

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	11J/0206 v2
Service	Parenting Support Service
Commissioner Lead	Children and Young People Services
Provider Lead	Service Manager, Action for Children
Period	1st September 2020 to 31st August 2022
Date of Review	31 st August 2021

1. Population Needs
<p>This is a Pan Dorset service (Dorset, Bournemouth Christchurch and Poole) that shall work with parents of children aged between 2 and 12 years old who have or are at risk of experiencing issues associated with Conduct Disorders.</p> <p>1.1 National/local context and evidence base</p> <p>Pan Dorset Parent Training/Education Service for the Management of Children with Conduct Disorder</p> <ul style="list-style-type: none"> • The Service specified here shall provide effective targeted training/education, support, information and relevant advice to parents with children aged between 2 and 12 in Dorset, Bournemouth, Christchurch and Poole who are experiencing issues associated with Conduct Disorders (CD). • Conduct Disorders are characterised by a repetitive and persistent pattern of antisocial, aggressive or defiant conduct. Such behaviour will be more severe than ordinary mischief or adolescent rebelliousness and it goes beyond isolated antisocial acts. To meet the definition of conduct disorders in the Diagnostic and Statistical Manual and the International Classification of Disease, “at least three behavioural criteria (including aggression to people and or animals, destruction of property, deceitfulness, theft and serious violation of rules) must have been exhibited in the preceding 12 months with at least one criterion present in the last 6 months”. • It is also recognised that there will be children within this age cohort who may not have received a diagnosis of Conduct Disorder but will be presenting indicative behaviours and their parents will require access to the Service. As such, where this specification refers to Conduct Disorder it also recognises those children with Oppositional Defiant Disorder (ODD) as well as recognised behaviours that are clear indicators of potential Conduct Disorder. <p>The Service shall ensure that the appropriate NICE Guidance is met locally including Clinical Guidance (CG) 158: Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management, March 2013. This guidance now includes the previous NICE Technology Appraisal 102 (2006) for Parent-training/education programmes in the management of children with conduct disorders. (This shall include any future revisions to this guidance as well as adherence to any relevant sections of other relevant NICE guidance.)</p> <p>The Service shall be fully compatible with relevant national, regional and local guidance, strategies and initiatives. Local Strategies/plans include (but are not limited to):</p> <ul style="list-style-type: none"> • Children’s Trusts Children & Young People’s Plans • Pan Dorset Children & Young People’s Emotional Well-being and Mental Health Strategy and Local Transformation Plan • Parenting Strategies

- Family support Strategies
- Early Help Programmes and Approaches
- Behaviour and Development (including ASD/ADHD) Strategies
- Children and Young People who have Special Educational Needs and / or Disabilities (SEND)
- Participation Strategies
- Troubled Families Projects

The Provider shall work with the Purchaser in delivering this Service fully in accordance with the local Health and Well-being Strategies; the NHS Dorset CCG Five Year Strategy and associated Delivery Plans; the prevailing Children and Young People's Plans for each area (Dorset, Bournemouth, Christchurch & Poole) and any other national, regional or local plan or strategy which features the needs of children and young people.

The Service shall be provided utilising nationally recognised and endorsed evidence based programmes, methodologies and tools.

Target population:

National surveys have estimated the prevalence of children with mental health problems in England. Applying these estimates to Dorset, Bournemouth, Christchurch and Poole, this translates to approximately 400 children per year who could be expected to develop conduct disorder.

Estimated prevalence of conduct disorder in 2-12 year olds in Dorset, Bournemouth, Christchurch and Poole

	Total Population	Prevalence of Conduct Disorder
Female population aged 2-10	34,338	(2.8%) 961
Male population ages 2-10	36,182	(6.9%) 2,497
Female population aged 11-12	7,012	(5.1%) 358
Male population ages 11-12	7,452	(8.1%) 604
Total cases of conduct disorder		4,420

(Source: The Mental Health of Children and Young People)

Around a third of children with conduct disorders will also have another recognised mental disorder. It is estimated that 19% have an emotional disorder, including 15% with anxiety disorders, 17% have a hyperkinetic disorder and 3% have a less common disorder

NICE guidance recognises the range of parental, familial and environmental risk factors for Conduct Disorder and associated conditions. Many of these can be identified prior to the age of two. Therefore, help and intervention in early life as part of a wider understating of needs, should be a factor in a comprehensive service to this target group.

