



**Outcomes Commissioned
Edge of Care Service
Schedule 1: Service Specification**

Lancashire

County
Council



Service	Schedule 1: Service Specification Outcomes Commissioned Edge of Care Service
LCC Commissioner Leads	Michael Townson (Start Well Policy, Information and Commissioning)
Period	The contract available will be for five (5) year period of referrals, with a further two (2) years to enable outcomes to be realised.

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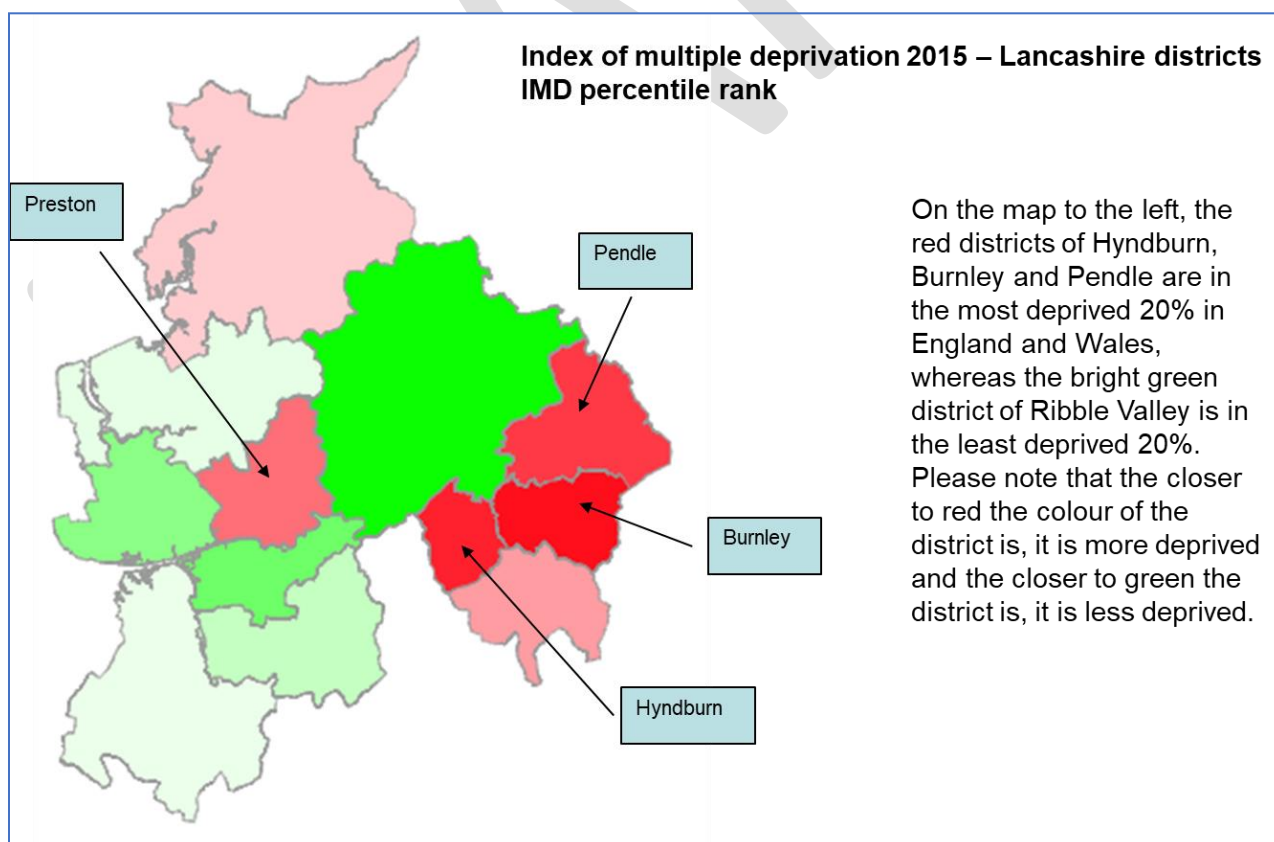
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1. Introduction

1.1 The Authority (the 'Authority') is to commission a service that delivers high quality Edge of Care Services (The 'Service'). The Service will focus on a combination of avoiding the unnecessary entry of children and young people (CYP) into care, reducing their duration in care, and impacting upon their high risk of Not in Education, Employment, or Training (NEET) trajectory when not in care.

