Service Specification

**For young people who require small, registered children’s homes**

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| **Age** | 14 |
| **Gender** | Female |
| **Current Placement** | Secure Accommodation |
| **Geographical location required** | County Durham |
| **Needs and presentation** | An Interim Care Order was granted for YP on 29.07.21 alongside a s25 Secure Order due to YP posing a high risk to herself and others whilst placed in residential care under a s20 arrangement. Long standing issues relate to YP being out of parental control and a victim of Child Sexual Exploitation  YP was made subject to a S38 Interim Care Order and S25 Secure Order on 29/07/2021, which was granted on a 3-month basis and is due to end on 23.11.21.  YP has remained resident at Aycliffe Secure Centre since the date of the Secure Order on 29/07/2021. Following being placed in Aycliffe Secure YP spent 5 days in isolation due to the centre's policy  around Covid19 and there were initially significant issues with YP's behaviours reported, including disclosures of taking overdoses and violence towards key workers, hospital staff and police.  Aycliffe Secure Centre reports that *'YP attended hospital on two occasions to be checked over and have her bloods taken to ensure she was safe and well. On both occasions there was no evidence that any substances had been taken however whilst at hospital YP showed high levels of aggression and assaulted numerous hospital staff, damaged property and assaulted staff from Aycliffe which led to the use of physical intervention.'*  Following this initial period YP is reported to have settled in well and there has been good progress in respect of her interactions with staff and behaviours when clear routines and boundaries are in place. YP  has achieved "Platinum" status for compliance and behaviour. Aycliffe Secure Centre have however highlighted that there has been a further incident in November where ' *YP has tied clothing around her neck as a ligature, and then assaulted staff as they have tried to remove this. She has been able to reflect on these behaviours at a later date and has recognised them as self-sabotaging in order to gain staff support.'*  There have been no further significant behavioural concerns since November ad YP’s mobility programme in Aycliffe Secure is progressing well which has included time with family in the community.  A Court directed Independent psychological assessment has been completed Dr Shashi Kiran on 18.10.21 which has identified areas of further assessment and support have been identified for YP in respect of suspected Attention Deficit Hyperactive Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Attachment issues, it was recommended that CAMHS could support and assess further in these areas as follows:  *'My assessment shows YP having high levels of impulsiveness, attention deficits, poor frustration tolerance, argumentativeness, difficulty accepting blame for her actions, lack of remorse when she was aggressive and defiance of instructions. These difficulties are reported as being pervasively present and interfere in her interpersonal and social functioning as well as impede her scholastic attainments. Further there is also report of what appears to be situation and context specific lying/ fabrication of experiences, aggression with no remorse and poor sensitivity to depictions of distress in others. This presentation is highly suggestive of the presence of Disruptive Behaviour Disorders such as Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder. The situation and context specific difficulties could be indicative of emerging Conduct Disorder.*  In respect of YP's Placement, Dr Kirin recommends that:  '*It would be beneficial for YP to remain at the Aycliffe Secure Unit until an alternate residential arrangement has been made to provide YP with similar levels of consistency and containment of difficulties.'*  When making a recommendation regarding future placement Dr Kirin states that; *Any exploration of residential placement for YP would need to consider settings that would be able to provide consistency in interactions, predictability in expectations, strict boundaries, friendly approach and minimal distractions which seem to have a containing effect on YP's difficulties. Staff of any residential placement unit will need to be completely aware of YP's needs and the resources that will need to be in place to support YP and to manage her difficulties. The multi-agency support system should be structured to support the residential setting in supporting YP. Any further breakdowns in residential placement can only serve to enhance YP's perception of inconsistency and deepen the ambivalent attachment patterns that sees carers as unreliable.* |

**What we require?**

* To open up discussion with providers about the development of ‘new’ registered children’s home provision in County Durham or in the surrounding area to meet the specific needs of the young person.
* The home is for one young person initially, with the flexibility to move in a second young person at a later date, subject to a positive matching exercise.
* A provider may already have a registered children’s home with a highly experienced registered manager and are able to develop a smaller satellite home.
* Provider’s that have knowledge and experience of working with children with complex needs and within Ofsted’s Regulatory Framework.
* Providers that have a track record of achieving positive outcomes for children / young people, who provide consistent good quality care and who demonstrate stickability.

**What we will offer as a Local Authority:**

* Tailored multi-agency planning about the additional support and resources that can be offered in line with the needs of the child.
* A dedicated point of contact for advice when setting up a home in Durham.
* A letter of support for the change of use planning process.
* A dedicated point of contact when the home is operational.
* Linkages with the virtual school to ensure that children are able to access suitable education provision in line with their individual needs.
* Access to an advocacy and independent visitor service.