There may be children already in contact with specialist CAMH and community paediatric services across Dorset, Bournemouth, Christchurch and Poole who would benefit from parenting programmes as an effective supporting intervention as part of their treatment intervention. The Provider shall work with the local CAMHS and Community Paediatrics Providers to ensure there is adequate provision for access to the programmes provided within this specification.

There is also further local provision which supports parents across Dorset, Bournemouth, Christchurch and Poole that is provided by different providers including the local authorities

which also offer opportunities and support to this client group through a range of approaches. The Provider shall ensure that the Service specified in this contract is delivered alongside those existing services and ensure a co-ordinated approach to provision, limit duplication and make the most effective use of resources to meet local needs.

It will be the responsibility of the Provider to develop and deliver different approaches/models/interventions in Dorset, Bournemouth, Christchurch and Poole following an assessment of need, levels of existing provision, and identification of any gaps in provision.

The Provider shall collect, analyse and report activity data to support local intelligence in regard to patterns of the prevalence of conduct disorders, their impact upon outcomes for children, young people and their families and any resulting changes in need that will impact upon commissioning decisions and/or service improvement

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

- *Enhancing quality of life for people with mental illness*
- *Improving outcomes from planned treatments*
- *Improving experience of healthcare for people with mental illness*
- *Improving children and young people's experience of healthcare*

2.2 Local defined outcomes

- Outcomes must be monitored and evaluated using standardised measures of improvement in child behaviour.
- Primary outcomes include reducing the Eyberg Child Behaviour Inventory scores of children referred to the Service. This is a commonly used and validated instrument to capture and measure behaviour changes related to emotional and conduct problems.
- The Provider shall fully utilise the locally developed Parenting Outcome Toolkit as part of all delivery. (The toolkit is based upon both the SDQ and parental concerns tools combined with individual goal directed outcomes)

Outcomes of the Service:

(The expected range of reduction and establishment of an accurate baseline will be subject to agreement between the Purchaser and the Provider)

- A reduction in the number of families (including children and young people) who experience problems and factors/indicators of Conduct Disorder or Oppositional Defiant Disorder) in Dorset, Bournemouth, Christchurch and Poole.
- A reduction in the incidence of escalation of problems associated with Conduct Disorder.
- Prevention of problems associated with Conduct Disorder due to appropriate prevention and early intervention approaches.
- Families with children and young people experiencing difficulties will report positive change as a result of the Service and the achievement of their identified outcomes.

- Families with children and young people who are at risk of conduct disorder receive an effective assessment of their needs and access to appropriate and effective support that is based upon high quality evidence informed interventions which result in the achievement of individual outcomes within agreed and effective timescales.
- Parents and families are supported to identify and successfully achieve their own outcomes and are involved in decision making and goal setting processes.
- There will be an increase in the number of families from vulnerable groups who access the Service.
- Effective follow up processes are in place and further support available where necessary for those who have previously been in contact with the Service.
- A reduction in the number of inappropriate referrals back to the Service or inappropriate referrals to other services.
- Reduction in disengagement with the Service and non-completion of planned support during the duration of the contract.
- Reported improvements in parental mental health / emotional well-being.
- Longer-term impact for the child/young person will include: an improvement in school achievement, attendance and reported progress by school staff and reductions in social isolation, substance misuse and contact with the criminal justice system.
- Families with additional and more complex needs are efficiently referred to additional services as part of a holistic approach to family support.
- The Service provides help and advice in a timely, responsive and effective manner.
- Clear information is provided about what the Service can and cannot provide. The Services' policies in regard to record keeping, information sharing, confidentiality and complaints are explained to participants. The means by which the Service can be accessed are well publicised. The Service is delivered in accessible places that are convenient, safe and private and enable the best possible use of time.
- Local agencies and organisations are able to identify, undertake appropriate intervention and refer where appropriate.

