



THERAPEUTIC SERVICE SPECIFICATION

Contents

SECTION 1: INTRODUCTION.....	3
SECTION 2: THE CITY OF WOLVERHAMPTON PROFILE	3
SECTION 3: THE CITY OF WOLVERHAMPTON CONTEXT	4
3.11 The City of Wolverhampton Strategic Overview	5
3.12 CAMHS Transformation	6
3.13 Commissioning Intentions	7
SECTION 4: SPECIFICATION.....	8
4.2 Purpose	8
4.3 Aim	8
4.4 Description of Service	8
4.5 Principles Underpinning the Service	9
4.6 Evidence Based	10
4.7 Service Delivery	10
4.8 Accessing Therapeutic Support	11
4.9 Discharge Process	12
4.10 Eligible Service User Group	12
4.11 Service Delivery Location	12
4.12 Level of Support	12
4.13 Number of Families Supported	12
4.14 Target Duration of Support	12
4.15 Co-operation and Joint Working with other Organisations/Agencies	12
4.16 Recording Systems	13
4.17 Staffing: Staff Skills and Training	13
4.18 Knowledge and Skills	13
4.19 Experience	14
4.20 Misconduct	14
4.21 Staff Records	15
4.22 Staff Training	15
4.23 Innovation	15
SECTION 5: MONITORING.....	16
5.2. System & Process	16
5.3. Contract Management	16
5.4. Contract Monitoring Information	16
5.5. Performance Indicators	17
5.6. Individual Care Plan Review meetings	18

POLICIES AND PROCEDURES.....	23
QUALITY ASSURANCE	25
FORM SSS1, THERAPEUTIC REFERRAL FORM	27
FORM SSS2 TEMPLATE FOR PACKAGE OF SUPPORT	30
ACTIVITY REPORT TEMPLATE	32

SECTION 1: INTRODUCTION

- 1.1 The aim of this service specification is to set out the City of Wolverhampton's requirement for therapeutic services to support early intervention and intensive specialist support. It provides a local context, description of service requirements and outcomes and arrangements for quality assurance, monitoring and evaluation.

SECTION 2: THE CITY OF WOLVERHAMPTON PROFILE

- 2.1 One of the most densely populated local authority areas in England; Wolverhampton has a population density of 3,447 per square kilometre. Projections show a population increase to 273,300 by 2037, a third of which is projected to be BAME. The number of children aged 0 to 19 years is projected to increase to 68,300 by 2037, a net gain of about 8.6%.
- 2.2 The Index of Multiple Deprivation 2015 (IMD 2015) shows Wolverhampton as the 18th most deprived local authority district, and one of the 10% most deprived local authorities in England. Wolverhampton has a particularly high proportion of children who live in families in relative poverty; 29.2% of under 20's and 30.2% of under 16's compared with 18.6% and 19.2% nationally. This equates to nearly 17,000 children and young people under 20 and just over 15,000 children and young people under 16 living in households where income is less than 60% of median household income before housing costs. Significantly more children have free school meals across the city compared with the England average: nearly 24% compared to just over 16%: nearly 9,500 children had a free school meal in 2014. The poverty gap between Wolverhampton and England is not closing and we know that poverty and social inequalities in childhood have profound effects on the health and life opportunities of children into adulthood.
- 2.3 Wolverhampton has one of the highest unemployment rates in the country, both for the total working age population and for young people (aged 18-24). At the end of 2014, the City faced the highest levels of unemployment in the country for 16-64 year olds with a rate of 5.4% compared to a national average of 2.1%. 22.9% of the working age population are without formal qualifications compared to a national rate of 9.1% and the city also has a low rate of degree qualified residents. Literacy and numeracy skills are low, with many adults having only 'entry level' literacy and numeracy skills, which is shown to impact on life chances and employment prospects.
- 2.4 Between 31st March 2009 and 31st March 2014 the number of children and young people looked after by the Council increased by 215% (from 367 to 772).
- 2.5 The increase in the number of children in care has not been unique to Wolverhampton. Both nationally and within Wolverhampton's statistical comparator group of Local Authorities, increases in the number of children in care per 10,000 population has been experienced. However, the increase in Wolverhampton has been significantly greater than other statistical neighbours.
- 2.6 Since March 2015 the number of LAC has continued to fall demonstrating the effectiveness of the ambitious transformation programme that the council is implementing. While the number of LAC continues to decrease, it is still significantly higher than that of comparators.

SECTION 3: THE CITY OF WOLVERHAMPTON CONTEXT

- 3.1 Councils are experiencing the challenge of balancing unprecedented financial constraints with improving the life chances of children and keeping them safe while needing to develop a stronger response to complex and enduring challenges, such as violence against women and girls, child sexual exploitation and mental health issues.
- 3.2 Wolverhampton, like many other authorities, is responding to these complex challenges by reshaping its services and ensuring resources are targeted where they can have greatest impact.
- 3.3 Recognising that outcomes nationally for many children in care and young people who leave care are unacceptably low, the focus is on enabling children and young people, wherever possible to remain safe within their communities.
- 3.4 The City of Wolverhampton Council (CWC) and its partners have a shared vision of improving the life chances of all children living in Wolverhampton by ensuring that families get the right help, at the right time and in the right place and, as far as possible keep families together.
- 3.5 This vision applies as much to helping children and young people live safely at home and preventing admission to care, by embedding the whole family approach within the recently transformed early intervention services, as it does to those children and young people who do become looked after.
- 3.6 In delivering this vision the City of Wolverhampton Children Services prioritises;
 - a) strengthening families where children are at risk;
 - b) supporting families in times of need;
 - c) targeting effective early help and support to strengthen families, keeping children and young people with their families where it is safe and reasonable to do so;
 - d) identifying and protecting children at risk of harm including those at risk of child sexual exploitation;
 - e) improving outcomes for families affected by domestic violence by ensuring earlier access to information, advice and support.
- 3.7 By 2019/2020 we will:
 - a) ensure that children and families have swift and co-ordinated access to the right services at the right time;
 - b) achieve positive and sustained change by working with the whole family;
 - c) safely prevent family breakdown by supporting children and families.
- 3.8 The City of Wolverhampton will do this by focusing on four main areas of work;
 - a) Prevention – family based early intervention that keeps families together where it is safe and reasonable to do so;
 - b) Placement - where children have come into the care of the Council they are in placements that most closely meet their needs;
 - c) Permanence – where it is not possible to reunite the family children and young people move to stable and permanent places through adoption and special guardianship;
 - d) Exit/Transition – when young people reach adulthood they achieve a successful transition to adult life.