1.2 The Authority is a first-tier local authority. Relevant county metrics include:

- 2,903 square kilometres in size
- Population of 1.2m
- 12 district councils, 6 clinical commissioning groups, 4 hospital trusts and 631 schools within LCC boundaries, plus two neighbouring unitary authorities
- 7.7% of population Black or Minority Ethnic (BME) ranging from 20% in Pendle and Preston to 2% in Ribble Valley
- English as a second language: 12.8% in primary schools; 8.4% in secondary schools
- Free school meals: 13.2% in primary schools; 12.1% in secondary schools
- 15.4% of all children under 16 years living in low income families
- The county is very diverse with some districts within the most deprived 20% in England and Wales, and some in the least deprived 20%, as illustrated in the diagram below:



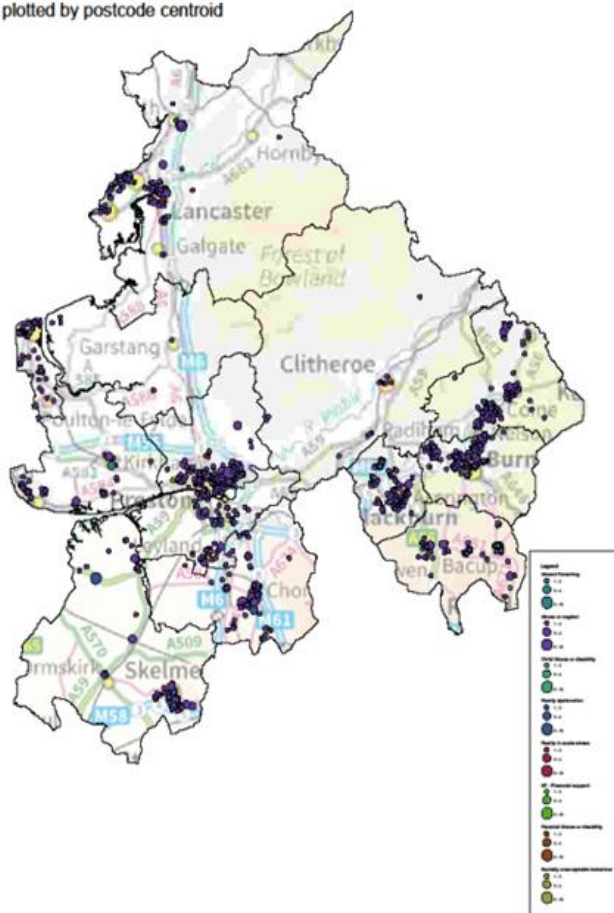
1.3 Four of the Authority's related challenges include:

- Lancashire's rate of Children Looked After (CLA) per 10,000 of children under 18 years of age increased from the national average in 2012 to currently 17 points above at 79. The current level is economically unsustainable, as well as leading to poorer outcomes and greater public cost long term.
- The CLA school absence rate for the county is higher than the national average (1.3% vs 1.0%).
- A very low proportion of Lancashire's CLA achieve expected standard in Reading, Writing & Maths at end of KS2 (24% vs county average of 61%).
- Lancashire's 16-17 year olds categorised as NEET is at 5.0%, which is significantly higher than the national rate (2.7% for 16 year olds and 4.4% for 17 year olds).

1.4 The Service seeks to address the above challenges through a combination of avoiding the unnecessary entry of CYP into care and reducing the high risk of NEET for these CYP. Research by the Universities of Bristol and Oxford shows that this cohort of CYP tend to have poorer education attainment than those in long term care and therefore higher risk of NEET even though they are not in care. Further, research funded by Impetus also shows that "NEET prevention efforts can't just focus on improving educational attainment: they must focus much more sharply on young people's and families' resilience and healthy functioning." Consequently, appropriate interventions to improve family resilience and function that will support both safe avoidance of entry into care and improve EET trajectories will be a key focus of the Service.