3. Scope

3.1 Aims and objectives of service

The service shall consist of a programme offer of effective targeted training/education, support, information and relevant advice to parents with children aged between 2 and 12 in Dorset, Bournemouth, Christchurch and Poole who are experiencing issues associated with Conduct Disorders (CD) / Oppositional Defiant Disorder (ODD).

The Service shall aim to reduce inequalities in health and opportunity over the medium to longer term by reducing the prevalence of conduct disorder in later childhood and its impact upon outcomes through the provision of evidence-based parenting groups and individual support for families who are unable to engage with group work.

The target audience/group for this Service element is families with children aged 2-12 years old or with a developmental age of 12 years or younger at risk of poorer outcomes as a result of Conduct Disorder. This may include those families with a child who has a diagnosis of Conduct Disorder, Oppositional Defiant Disorder or had been appropriately assessed as presenting with behaviours deemed indicative of future potential Conduct Disorder.

While the predominant target audience for this Service is for parents of children aged 2 to 12 (in order to ensure compliance to NICE Guidance) it is recognised that children below the age of two may already be presenting risk factors of conduct disorder. The service shall, where resources allow, provide support to parents of these children as part of the Service and shall also contribute to a wider local service development agenda to identify further requirements within the system.

The Service shall:

- Develop a graduated offer of support that can be utilised to meet the individual needs of the parents accessing the service. This may include joint working with other organisations where appropriate.
- Provide effective evidence based group parenting programmes for the target audience.
- Provide effective evidence based/informed individual parenting support to families whose needs are too complex to engage with group programmes (approximately 20% of families referred for support).
- Provide effective targeted parenting programmes for families of children with coexisting mental disorders.
- Ensure that the Service offer is based upon a range of appropriate and effective interventions that are evidence informed and based upon principles of best practice.
- Monitor outcomes for families receiving support using recognised evaluation tools and methodologies and report progress.
- Work in an integrated and effective way with existing local parenting support provision and the other elements of service covered by this specification where appropriate.
- Work as part of a multi-agency offer to support families as part of needs based approach
- Ensure that effective prioritisation is undertaken to ensure the appropriate engagement of families who are identified as having increased vulnerabilities which may result in or as a result of the presence of conduct disorder and as such are harder to reach.
- Ensure that the Service is promoted and marketed effectively and appropriately among both professionals and potential participants utilising a range of appropriate mechanisms as part of a fully co-ordinated and integrated approach.
- Ensure that the views of the parent and family in regard to the service are of central importance and are always sought and considered.

The Service shall be designed and delivered as part of a flexible approach that has the ability to adapt upon the request of the Purchaser to meet identified changes in the needs of families in Dorset, Bournemouth, Christchurch and Poole.

The safeguarding of children and young people shall be central to all elements of the Service and shall be undertaken effectively to meet national and local policy and guidance.

3.2 Service description/care pathway

The Service shall provide targeted, evidence-based parenting interventions to families with children predominantly aged 2-12 who present with or are at risk of developing conduct disorder.

It is anticipated that the majority of provision will be through group-based programmes with approximately 20% of the most complex families potentially requiring individual support. However, this will be based on identified need and require a flexible approach to provision.

The Service will need to be designed around the identified needs of each family and will need to consider the following principles:

- Ensure provision of support from the receipt of referral to ensure continued engagement.
- Ensure families are prepared appropriately for an intervention/programme
- Manage waiting periods for group programmes so that families receive support during this period.
- Ensure provision of support against the identified needs (which may vary in level) of the family to meet agreed outcomes.

- Development and negotiation of on-going packages of support where appropriate following group programmes. This may require discussion and negotiation with other organisations and services.