- 3.9 The principle of working is based on;
- a) Family based care – sustained behaviour change is most likely to occur in the context of the family;
 - b) Stability and permanence – in order to thrive children and young people need consistency of approach, safety and security;
 - c) Quality and sufficiency – there needs to be enough provision at the highest standard;
- 3.10 Partnership and co-production – all stakeholders need to be able to shape and comment on service provision.

3.11 **The City of Wolverhampton Strategic Overview**

3.11.1 There are a number of policy areas in Wolverhampton that impact on the delivery of our services. The City Strategy focus is on concrete improvements which organisations can achieve by working together under the banner of ‘One City, one goal: prosperity for all’. The strategy is about making Wolverhampton a great place everyone can be proud of – creating new opportunities for local people, communities and businesses. Within this there is a need to make sure that everyone, including the most vulnerable people, benefit. This work will include creating new job opportunities, supporting businesses and communities and closing the gaps in skills, health and well-being.

3.11.2 The **City Strategy** outcomes are for the whole city and it is acknowledged that relatively few can be delivered by an organisation acting on its own. The council has to decide where – and in what way – it can best contribute to the Strategy’s outcomes. The Corporate Plan has a vital part to play in this process, helping the council to shape its response and to allocate resources where they will make the greatest impact.

3.11.3 The **Corporate Plan** acknowledges that too many children in Wolverhampton are born into poverty which can be a significant barrier to succeeding in later life. Nearly one in three children and young people grow up in poverty in Wolverhampton.

3.11.4 The **Children, Young People & Families Plan 2015-25** sets out what Children Trust Partners will do so that children, young people and families in Wolverhampton can live ‘healthy, happy lives.’ This 10 year plan has 4 priorities, these are:

- a) Reduce the harm caused by child poverty;
- b) Increase achievement and involvement in Education, Training and Employment;
- c) Increase the number of families that are strong;
- d) Improve the health of children, young people and families.

3.11.5 **Mental Health and Psychological Well Being Strategy for Children and Young People (2013-2016)** key messages include:

- a) Placing the needs and best interests of children and young people at the heart of everything we do;
- b) The need to have clear information about and access to appropriate levels of service provision across health, education and social care;
- c) That there should be clarity around working together and strong partnership arrangements to provide seamless, flexible and responsive services;
- d) As part of universal provision schools and colleges play an important role in providing mental health promotion and early intervention and prevention messages and initiatives to children and young people;
- e) That transition arrangements and processes between children and adults services should be improved and strengthened;

- f) That the 'toxic trio' of parental mental health difficulties, parental substance misuse and domestic violence and the impact of each of these separately and also as a combination of problems on the lives of children and young people must be addressed in a joined up approach across organisations and partners.

3.11.6 The local Adult Mental Health Strategy re-refresh includes a wider all age mental health approach to improve outcomes for all people requiring support from mental health services. This is in keeping with the cross government mental health outcomes strategic guidance for people of all ages detailed in 'No Health without Mental Health' (2011), 'Preventing suicide in England' (HM Government, 2012), 'Closing the Gap' (HM Government 2014), which adopt a life course approach.

3.11.7 The strategy prioritises the delivery of the 6 key outcomes of 'No Health without Mental Health' (2011) as overarching themes. These are:

- a) More people will have good mental health;
- b) More people with mental health problems will recover;
- c) More people with mental health problems will have good physical health;
- d) More people will have a positive experience of care and support;
- e) Fewer people will suffer avoidable harm;
- f) Fewer people will experience stigma and discrimination.

3.12 CAMHS Transformation

3.12.1 A great deal of work has been undertaken over the past 2 years in Wolverhampton, which has included consultation with children, young people and stakeholders. The culmination of much of this activity has been in the successful implementation of HeadStart Stage 2, increased funding through Future in Mind, and the successful application to The Big Lottery for the third phase of HeadStart which will see the development of 4 Headspace hubs located in areas of high need in Wolverhampton.

3.12.2 The Wolverhampton CAMHS Transformation Plan outlines the vision to develop a 'tier less whole system' across health, education and social care. This will include significant system re-design within the Black Country Partnership NHS Foundation Trust and re-specification of existing services. Collaborative commissioning opportunities exist across the Black Country, for example regarding CAMHS Tier 3 Plus Services (CAMHS Crisis, Home Treatment and Assertive Outreach Services) and Tri-Partite funded care packages for children placed out of city. Within Wolverhampton co-commissioning with The City of Wolverhampton will include ensuring alignment with HeadStart and the local offer for Children and Young People, including Early Help, Families in Focus and initiatives delivered within schools such as counselling services, pastoral care and universal services.

3.12.3 Emotional health and wellbeing services for children and young people in Wolverhampton need to be characterised by the following:

- a) Services are needs led, child and young person centred, and family focussed/inclusive;
- b) Services are delivered locally and accessible;
- c) Services are flexible to meet identified needs;
- d) No child or young person to be denied a service due to not meeting service criteria;
- e) Services are provided in an integrated manner so that children and young people do not fall into service gaps;
- f) Mindful of confidentiality, relevant and useful information will be shared to support interventions;
- g) Children, young people, and families will co-design interventions;
- h) Early support and intervention is preferable in assisting children and young people;

- i) Education staff are provided with a range of skills to help them identify and manage early signs of vulnerability;
- j) Primary care professionals will be provided with more effective support for them to identify and best manage emotional health and wellbeing issues, as well as clear referral pathways;
- k) Service system to include active participation of community, public and private providers;
- l) Specialist mental health interventions are delivered to those that need them in an expedient manner;
- m) Services provide outcome data so effectiveness can be monitored;
- n) The service system is open and transparent.

3.12.4 The service provider is not expected to contribute to the CAMHS transformation agenda.

3.13 Commissioning Intentions

3.13.1 The City of Wolverhampton is committed to supporting and stimulating a diverse market for care and support by offering a real choice of opportunities that keep children and young people safe and improve their life chances, whilst enabling effective early help and support to vulnerable families at the earliest point to strengthen families where children are at risk. With all of the economic pressures experienced across services, new ways need to be found so that the whole system can respond pro-actively to the needs of the child, their family and community and to facilitate and enable resilience, growth and achievement.