1.5 Analysis (reflected in neighbouring diagram) shows four of the twelve District Council areas in Lancashire account for 47% of Lancashire's CLA and their CLA rate per 10,000 of children under 18 years old range from 95 to 125, which are above their Statistical Neighbours if they are treated as unitary authorities. These are also the Districts with poorer Index of Multiple Deprivation, among the 20% most deprived neighbourhoods in England and Wales, and higher levels of young people Not in Education, Employment or Training which is as high as 8.2% for Preston. Consequently, these four districts (Burnley, Hyndburn, Pendle and Preston) are the target areas for the Service. Existing Authority edge of care related services will be largely focused to meet demand in the other eight districts.

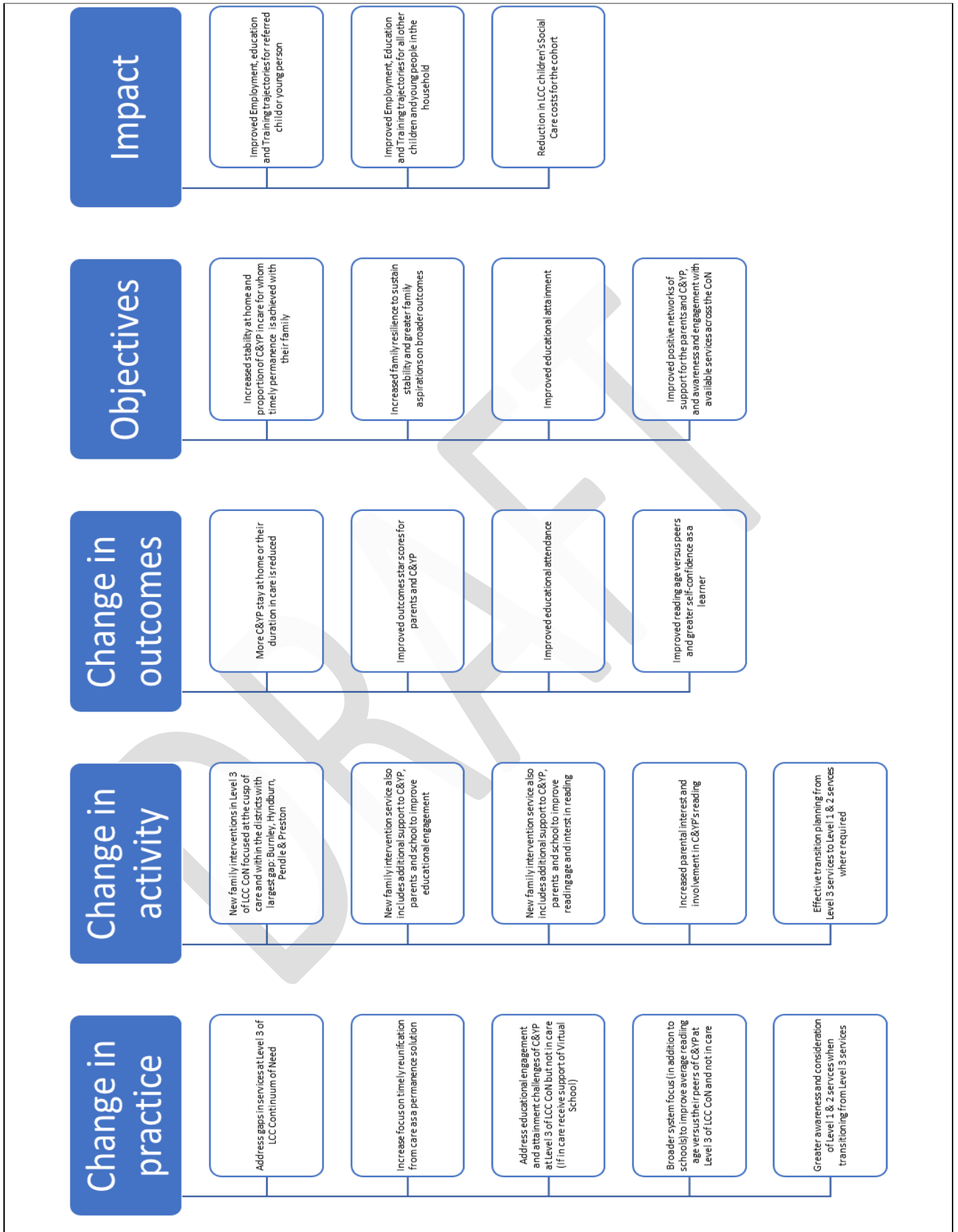
CLA, in Lancashire-12, plotted by postcode centroid