The interventions delivered within the Service must be delivered exactly in accordance with the published protocols and manuals of the (evidence-based) interventions delivered as part of the Service.

The interventions provided shall:

- be structured and have a curriculum informed by principles of social-learning theory
- include relationship-enhancing strategies
- offer a sufficient number of sessions (with an optimum of 8–12 for groups) to maximise the possible benefits for participants
- enable parents to identify their own parenting goals (outcomes) to be achieved as a result of the intervention and explore the role of individual self-efficacy and their ability to reach these goals
- where appropriate, utilise the benefits from the incorporation of role-play during sessions and homework between sessions in order to assist parents in the practice and embedding of new behaviours/techniques to their home situation
- be delivered by appropriately trained and skilled facilitators who have access to appropriate supervision structures for their practice and ongoing professional development and are able to engage in a productive therapeutic alliance with parents
- adhere to the programme developer's guidance and manual and employ all of the necessary materials to ensure consistent implementation of the programme

The Service shall have a flexible approach to delivery including a working pattern that will incorporate evening and weekend working as well as an outreach focus across the geographical areas of Dorset, Bournemouth, Christchurch and Poole to meet the needs of parents requiring access to the Service.

The Provider shall employ and allocate appropriately qualified workers to effectively deliver the Service as appropriate to meet identified demand and ensure geographical availability of effective services across Dorset, Bournemouth, Christchurch and Poole. This may require an identified point of contact for each Locality working area. Staff deployment will require a fully flexible approach with the ability of the workforce to undertake delivery in different geographical areas when required to ensure that the capacity of the Service is able to meet any changes in the levels of demand and need and that individual staff skills are utilised appropriately.

The Service shall consider innovative approaches to partnership working with other services and organisations to realise additional benefits such as co-delivery to increase the level and range of provision offered to families.

The Service shall utilise the opportunities presented through the co-location of service provision such as via the use of children's hubs to ensure accessibility for families. The service shall also meet the recommendations of local transport action plans by including details of how families can access service delivery points via public transport in all marketing materials.

The Service shall undertake appropriate assessment of each participant not only to ensure their appropriateness for the Service but also to ensure appropriate measure of their needs and level of support is undertaken. This shall be effectively recorded and monitored against the individual action plan utilising appropriate electronic recording systems such as the "Dorset Parenting Outcome Toolkit".

Effective individual action plans shall be developed for all participants accessing the Service with their full involvement and agreement. Action plans shall include agreement of clear outcomes of all interventions, frequency of interventions and milestones to be

achieved. This shall be supported by the use of a distance travelled outcome measurement that meets those already in place locally such as the “Dorset Parenting Outcome Toolkit

The delivery of targeted interventions shall enable parents to identify and meet their own support needs and understand and adapt their behaviour.

A clear monitoring process shall be in place that includes the assessment and progress during interventions and on exit from the Service but also enables follow up of participants’ progress at defined periods of post exit from the Service. This shall utilise the same tools as those used within the service (such as the Dorset Parenting Outcomes Toolkit) to effectively measure progress and identify those that have not sustained change or experienced improvement following the interventions. For clients who have not met expectations and require further support, the Service shall provide a programme of “top up” workshops or sessions to develop and agree actions for further support.

The Service shall proactively follow up any participants who disengage from the Service, identify the factors for this and undertake activity to remedy any issues. Mechanisms for timely re-entry to the Service should be in place for these families.

Where the Service is involved in any joint assessment or working with other services such as the Common Assessment Framework (CAF) process or Early Help provision, an effective action plan shall be in place, which clearly states the responsibilities of the service, the timescales involved and the mechanism for the monitoring and achievement of agreed outcomes. Where appropriate the Service shall operate as the lead professional.

The Service shall have a clear understanding of the differencing needs of families that may be harder to reach. For example, families experiencing a more chaotic lifestyle may find it harder to access a group programme but may be able to gain the most from this approach. It is essential that the Service is aware of and is able to respond appropriately to the factors that may be contributing to the family’s status.