3.13.2 The City of Wolverhampton is seeking a provider who can provide a range of therapeutic support services for identified families and their care needs. Key features will include;

- a) Evidence based interventions that provide children, young people and families with the tools and coping mechanisms that they need to continue living safely in their family unit.
- b) Services designed around the needs of children, young people and their families available when they need it and delivered in a range of settings.
- c) A focus on preventing family breakdown when need is increasingly challenging and complex and building family resilience and capability.
- d) Developing and delivering a range of psychological and psychotherapeutic interventions.
- e) Services available to people of all ages (parents and children) based on need.
- f) Flexible services available out of hours and responsive to need at the point when families need it most by offering crisis support.
- g) Services designed on evidence based practice and providing value for money.
- h) A range of tools to support effective communication with children and young people ensuring that their wishes and feelings are heard and responded to in the planning and decision-making processes at school, in family settings, within the community.
- i) The empowerment of children and young people and their families to take control, promoting access to information, advice and support, including short breaks and personalised budgets where appropriate.
- j) Wrap around service for a period no longer than 6 months.
- k) Provision of necessary data and information to support external evaluation and performance monitoring.

3.13.3 The case-holding responsibility and key longer term relationship will remain with the Social Worker or Strengthening Families Worker.

SECTION 4: SPECIFICATION

4.1 Introduction

4.1.1 The Provider shall ensure that their Services contribute to the City of Wolverhampton Council's vision and priorities:

- a) People live longer, healthier lives;
- b) Adults and children are supported in times of need;
- c) People and communities achieve their full potential;
- d) People develop the skills to get and keep work;
- e) Delivering effective core services that people want;
- f) An environment where new and existing businesses thrive.

4.2 Purpose

4.2.1 The Specialist Intensive Therapeutic Service will be a multi- disciplinary specialist service providing high level intensive support for children, young people and parents/carers with high level complex need.

4.2.2 This multi-disciplinary specialist service will use a range of innovative methods to work with "hard to reach" young people and their families. The service will use a whole system approach to address health and well-being as well as educational and social needs, to empower young people and their families to improve and enhance their life chances and help them get back on track with their lives.

4.2.3 The interventions will be used throughout the Council's internal teams that will include their prevention services, child protection and social care. Interventions will need to respond quickly to requests to ensure these complex families can have this service at a time when they need it and when they are ready to engage. The service will be co-located within the City of Wolverhampton Specialist Support Services.

4.3 Aim

4.3.1 The overall aim is to improve outcomes for children, young people and their families with multiple and complex needs, including special educational needs by providing an integrated, person-centered, proactive and responsive therapeutic service.

4.4 Description of Service

4.4.1 The successful provider is required;

- a) To undertake a joint specialist assessment with the lead professional and jointly develop an outcomes focused plan for the service user and/or family.
- b) To deliver direct interventions for a child, young person or family/carer. The direct intervention should address presenting issues and outcomes as identified by the lead professional and the child or parent/carer.
- c) To ensure appropriate services are available to meet needs of the child, young person or parent/carer.
- d) To provide appropriate support where the needs of the child, young person or parent/carer have been assessed or have escalated to requiring specialist support, until specialist support is available. This work may be time limited and maintain a situation to prevent escalation whilst other interventions are prepared or being ended.

- e) To deliver evidence based interventions that will prevent escalation of need and reduce referrals to specialist services.
- f) To assertively respond to non-attendance at appointments.
- g) To ensure children, young people and parents/carers receive help in appropriate settings that are non-stigmatising and familiar environments; such as school, strengthening families hubs, community based venues, etc.
- h) To provide a crucial role in directing children and parents to the most appropriate services, preventing delays and avoiding inappropriate alternatives.
- i) In partnership with other agencies develop and deliver learning and development opportunities to enable professionals working with children, young people and families with additional vulnerabilities to gain knowledge and skills regarding the identification and awareness of poor emotional wellbeing and mental health issues.
- j) The promotion of good Emotional Wellbeing and Mental Health including contributing to the development of local networks including peer support.
- k) To provide robust service/contract data and intelligence to influence strategy and service planning.
- l) The services funded under this contract must be free of charge to the service user.

4.5 Principles Underpinning the Service

- 4.5.1 Best practice indicates that interventions that focus on a small number of specific goals, continually reinforcing self-efficacy and resilience establish the pre-determinants to sustained improvements.
- 4.5.2 Support must be agreed in partnership with the family to meet their assessed needs and expressed aspirations. The Provider will ensure that service users have the necessary information to make an informed choice about any options available to them.
- 4.5.3 The Provider will be expected to use innovative, proactive methods of working to help service users. There will be flexibility in service delivery to ensure that interventions are accessible, timely and appropriate and use evidence-based behaviour change practice.
- 4.5.4 The provider shall work in a way that recognises that:
 - a) The welfare and the needs of the whole family are paramount;
 - b) Each child, young person and parent/carer is an individual whose rights and needs must be respected;
 - c) It is important that families are supported and enabled to integrate with their peer group, school, employment and community whilst receiving help from the provider;
 - d) Access to support for children, families and parents/carers regardless of the following protected characteristics: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity;
 - e) All staff must be appropriately qualified and skilled;
 - f) Services need to be delivered at a time or place convenient to families;
 - g) It must be sensitive and responsive to the differing and changing needs of each child/young person/parent/carer;
 - h) Confidentiality with due regard to safeguarding guidance;
 - i) The provider puts the individual/family at the centre of the intervention and involves them in the planning, delivery and evaluation of the services;
 - j) The service must work with the whole family using their strengths and acknowledging they are the experts in their own family in order to build resilience and capacity;
 - k) It must be non-stigmatising and pro-actively challenge behaviours;
 - l) It will deliver work directly with families through both group based activity and one to one engagement.

4.6 Evidence Based

4.6.1 National Institute for Health and Clinical Excellence (NICE) guidance has stated that behaviour change interventions include:

- a) Holistic approaches to risky behaviour and situations;
- b) Holistic, tailored packages of help and support which respond to the needs of the individual, when needed;
- c) Targeted services for families with multiple needs;
- d) Experienced, well-trained, high-quality and committed staff;
- e) Recognise how their social contexts and relationships may affect behaviour and identify a plan for situations that might undermine the changes they are trying to make;
- f) Plan explicit if-then coping strategies to prevent relapse;
- g) Understand the short, medium and longer term consequences of their (healthy-related) behaviours for themselves and others;
- h) Feel positive about the benefits of (health-enhancing) behaviours and changing their behaviour.