1.6 Analysis of the cohorts within the four target districts shows:

- The age range of CYP most in need of additional interventions to avoid unnecessary periods in care is 5-15 years old, with abuse and neglect as the main presenting issue.
- There is the opportunity to improve permanence and reunify more CYP with their families from care, as well as divert more CYP from entering care.
- The four target districts have a higher Black and Minority Ethnic (BME) population than the other districts in the county, but BME CYP are under-represented in the care populations from these four districts.
- The proportion of new entrants into care and their durations in care vary by age, for example:
 - Approximately 45% of new entrants into care are aged between 0-4 years old and 50% of them will have left care within 12 months.
 - Around 20% of new entrants into care are aged between 5-9 years old and 35% of them will have left care within 12 months.
 - Approximately 25% of new entrants into care are aged between 10-15 years old and less than 30% of them will have left care within 12 months.

1.7 The theory of change developed for the impact the Authority intends to achieve through commissioning the Service is as follows:



1.8 Reflecting some of the different drivers and appropriate interventions across the identified age range, and between diversion and reunification, the Service cohort has been divided into the following sub-cohorts:

- a) 5-9 years old diverted from entering care
- b) 10-15 years old diverted from entering care
- c) 5-9 years old reunited from care
- d) 10-15 years old reunited from care

The age ranges reflect those used by DfE Statistical reports. However, it is recognised that cohorts a) and c) will broadly relate to primary school age children and b) and d) to secondary school age young people.

1.9 The contract available will be for five (5) years of referrals and a further two (2) years to enable outcomes to be realised, and is anticipated to have an operational start from September 2019.

2. Cohort

2.1 Sub-cohorts

The Service cohort has been divided into the following sub-cohorts:

2.1.1 5-9 years old diverted from entering care

The Service is intended to operate at the cusp of care and so will be the final intervention considered before a child enters care. It is intended to be primary school age children at the time of referral. The Service will be targeted appropriately to relevant families where a child is at risk of being taken into care and it is likely that one or more of the following factors apply for the child or their family:

- Known to Social Care or Youth Offending
- Child Protection issues
- Poor parenting
- Domestic violence
- Parental drug and/or alcohol misuse
- One or more family members has Emotional/Mental Health issues
- At least one parent has a long-standing limiting illness, disability or infirmity
- Child truancy, exclusion and/or low educational attainment
- Family lives in poor quality or overcrowded housing
- No parent in the family is working
- Family in serious debt

2.1.2 10-15 years old diverted from entering care

The Service is intended to operate at the cusp of care and so will be the final intervention considered before a young person enters care. It is intended to be secondary school aged young people at the time of referral. The Service will be targeted appropriately to relevant families where a young person is at risk of being taken into care and it is likely that one or more of the following factors apply for the young person or their family:

- Known to Social Care or Youth Offending
- Child Protection issues
- Poor parenting
- Domestic violence
- Parental drug and/or alcohol misuse
- One or more family members has Emotional/Mental Health issues
- At least one parent has a long-standing limiting illness, disability or infirmity
- Young person truancy, exclusion and/or low educational attainment
- Young person involved in high risk behaviours (anti-social behaviour, going missing, offending, substance misuse, gang involvement, risk of pregnancy, risk of exploitation)
- Family lives in poor quality or overcrowded housing
- No parent has any qualifications
- Family in serious debt

2.1.3 5-9 years old reunited from care

The Service is intended for where the care plan is reunification with family and where the care plan identifies that parenting work needs to be undertaken with either or both the child and parent/carer(s) to prepare them for reunification and successfully sustain the child at home. An assessment by the Authority will be used to determine the appropriateness and timeliness of reunification, and to identify key support elements that will be required to ensure the success of the reunification. Where substance misuse, mental health and / or domestic abuse have been a contributory factor, the parent must be engaged/completed relevant recovery programme / interventions before a reunification process commences.

2.1.4 10-15 years old reunited from care

The Service is intended for where the care plan is reunification with family and where the care plan identifies that parenting work needs to be undertaken with either or both the young person and parent/carer(s) to prepare them for reunification and successfully sustain the young person at home. An assessment by the Authority will be used to determine the appropriateness and timeliness of reunification, and to identify key support elements that will be required to ensure the success of the reunification. Where substance misuse, mental health and / or domestic abuse have been a contributory factor, parent/carer/young person must be engaged/completed relevant recovery programme / interventions before a reunification process commences.