The Service shall effectively support the participation of parents who might otherwise find it difficult to access these programmes. This may include the need to fund and access appropriate crèche facilities/childcare for siblings to facilitate access to programmes. The Provider shall therefore identify an appropriate budget to support access to group programmes such as appropriate transport (appropriate to be defined by service provider but will include all forms of Public transport). Planning for this could be undertaken utilising the initial referrals forms to the Service.

The Provider shall undertake a positive approach to innovation in the development of the Service. This may include the development of new approaches that could include the use of psycho education programmes and workshops/ support to first-time pregnant parents/ the use of volunteers.

Pathways

The Provider shall be responsible for the development and agreement of a multi-agency pathway to ensure accessibility by families to appropriate programmes/interventions in conjunction with existing providers of parenting support provision.

The care pathways operated by the Service shall include the following considerations:

- Identification and referral of families experiencing/at risk of conduct disorder by frontline staff working in other services in Dorset, Bournemouth, Christchurch and Poole
- Appropriate length and content to referral forms and mechanisms for use of (this could include the development of a central referral form that could be completed over the phone)
- Assessment process begins with family’s needs, and suitability for inclusion on group based parenting programme (Utilising the Dorset Parenting Outcomes Toolkit or precourse ECBI scores, Beck Depression Inventory for parents)
- Engagement and preparation work with families

- Attendance at an evidence based group programme
- Delivery of 1 to 1 based interventions
- Evaluation of change, including administration of tools such as Dorset Parenting Outcomes Toolkit ECBI, Beck Depression Inventory
- Discharge processes, exit strategies and continuing support packages where appropriate
- Effective identification of issues and follow up of families who prematurely disengage from the service or do not complete their planned intervention.
- Follow up by frontline staff including health visitors, universal parenting support workers
- Referral or signposting to other services as required
- Access to other appropriate parenting provision
- Include a process of follow up monitoring at defined intervals that enable access back into the Service if required.
- Provision of support to birth/foster/adoptive parents for Children in Care
- Ensure that the roles and responsibilities of both the referrer and receiving service are clear in each transition element (whether entering or exiting the Service)

The Provider shall work in partnership with any other local providers of parenting programmes and support (in each of the areas of Dorset, Bournemouth, Christchurch and Poole) to contribute to a joint parenting service pathway that enables referrers to match family's needs against each service, ensuring that families are accessing the most appropriate services and are offered, wherever possible, the element of choice.

The Provider shall undertake activity as appropriate to identify families experiencing issues and challenges (that may be related to parental circumstances) that may be indicators of future conduct disorder as part of an early intervention approach to the prevention of conduct disorder.

3.3 Population Covered

The Service shall cover families who are registered with a GP in the geographical areas of Dorset, Bournemouth, Christchurch and Poole and are therefore within the commissioning responsibility of NHS Dorset CCG.

3.4 Any acceptance and exclusion criteria.

The Service shall be targeted to geographical areas of unmet need working in partnership with existing services. It is expected that delivery may also be targeted to the most deprived areas according to IMD 2007.

The Provider shall undertake a significant focus to engage families in the most deprived areas of Dorset, Bournemouth, Christchurch and Poole with much of the work being the preparation of families to attend parenting groups. This work will encompass understanding and addressing parents' concerns, identifying how to support families to attend, and providing additional resources to ensure access is not an issue because of low income, background, demographic group or lifestyle. Specific barriers to access may include transport, provision of quality childcare and food. The provider will actively work to overcome these.

The provider will work closely with existing services and structures in each local authority area to ensure there is a clear strategy for recruiting the target population to programmes in a way that complements existing provision. It is likely that referral criteria and sources may vary slightly across the three local authorities.

The Service shall accept appropriate referrals either as a self-referral by parents or from other professionals or agencies that meet the programme referral criteria and will liaise to

work with parents in an appropriately timely manner. (Access standards and waiting times shall be agreed between the successful Provider and the Commissioners).