4.6.2 The Specialist Intensive Support Service will work to the following policy and guidance:

1	Future in Mind – promoting, Protecting and Improving our Children and young people’s mental health and Well Being (HM Government 2015)
2	NHS Operating Framework 2016/17
3	Wolverhampton Crisis Concordat Action Plan (March 2015)
4	Promoting the health and well-being of Looked-after children statutory guidance for local authorities, Clinical commissioning groups and NHS England (HM Government March 2015)
5	Preventing suicide in England: One Year on (H M Government 2014)
6	Achieving Better Access to Mental Health Services by 2020 (HM Government 2014)
7	Closing the Gap (HM Government 2014)
8	No Health without mental health (HM Government 2011)
9	Looked After Children and young people NICE guidance PH28 (NICE and SCIE May 2015)
10	The Children Act 1989 Guidance and Regulations volume 2: Care Planning, Placement and Case Review
11	Winterbourne View – Time for Change
12	National Service Framework for Children and Young People and Maternity Services 2004 – in particular Standard Nine
13	Our Health, Our Care, Our Say 2006
14	Commissioning Framework for Health and Wellbeing 2007 DH
15	Commissioning Support Programme for Children’s Trusts 2008 DCSF
16	Every Child Matters 2003
17	Children and Young People in Mind: the final report of the National CAMHS Review
18	Working Together to Safeguard Children 2006
19	Equalities Act 2010

4.7 Service Delivery

4.7.1 The provider will undertake direct work with children, young people, parent/carers that are resident in Wolverhampton where need has assessed by the City of Wolverhampton Children Services.

- 4.7.2 Interventions must be evidence based and encourage service users to reflect on their behaviour, the factors influencing their behaviour, recognise self-efficacy, resilience, aspiration, negotiating skills and motivation. The Provider must seek to create an environment that supports and reinforces positive sustainable change.
- 4.7.3 The provider must develop effective working relationship with CAMHS and HeadStart to ensure services complement, not duplicate and processes are in place for step up/down support.
- 4.7.4 The provider will, with the Lead Professional and the family, ensure the service user and/or the family has an Outcome Focused Plan developed with the service user based on current behaviour, family context, meanings and influences. This is also important for the long term monitoring of sustained changed. The plan must:
- a) Have long-term, sustainable approaches that can be measured and monitored;
 - b) Deliver interventions that are evidence based;
 - c) Provide a behavioural change model.

4.8 Accessing Therapeutic Support

- 4.8.1 The City of Wolverhampton Council shall assess the care needs of the child(ren)/young person(s) prior to the therapeutic support (form SSS1). The assessment will include the individual needs of the child(ren)/young person(s) and shall include attention to a range of needs for example:
- a) Physical;
 - b) Health Care;
 - c) Educational;
 - d) Behavioural;
 - e) Social;
 - f) Emotional;
 - g) Cultural;
 - h) Religious.
- 4.8.2 The child(ren)/young person(s) (and, where appropriate, Parent(s)/Carer(s)) will be informed by the City of Wolverhampton Council of the reason for and the purpose of the therapeutic support and what may be involved.
- 4.8.3 The Service Provider shall not accept a referral outside of the City of Wolverhampton Council Children Services Specialist Support Services for this contract.
- 4.8.4 The Provider will attend the weekly Resource Panel meeting, where possible referrals may be discussed.
- 4.8.5 The Council shall ensure that the Service Provider receives all of the relevant information above.
- 4.8.6 On receipt of the completed form SSS1 (Appendix D), the provider will need to develop a package of support that meets the identified need and achieves the stated outcomes. Form SSS2 (Appendix E) will need to be completed and sent to the allocated social worker.
- 4.8.7 The proposed therapeutic intervention will need to be agreed by the allocated social worker.

4.8.8 When the package of support has been agreed by the allocated social worker, the provider will need to submit monthly activity reports (Appendix F) to the allocated social worker. At case closure the provider will need to submit an outcomes report.

4.9 Discharge Process

4.9.1 Discharges shall only take place in accordance with the child(ren)/young person(s) Care Plan and following consultation and agreement between the City of Wolverhampton Council, Service Provider and the child(ren)/young person(s) where appropriate.

4.9.2 Termination of the therapeutic support shall be made in accordance with the arrangements detailed within the Individual Support Plan.

4.9.3 Child(ren)/young person(s) and/or their Parent(s)/Carer(s), the Service, Provider and Council, shall work together to identify and negotiate appropriate forms of aftercare.

4.10 Eligible Service User Group

4.10.1 The Provider will work with Looked after Children and families on the edge of care, as determined by the City of Wolverhampton Council's Support Resource Panel.

4.11 Service Delivery Location

4.11.1 The Service Provider will operate within the boundary of the City of Wolverhampton or as directed by the City of Wolverhampton Council's Resource Panel. The provider will have the opportunity to work from Specialist Support Services office base and other City of Wolverhampton Children Services sites.

4.12 Level of Support

4.12.1 This will be in accordance with the assessed needs of the individual/ family.

4.13 Number of Families Supported

4.13.1 The provider will work with a minimum of 60 families per annum.

4.14 Target Duration of Support

4.14.1 This will be in accordance with the assessed needs of the individual/ family, but no longer than six months, unless authorised by the Head of Specialist Support Services.

4.15 Co-operation and Joint Working with other Organisations/Agencies

4.15.1 The Provider must have awareness and must establish relationships and develop Joint Working Protocols with a range of stakeholders such as (this list is not exhaustive):

- a) Adult Services;
- b) Mental Health;
- c) Domestic Abuse;
- d) Learning Disability;
- e) Social Care;
- f) Substance misuse;
- g) Children's Social Care;
- h) Youth Offending;

- i) Probation Services;
- j) West Midlands Police;
- k) Housing;
- l) Voluntary and community sector (where relevant);
- m) Welfare support.

4.15.2 The Provider will be expected to work collaboratively with all stakeholders to achieve improved outcomes through an integrated and inclusive, planned approach.

4.15.3 The Provider must work in partnership with other agencies to agree use of assessments and/or intelligence previously undertaken/gathered with the family.

4.15.4 The Provider must ensure resources are targeted effectively to meet the needs of the family.

4.16 Recording Systems

4.16.1 The Provider must ensure that all work undertaken is recorded on the City of Wolverhampton Council's Early Help System and CareFirst. If the Provider also maintains their own case management system this information must be made accessible to the commissioner, as requested.

4.16.2 The Provider will need to obtain the necessary access to the Early Help System and Care First and use this in line with data protection.

4.16.3 The provider will ensure that the child's record is updated as soon as practically possible following contact with child and/or families, care meetings, within a maximum of 5 working days.

4.16.4 Outcomes monitoring - the Provider is required to use Emotional Wellbeing Mental health evidenced based outcomes measurement tool as decided by the Provider.

