Pathway Plan, which is a continuation of the Looking After Children materials. The Pathway Plan is a Care Plan, detailing the services and support needed by young people aged 16 to 25 years.

**Personal Education Plan (PEP):** An evolving record forming part of a 'looked after' child's Care Plan and the joint responsibility of both the local authority and a school. This plan should detail and document a personalised approach to learning that meets the education and development needs of 'looked after' children, raises their aspirations, builds life chances and enables them to be supported to make at least expected progress and fulfil their potential. Progress against the plan is overseen by many professionals, with the involvement of the child.

**Virtual School:** a group of professionals within the local authority, including a head teacher, learning advocates, a virtual school manager, specialist child in care education welfare officers, learning mentors and personal education plan co-ordinators who all work closely with schools and 'looked after' children to support them in achieving the best possible educational outcomes.

## Appendix 2: Medicines Handling Guidance (Note: Appendix 2 document to follow)