The Service will accept referrals from frontline staff who have identified families where children are already exhibiting emotional and behavioural problems.

The Service shall develop and effectively publicise service inclusion and exclusion criteria and referral pathways in line with other local parenting/family support service providers.

3.5 Interdependence with other services/providers

The Service shall undertake an integrated approach with other agencies providing local support and services to families with young children across Dorset, Bournemouth, Christchurch and Poole.

In particular, the provider shall work closely with:

- Existing commissioned parenting programmes and local parenting support services
- Locality managers/targeted team managers/ Early Intervention Teams / Early Help Teams and Hubs • Children's Centres
- Health Visitors, School Nurses and Midwifery
- Primary Care services
- Child and Adolescent Mental Health Services
- Other health services such as Community Paediatrics
- Early Years providers, and depending on school system;
 - o Infant School aged 4 years – 6 Years
 - o Junior school aged 7 years - 10 Years
 - o Senior school aged 11 years and 12 years
 - o Primary School aged 4 years – 10 Years
 - o Secondary school Aged 10 years – 12 Years
 - o First schools aged 4 years – 8 Years
 - o Middle School aged 9 years to 12 years.
- Any other Education settings, Educational Psychology and Behaviour Support Services
- Residential care staff
- Adult services (e.g. Mental Health)
- Other services and projects such as the Chesil Education Partnership in Weymouth & Portland, and their 'Thrive Education Zones' which includes parenting support programmes.

The Provider shall ensure that appropriate pathways are in place to refer families to additional support such as in the case of escalation of problems or family breakdown.

Families where more serious issues come to light during an intervention may require a referral for more specialist input by CAMHS. An effective pathway to support this shall be agreed and communicated between the Provider and the other service provider.

The Service shall aim to utilise opportunities for integrated working to support needs at the earliest opportunity and reduce the number of families that need to access more specialist services.

The Service shall develop and effectively publicise service inclusion and exclusion criteria and referral pathways for each individual Service Element in line with other local parenting/family support service providers.

The Service shall endeavour to work with and support partner agencies to ensure the effective identification and referral of parents who require this support. The Service shall also provide basic advice to services to enable them to support families either prior to, during or following access to each Service Element.

The Service shall consider the holistic needs of the family when providing support to ensure that any improvements are supported to achieve longer-term outcomes. This may require joint or integrated working with other services.

The Provider shall ensure there are clear discharge and step down arrangements in place so that parents and children can continue to be followed up and supported where necessary by appropriate local services once their specific intervention has finished.

The Provider shall share information as per the requirements within the Pan Dorset

Overarching Information Sharing protocol (OAISP) to fulfil a multi-agency approach to provision.

The Provider shall work with adult service providers where appropriate to ensure that parents are able to access appropriate additional support to effectively meet any identified needs.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The Service will operate in line with appropriate and relevant NICE Guidance such as Clinical Guidance (CG) 158: Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management (March 2013 and any later revisions) for the provision of parent programmes in the management of children with conduct disorders; as well as any other elements of related NICE Guidance where appropriate.

The Service shall also apply the relevant NICE Quality Standards and pathways for the relevant guidance and specifically QS59 - Quality Statement 4: Parent or carer training.

All interventions delivered will be evidence based and support the outcomes identified within this specification.

The Provider shall ensure that fidelity to the evidence based model delivered is maintained at all times.

Any other relevant evidence based models, national guidance or best practice.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

The Service shall meet appropriate guidance as issued by the Royal College of Psychiatrists (RCPsych) and the Royal College of Paediatrics and Child Health (RCPCH).

4.3 Applicable local standards

The Provider shall undertake an assessment of all referrals and utilising appropriate tools such as the Dorset Parenting Outcome Toolkit. It may be necessary for the service to also undertake assessment of the child through the use of valid tools to ensure that families are appropriate for the Service and to prioritise families where necessary. Tools like ECBI can be used to identify children scoring in the upper half who would be a higher priority for the Service. A significant priority for the Service shall be those with more severe issues resulting from Conduct Disorder and from deprived area.