4.17 Staffing: Staff Skills and Training

4.17.1 The Provider shall have a core team delivering this contract. The team should have workers that are appropriately professionally qualified and trained, competent and experienced to ensure the service can be provided. They must undergo continuing professional development.

4.17.2 The Provider will ensure that there is a professionally appropriate and clinically robust supervision model in place with the purpose of understanding progress of work tasks being, or to be, carried out and any other issues related to carrying out the delivery of the service. Management must receive feedback from those sessions for the purposes of quality assurance. Written records must be kept.

4.17.3 The provider will ensure that workers have specific training and experience in a range of evidence based therapeutic frameworks/interventions with children, young people and families.

4.18 Knowledge and Skills

- a) Specialist knowledge/training in Emotional wellbeing mental health difficulties in children and adolescents and adults.
- b) Capacity to interact therapeutically with children, young people and adult's with emotional wellbeing difficulties.
- c) Expertise and specialist skills in working with complex cases.

- d) Capacity to be reflective in therapeutic practice and adapt practice accordingly.
- e) Appropriate professional support to develop the capacity and to reflect and adapt practice accordingly.
- f) Demonstrate an ability to work effectively as part of the multi-disciplinary team.
- g) Clear, comprehensive and concise reporting, both verbally and in writing.
- h) Ability to make decisions and develop outcomes focused plans.
- i) Knowledge and understanding of NICE guidelines, Safeguarding policies, risk management and identifying areas of risk
- j) Knowledge of fair access and non-discriminatory practice.
- k) An understanding of the skills needed of clinical supervision.

4.19 Experience

- a) Significant post registration experience of working with children, young people and adults with poor emotional wellbeing needs.
- b) Significant experience with evidence based psychological therapies.
- c) Experience of devising and implementing evidence based Outcome Focused plans and packages of care within a recognised therapeutic framework.
- d) Capacity to engage with and build therapeutic relationships with children, young people and families.
- e) Ability to provide consultation and supervision to other professionals.
- f) Ability to deliver training packages, workshops and psycho-education programmes to professionals and families.
- g) Significant knowledge and experience in behavioural change techniques and building resilience and self-efficacy.

4.20 Misconduct

4.20.1 Allegations of misconduct (in any form) by any member of staff which come to the attention of the Service Provider shall be reported to the Specialist Support Services Head of Service.

4.20.2 A report on any investigation, including any actions taken as a result, shall be submitted to the City of Wolverhampton Council's Specialist Support Head of Service, who will determine the impact on and further action to be taken under the Contract.

4.20.3 Any allegations of abusive behaviour towards child(ren)/young person(s) shall be reported immediately, in accordance with child(ren)/young person(s) Protection Procedures and child(ren)/young person(s)'s Homes Regulations, to the Council and the Commission for Social Care Inspection.

4.20.4 The Service Provider shall provide evidence of arrangements for investigating allegations of misconduct by any of their employees and for any subsequent action which may be required.

4.20.5 Misconduct includes but is not limited to:

- a) neglect of child(ren)/young person(s);
- b) assault, verbal and mental abuse, acts of cruelty, including threatening behaviour;
- c) sexual harassment, sexual abuse and any other form of sexual exploitation;
- d) fraud or theft;
- e) inducement to involve anyone in the above or in actions which would be considered unacceptable;
- f) inducements to the Councils' representatives;
- g) conspiracy with Councils' representatives to defraud or to disadvantage a Service User.

4.21 Staff Records

4.21.1 The Service Provider shall maintain records in a single personnel file for each employee containing application forms, interview notes, references, grievances and disciplinary records and a record of all training given. Induction Record, Supervision and Appraisal notes shall also be contained within the file.

4.22 Staff Training

4.22.1 The Service Provider shall ensure that all Employees have the knowledge, skills and competence to undertake all activities to ensure that a high standard of care is provided to Service Users.

4.22.2 Written policies shall exist and be implemented, to ensure that employees are trained and aware of the following: (This is not an exhaustive list).

- a) Child Protection (Disclosure Principles/Rules of Evidence);
- b) Health and Safety at Work (including fire awareness and safety);
- c) Equal Opportunities;
- d) Child(ren)/young person(s) Development;
- e) Key Worker tasks, admission, recording;
- f) Confidentiality;
- g) Complaints Procedure;
- h) Managing challenging behaviour;
Risk Assessment and management

4.22.3 All new staff shall be given induction training (including aims, philosophy and methodology of care) within 4 weeks of the commencement of their employment.

4.22.4 The Service Provider shall ensure that the on-going training needs of employees are identified through the supervision and appraisal process and a suitable training programme is provided to meet these needs.

4.22.5 Records of training shall be kept on the employee's files and shall be dated and signed accordingly.

4.23 Innovation

4.23.1 The Service Provider shall be innovative and active in making efficiency savings, and service quality improvements, in order to ensure that the service provider makes optimum use of resources whilst meeting the requirement of Service Users.

SECTION 5: MONITORING

5.1. By having a flexible, integrated and proactive range of emotional health and wellbeing services, we expect a reduction in family breakdown and ultimately a reduction in looked after children. The service will be monitored via;

- a) Formal contract meeting with the Contract management team;
- b) Formal meetings with Specialist Support Services and social workers on outcomes achieved in individual support Plan.

5.2. System & Process

5.2.1. The Provider is required to use Emotional Wellbeing Mental health evidenced based outcomes measurement tool as decided by the Provider.

5.2.2. This system should give the council and the people who use the service confidence that the provider has appropriate systems in place to deliver the service as agreed and in a safe and timely manner. It should address the arrangements for managing the delivery of the service, how it will ensure that employees and volunteers understand what the people who use the service require, monitoring service delivery and taking action where improvements are necessary or risks are identified.

5.2.3. The system must include how the provider intends to seek the views of individuals who use the service and enables them to make comments about the service they receive.

5.3. Contract Management

5.3.1. To enable the service to be monitored and reviews, the Service Provider shall:

- a) Participate in contract monitoring and review meetings arranged by The City of Wolverhampton Council.
- b) Allow the City of Wolverhampton Council access to relevant records and staff.

5.3.2. Information will be required from the Provider on a quarterly basis within 5 working days of the end of each quarter and as reasonably requested.

5.3.3. The provider (managerial level or above) will attend monthly Specialist Support Services Management meetings to discuss operational delivery, issues and concerns.

5.3.4. The Provider will hold quarterly meetings with the Contract Management Team which will consider performance and achievements against the local delivery plan and identify areas for future improvement and future development of the service to meet changing needs.