Families shall have received an assessment and agreed a support plan within four weeks of the receipt of a referral being made for support.

Services should contact families within one week of initial referral being received with the following information and to begin the process of preparing families for the course:

- Description of the services and what to expect.

- Name and contact of care coordinator and other relevant members of the team.
- Advice on where to access self-help materials and resources to undertake self-management

The Provider shall undertake appropriate service development to meet the appropriate requirements set out in the Department of Health "You're Welcome" quality criteria for young people friendly health services as appropriate to meet the needs of younger parents.

The Provider shall incorporate the Dorset Parental Outcome Toolkit in its core monitoring arrangements.

The Provider shall meet all national requirements and guidance relating to the safeguarding of children and young people. At a local level the provider shall ensure full adherence to the Pan Dorset Inter-agency Safeguarding Procedures and any guidance and learning as issued by the Pan Dorset Children's Safeguarding Partnership.

All staff shall successfully complete approved training at the appropriate level in relation to the safeguarding of children and young people (and vulnerable adults). This shall include both initial training and updates within mandated timescales.

The Provider shall undertake appropriate planning and co-ordination to ensure that the Service is delivered in line with local Parenting Strategies and work plans as well as contribute as appropriate to any future development and implementation processes.

The Provider shall operate to effectively meet the requirements of local Participation Strategies. This shall include the undertaking of self-assessment and the development of an effective action plan detailing the participation of children, young people and their parents and carers during the first quarter of the contract. The action plan shall be reviewed regularly throughout the life of the contract jointly by the Purchaser and the Provider.

All staff appointed by the Provider to deliver services within this specification shall have the relevant and appropriate skills and qualifications to ensure they are credible and able to engage effectively with parents and other professionals and are appropriately qualified to deliver the selected evidence based interventions.

The Provider shall ensure adherence to appropriate local and national skills frameworks and workforce development plans and more specifically the National Occupational Standards for Working with Parents. The successful Provider shall undertake an audit of their current position against these standards and develop an action plan within the first three months of the contract detailing their approach for achieving full compliance. This action plan shall be submitted to the lead commissioner and will become part of the contract monitoring process.

The Provider shall ensure that all staff are able to access appropriate awareness and skills training to support the identification and provision of wider support to parents and families that may improve their capacity to prevent conduct disorder among children.

The Provider shall ensure that all staff are competent in effectively utilising and employing the Common Assessment Framework (CAF) or Poole Early Help Assessment (PEHA) in Poole, and any other applicable multi-agency assessment tools and processes, for Dorset, Bournemouth, Christchurch and Poole (where appropriate) and are fully competent to undertake the role of the lead professional where appropriate. In Poole, there will be an expectation that

The Provider must maintain and keep accurate and up to date information on individual staff which shall include but not be limited to personal details; recruitment and induction details; training details including but not limited to frequency; supervision and appraisal details; Disclosure and Barring Service (DBS) check; copies of certification and references.

The Provider shall ensure that an agreed effective programme of quality assurance including the use of case audit is in place and is fully implemented to meet the requirements of national, regional and local guidance.

The Provider shall ensure that appropriate Information Technology (IT) systems are in place to enable effective recording and sharing of data and information through a safe, paperless approach. This shall include:

- Secure email system
- Secure election record system
- Alignment with commissioning and partner recording systems • Ability to be responsive to local developments in single systems.

It will be the responsibility of the provider to obtain and record the NHS number of the parent and ensure that it is included on any correspondence with the relevant professionals.

The Provider shall ensure that the required information sharing is undertaken in line with the correct governance policies and procedures that meet local and national guidance.

The Provider shall develop a Service mobilisation and implementation plan to ensure effective delivery of this specification which will include key priorities for change or improvement, resulting actions to be undertaken supported by clear timescales and responsible lead individuals. The implementation plan shall be agreed with commissioners and reviewed at each contract meeting.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

N/A

7. Individual Service User Placement