5.3.5. Where there is serious and sustained under-performance the City of Wolverhampton Council may require an improvement plan to be produced and implemented. Continued under-performance could result in the contract being terminated.

5.3.6. The service will also be expected to respond to concerns from stakeholders and resolve any issues that arise as quickly as possible.

5.4. Contract Monitoring Information

5.4.1. The Provider is expected to produce a quarterly dashboard. This will be part of contract management.

5.4.2. The dashboard should contain demographic information (age, gender, ethnicity, disability and ward).

5.4.3. The Dashboard should contain the following information;

- a) Number of referrals received broken down by; LAC, Edge of Care, Early Intervention;
- b) Reason for referrals broken down by LAC, Edge of Care, Early Intervention;
- c) % of referrals accepted/ not accepted (will be required to provide reasons). Broken down by; LAC, Edge of Care, Early Intervention;
- d) Time between referral received and commencement of activity broken down by; LAC, Edge of Care, Early Intervention.
- e) Manager’s commentary.

5.4.4. The Commissioner may ask for additional datasets. Sufficient time will be given to the provider to ensure processes are in place for data collection.

5.5. Performance Indicators

Performance Indicator	Threshold	Reporting Frequency
Service Delivery		
No of families supported	60 families per annum	Quarterly
Number of Outcome focussed plans developed and signed	100%	Quarterly
Number of service users completing intervention in a planned way (as stated in individual Support Plan)	80%	Quarterly
Number of edge of care referrals who did not become LAC since interventions (minimum 6 months)	80%	Quarterly
Number of LAC placement breakdown prevented as a result of the intervention (minimum 6 months)	80%	Quarterly
% of referrals accepted / not accepted (will be required to provide reasons) <ul style="list-style-type: none"> o LAC o Edge of Care o Early Intervention 	TBA	Quarterly
Time between referral received and commencement of activity. % that take over 10 working days <ul style="list-style-type: none"> o LAC o Edge of Care o Early Intervention 	<20%	Quarterly
Please provide reason why referrals have taken over 10 days		
Views of Service users		
Please summarise any consultation and participation activities undertaken;		Quarterly
Number of Compliments		Quarterly

Performance Indicator	Threshold	Reporting Frequency
Number of Complaints (please provide details)		Quarterly
% of service users satisfaction with service If below, please explain	80%.	Quarterly
Staffing		
Suitably Qualified staff in place	100%	Quarterly
Turnover of staff If higher than threshold staff turnover, please provide case study	<30%.	Quarterly

5.6. Individual Care Plan Review meetings

5.6.1. The provider will be expected to attend review meetings led by the social worker.

5.6.2. The provider will submit monthly activity reports (Appendix F) to the allocated social worker.

5.6.3. For individual case management, the provider will need to develop an outcome tool to show distance travelled by families. This will need to go to the allocated social worker and will form part of contract management.

Table 1: LAC – Total Population, Gender & Age

		31 March 2014		31 March 2015		31 March 2016		26 Sept. 2016	
		No.	%	No.	%	No.	%	No.	%
Total LAC		772	100	774	100	657	100	627	100
Gender	Female	350	45	347	45	282	43	259	41
	Male	422	55	427	55	375	57	368	59
Age	Under 1	51	6.6	36	4.6	25	3.8	22	3.5
	1- 4	174	22.5	134	17.3	117	17.8	99	15.8
	5 - 9	193	25.0	239	30.1	162	24.7	158	25.2
	10 - 15	248	32.1	258	33.3	252	38.3	254	40.5
	16+	106	13.7	107	13.8	101	15.4	91	14.5

Source: City of Wolverhampton Council – Business Intelligence Team: OP LAC Placement Reports

Table 2: LAC Population – Ethnic Origin

	31 March 2014		31 March 2015		31 March 2016	
	No.	%	No.	%	No.	%
Asian/Brit - Bangladeshi	1	0.1	0	--	0	--
Asian/Brit - Indian	20	2.6	18	2.3	9	1.4
Asian/Brit -Other Asian	6	0.8	4	0.5	4	0.6
Asian/Brit - Pakistani	9	1.2	10	1.3	10	1.5
Black/Brit - African	22	2.8	22	2.8	19	2.9
Black/Brit - Caribbean	53	6.9	54	7.0	54	8.2
Black/Brit - Other black	11	1.4	13	1.7	11	1.7
Chinese	3	0.4	1	0.1	1	0.1
Declined to say	2	0.3	2	0.2	1	0.1
Gypsy/Roma	1	0.1	1	0.1	1	0.1
No information	2	0.3	5	0.6	2	0.3
Mixed - other	24	3.1	38	4.8	26	3.9
Mixed - White/Asian	15	1.9	14	1.7	12	1.8
Mixed - White/ Black African	6	0.8	4	0.5	2	0.3
Mixed - White/Black Caribbean	68	8.8	65	8.4	52	7.9
Other ethnic group	28	3.6	26	3.3	26	3.9
Traveller - Irish Heritage	0	--	0	--	0	--
White British	490	63.5	487	62.9	419	63.6
White - Other	11	1.4	11	1.4	8	1.2

Source: City of Wolverhampton Council – Business Intelligence Team: OP LAC Placement Reports

Children in need and child protection (CiN/CP)

The rates and numbers of children who are the subject of a child protection plan have risen slightly during 2016/17 to date compared to 2015/16 but remain lower than comparators and historically low for Wolverhampton.

The proportion of children who were classed as CiN over the last 12 months continues to increase, however this is largely due to increases in referral numbers which can be linked to the introduction of the Multi Agency Safeguarding Hub (MASH) in January 2016 and were not unexpected.

The number of children with a formal CiN plan, who are the subject of a CP Plan or who are Looked After is not increasing. The number of children who are the subject of a CP Plan for a second or subsequent time is increasing slightly. The reasons for this are being investigated, although initial enquiries suggest that it may be due to a number of larger sibling groups becoming subject of CP for a second time.

Table 3: CiN Ethnicity Data

Ethnicity	Total
Asian/Brit - Bangladeshi	3
Asian/Brit - Indian	82
Asian/Brit - Pakistani	38
Asian/Brit -Other Asian	21
Black/Brit - African	83
Black/Brit - Caribbean	54
Black/Brit - Other black	16
Declined to say	6
Gypsy/Roma (CYP only)	5
Information not yet obtained	72
Mixed – other	27
Mixed - White/Black African	13
Mixed - White/Asian	22
Mixed - White/Black Caribbean	119
Not Recorded	84
Other ethnic group	64
Traveller of Irish Heritage (CYP only)	4
White – Other	54
White British	643
White Irish	1
Grand Total	1411

Table 4: CiN Age Data

Age	Total
0	92
1	77
2	75
3	90
4	75
5	76
6	69
7	83
8	88
9	93
10	67
11	66
12	68
13	64
14	77
15	96
16	77
17	78
1411	1411

Table 5: CiN Gender

Sex	Total
Female	626
Male	750
Unborn	29
Unknown	6
Grand Total	1411

Table 6: CP Ethnicity Data

Ethnicity	Total
Asian/Brit - Indian	14
Asian/Brit - Pakistani	6
Asian/Brit -Other Asian	4
Black/Brit - African	3
Black/Brit - Caribbean	5
Black/Brit - Other black	1
Information not yet obtained	9
Mixed - other	4
Mixed - White/ Black African	3
Mixed - White/Asian	7
Mixed - White/Black Caribbean	30
Not Recorded	10
Other ethnic group	14
White – Other	7
White British	125
White Irish	1
Grand Total	243

Table 7: CP Age Data

Age	Total
0	45
1	23
2	17
3	15
4	14
5	14
6	12
7	12
8	18
9	15
10	7
11	14
12	8
13	13
14	10
15	3
16	3
Total	243

Table 8: CP Gender Data

Sex	Total
Female	89
Male	140
Unborn	12
Unknown	2
Grand Total	243

Table 9: Population Data

Measure	Comparator 2014/15	2014/15	2015/16
The number of referrals to children's social care received in the rolling 12 months per 10,000 population	Eng – 548 WM – 613 Stat N - 814	639.6 (3636)	689.4 (4010)
Percentage of re-referrals to Children Social Care within 12 months of the previous referral	Eng – 24% WM – 23% Stat N – 24%	21.2%	21.2%
The rate of children subject of a child protection plan per 10,000 population	Eng – 42.9 WM – 45.9 Stat N – 56.4	50.3 (290)	26.1 (152)
The rate per 10,000 population of children becoming the subject of a child protection plan in the last 12 months	ENG – 53.7 WM – 57.9	73 (420)	49.5 (288)
Proportion of children currently subject of a child protection plan who have previously been the subject of a CP Plan	Eng – 16.6% WM – 17.3% Stat N – 12.9%	12.6% (53)	17.9% (50)
The percentage of Looked After Children where neglect is a factor	No comparator data	n/a	46%
The percentage of Looked After Children where parental domestic violence, parental mental health issues or parental substance misuse are a factor (toxic trio)	No comparator data	n/a	41%

POLICIES AND PROCEDURES

1. The City of Wolverhampton Council Policies & Procedures

1.1 The Service Provider will need to develop operational policies, procedures and other formal documents in keeping with the operational model in use within Children and Family Services that are relevant to the service. The Service Provider must also work in accordance with all the City of Wolverhampton Council approved policies and procedures. These include, but are not exclusive of:

- Equal Opportunities;
- Child Protection/Safeguarding;
- Health and Safety;
- Staff Recruitment and Retention;
- Training and Staff Development;
- Confidentiality Policy;
- Information Sharing;
- Information Management;
- Referral/Matching Process;
- Email and Internet code of practice;
- Lone Working;
- Whistle Blowing;
- Complaints/Compliments;
- Disciplinary/Grievance.

2. Safeguarding

2.1 The City of Wolverhampton Council is committed to safeguarding all children. The service provider will be expected to comply with the statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004. The service provider will ensure that all Staff is fully aware of the service provider's policy with regard to their own responsibility in reporting safeguarding concerns which will be in line with The City of Wolverhampton Council's policy.

2.2 The Wolverhampton Safeguarding Children Board (WSCB) is responsible for ensuring that staff working with children and families in the City, prioritise safeguarding and promote the welfare of children and young people. It does this through scrutiny, inquiry, training and development work overseen by an interagency WSCB and sub committees.

2.3 The WSCB has published child protection procedures that must be followed by the service provider and all those working with children and families in Wolverhampton where there are child protection concerns about a particular child or young person.

3. Equality

3.1 The Service Provider must demonstrate that the legal obligations in the Public Sector Equality Duty and the Equality Act 2010 are met in the service delivery.

3.2 The service provider is required to foster good relations by tackling prejudice and promoting understanding between people who share a protected characteristic and others.

4. **Complaints & Compliments**

4.1 The Service Provider is required to ensure that its Staff, Service Users and their families/carers are aware of how to report a complaint, comment or compliment. This procedure must include details on how any complaints are investigated, how any remedial action will be instigated and the complainant notified, with a defined timescales for response.

4.2 If a Service User and/or their representative are not satisfied after following the service provider's procedure for dealing with complaints, the Service Provider shall refer the Service User/their representative to the Authorised Officer.

4.3 If a complaint alleges any criminal offence by any member of staff, the Service Provider shall immediately refer any complaint to the Police in the first instance, and to the Authorised Officer in writing.

QUALITY ASSURANCE

1. **Quality Standards**

- 1.1 The City of Wolverhampton Council demonstrates its commitment to commissioning services for the people of Wolverhampton that is of good quality and enables them to achieve their agreed outcomes in its Quality Standards (latest version 15.11.13, Issue No 9). They are a key element of the Quality Assurance system developed to ensure equality and consistency in ALL care and support services.
- 1.2 The Quality Standards will be used to measure the level of quality that The City of Wolverhampton Council expects and therefore the outcome of a review against these Standards by the Council may be different to that of a review undertaken by the Care Quality Commission.
- 1.3 The Quality Standards will be supported by Practice Guidance that the City of Wolverhampton Council will issue from time to time to illustrate how a service provider may achieve the standards and to reflect changes in best practice.
- 1.4 The Quality Standards will be subject to periodic review to reflect changes in strategies for commissioning care services, changes to legislation and best practice and will be issued to the service provider following review. The Service Provider will be measured against the most up to date set of Quality Standards in relation to this service specification.
- 1.5 The management of the Quality Standards rests with the Quality Assurance & Compliance Team (Q A & C Team) including ensuring that all contracted Providers are issued with the current set of Standards following any amendments and that Providers are included in any formal consultation relating to the Quality Standards.
- 1.6 The Service Provider must have a robust quality assurance system to ensure that it meets its obligations and delivers an acceptable level of service.
- 1.7 This System should give The City of Wolverhampton Council and the people who use the Service confidence that the service provider has appropriate systems in place to deliver the service as agreed and in a safe and timely manner. It should address the arrangements for managing the delivery of the service, how it will ensure that staff understands what the people who use the service require, monitoring service delivery and taking action where improvements are necessary or risks are identified.
- 1.8 It must include how the service provider intends to seek the views of individuals who use the service and enables them to make comments about the service they receive.
- 1.9 The Service Provider must take account of the views of individuals who use the service and produce an annual report of the key issues raised and how these will be addressed. A copy of this should be available to people who use the Service and sent to the QA&C Team.

2. **Measuring the Quality of the Service Provision**

- 2.1 Measuring the quality of service delivery and compliance with the contract, this Service Specification and the Quality Standards will be carried out by the Contract Management team.
- 2.2 The Service Provider will work with the Contract Management Team to ensure the smooth running of the contract and delivery of service, as outlined in this service specification.
- 2.3 In addition the Service Provider will be subject to a comprehensive Service Review that covers all requirements of this service specification, annual business plan and the Quality Standards. This will be a planned process that will include being able to talk to individuals who use the service and staff.
- 2.4 The outcome of any visit or Service Review will be recorded in a written report and, where necessary, action plan that will detail necessary improvements and time scales and, where appropriate, good practice recommendations.
- 2.5 The Service Provider will be required to respond to any concerns or requests raised by the Contract Management Team within agreed timescales.

3. **Dispute Resolution**

- 3.1 The dispute resolution process takes place in three stages;

- | | |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage 1 | The complaint is submitted in writing within 28 days of the matter arising, to the, outlining the issue and reason for complaint. The Lead Commissioning Officer will respond within 14 days and outline the timeline for investigation and response. |
| Stage 2 | The complaint is submitted in writing to the Head of Service – Early Intervention or their delegated deputy within 28 days of the Stage 1 decision being made, outlining the issue and reason for dissatisfaction with the decision. Receipt of the complaint will be acknowledged and a timeline for the further investigation will be issued within 14 days. |
| Stage 3 | Where it has not been possible to resolve the issue at Stages 1 or 2 the complaint will be referred to the Service Director – Children and Young People in the form of a report on the previous stages and their outcomes. The finding of the Service Director will be final and communicated within 14 days of receipt. |

FORM SSS1, THERAPEUTIC REFERRAL FORM

REQUEST FOR INTENSIVE THERAPEUTIC SUPPORT

1. CHILD/ YOUNG PERSON'S DETAILS	
Initials :	Legal Status :
Age :	Disability :
Gender :	Ethnicity :
Address :	Household (please detail others living in the household)
Language spoken	Is an Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>

2 WHAT ARE THE CURRENT CONCERNS		
CONCERN	Child	Parent/ Carer
Behavioural issues (verbal, physical, criminal)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide details:</i>		
Abuse (sexual, neglect, emotional, physical)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide details:</i>		
Mental health (incl. self-harm)		<input type="checkbox"/>
<i>Please provide details:</i>		
Physical / Learning disabilities / difficulties	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide details:</i>		
Substance misuse	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide details:</i>		
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide details:</i>		
Other	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide details:</i>		

3. Is there CURRENT involvement with other agencies? Yes No

If yes, please provide details. This should include details of services/organisations, nature of the involvement (the need being addressed), and length of involvement.

4 Have other agencies been involved in the last 12 month? Yes No

If yes, please provide details. This should include details of services/organisations, nature of the involvement (the need being addressed), and length of involvement.

5. PURPOSE OF INTERVENTION. What do you want to address with this support?

6. INTENSITY OF INTERVENTION

PLEASE NOTE THAT THERAPEUTIC SUPPORT WILL NEED FORTNIGHTLY REPORTS SUBMITTED TO THE HEAD OF SERVICE FOR CONTINUED FUNDING. THE REPORT SHOULD INCLUDE PROVIDER ACTIVITY UPDATES.

How urgent is the support required:

24 hrs 48 hrs up to 1 week 1 to 2 weeks 2 weeks or more

Therapeutic Support required for	child/children <input type="checkbox"/>	parent/carer <input type="checkbox"/>	Whole family <input type="checkbox"/>
----------------------------------	-----------------------------------------	---------------------------------------	---------------------------------------

Expected minimum hours of support per week	
--------------------------------------------	--

7. OUTCOMES. What are you expecting (outcomes) the intensive therapeutic provision to achieve from this intervention? Please ensure this relates to Q2.

8. Please highlight any risks in relation to the home environment

Is it safe to undertake a home visit? Yes No

If no to above, please provide details of personal & environmental risks below:

Are there any known restrictions on contact between family members or others, including areas where people live? Yes No

If yes please provide details:

Are there any relationship problems or history of family conflict? Yes No

If yes please provide details:

9. REFERRER DETAILS

Allocated Social Worker/ Family Support Worker:

Telephone

Has a Social Work Assessment been undertaken? Yes No

10. APPROVAL/ AUTHORISATION

Consultant Social Worker

Name Signed

Telephone

Date

Head of Specialist Support Service

Name Signed

Date

Form SSS2. Package of Support

FORM SSS2 TEMPLATE FOR PACKAGE OF SUPPORT

<p>1. DOES THE PROPOSED INTERVENTION MEET THE TIMESCALES REQUIRED? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>2. PROGRAMME OF SUPPORT AND/OR INTERVENTION. <i>This support should address issues raised in q2.</i></p>		
<p>Support package for Child <i>Include; details of support; frequency, length of each session</i></p>	<p>Support package for Parent/ Carer <i>Include; details of support; frequency, length of each session</i></p>	<p>Support package for whole family <i>Include; details of support; frequency, length of each session</i></p>
Cost of package £	Cost of package £	Cost of package £
<p>TOTAL COST OF SUPPORT PACKAGE £</p>		

Form SSS2. Package of Support

OUTCOMES Please state how you will evidence outcomes		
Outcomes for Child	Outcome for Parent/ Carer	Outcome for whole family
Other comments		

EXIT STRATEGY

Form SSS3 ACTIVITY REPORT

ACTIVITY REPORT TEMPLATE

SPECIALIST SUPPORT SERVICE: THERAPEUTIC SUPPORT PROVIDER ACTIVITY REPORT		
Time Period :		P NUMBER
1. Planned support package (please list support package delivered)		
Support for Child/ Young person delivered	Support package for Parent/ Carer delivered	Support package for whole family delivered
<i>Date</i>	<i>Date</i>	<i>Date</i>

2. Organisation details.			
I hereby confirm that the information is correct			
Name		Position in Organisation	
Signed		Date	