2.2 Analysis has been undertaken of the historic and current size of the above sub-cohorts for those CYP whose originating address is within the four target Districts, resulting in the following estimate of referral levels to the Service per year: [DN: *The analysis will continue to be reviewed up to tender stage.*]

	5-7	8-9	Aged 5-9	10-12	13-15	Aged 10-15
<i>Estimated diversion referrals p.a.</i>	44	25	69	23	35	58
<i>Estimated reunification referrals p.a.</i>	3.3	2.0	5.3	2.0	2.0	4.0

3. Legislation, Regulations and Guidance

3.1 The Service is expected to be provided in line with the following Statutory Policies, Procedures, Guidance and Frameworks. This list is indicative and for guidance only, is not exhaustive, and is subject to change:

- i. Children Act 1989 and 2004
- ii. Children Act 1989 Guidance and Regulations Volume 5: Children's Homes. Statutory Guidance for Local Authorities 2013
- iii. Care Planning, Placement and Case Review (England) Regulations 2010
- iv. Care Planning, Placement and Case Review The Children's Homes and Looked After Children (Miscellaneous Amendments) Regulations 2013
- v. Sufficiency Statutory Guidance 2010
- vi. Children and Families Act 2014
- vii. Working Together to Safeguard Children 2015
- viii. United Nations Convention on the Rights of the Child (Article 12)
- ix. Health and Safety at Work Act
- x. Equality Act 2010 amended 2016
- xi. The Data Protection Act 1998
- xii. General Data Protection Regulation 2018
- xiii. Public Services (Social Value) Act 2012
- xiv. Freedom of Information legislation
- xv. Lancashire Children's Social Care Procedures
- xvi. Pan Lancashire Safeguarding Children Procedures

3.2 The sufficiency duty requires the local authority to have regard to the benefit of having a number of accommodation Service Providers in their area and a range of accommodation capable of meeting different needs. The Service will contribute to the local authority meeting its sufficiency duty through safely and appropriately reducing the number of CYP that would otherwise be in the care of the Authority and require placements.

3.3 Safeguarding

3.3.1 The Service Provider will ensure that all their policies and procedures take account of the need to safeguard and promote the welfare of children, young people and vulnerable adults. This shall include:

- A robust Safeguarding policy in line with Lancashire Safeguarding Children Board (LSCB) guidance
- Working to Lancashire's Children Missing Policy and procedures should a child or young person be missing from home

- Arrangements in place to reduce the risk of Child sexual exploitation and Radicalisation

3.3.2 The Service Provider will have staff that have appropriate safeguarding and safe practice training consistent with their role and function and adhere to safeguarding guidance and policy, both the Service Provider and any additional requirements associated with working as part of the service.

3.3.3 The Service Provider will ensure that information is shared efficiently and effectively in respect of issues that may affect the safety and welfare of children, young people and vulnerable adults. This shall include:

- Records, including images relating to CYP stored securely and safely.
- Secure emails and appropriate encryption for sharing sensitive information.

3.3.4 The Service Provider will comply with policy and guidance relating to confidentiality and information sharing – recognising that they are working as part of an integrated service to meet the needs of the children and adults within the family.

3.3.5 The Service Provider will be familiar with and deliver services that comply with the Safeguarding policies and practice procedures of Lancashire on the LSCB website.

3.3.6 The Service Provider will have in place a Whistle Blowing Policy which is made known to all staff and volunteers. It should contain a clear duty to report to an appropriate authority any circumstances or occurrence which is considered likely to significantly harm the safety, rights or welfare of a child or young person.

3.4 The Prevent Duty

3.4.1 The Counter Terrorism and Security Act 2015 places a duty on specified authorities including local authorities, schools, HE and FE colleges, health, probation and the police to have “due regard to the need to prevent people from being drawn into terrorism”.

3.4.2 Prevent aims to stop people becoming terrorists or supporting terrorism. It is considered to be “the only long-term solution” to the threat from terrorism.

3.4.3 In providing services to the Authority, the Service Provider will ensure that staff have awareness of the Prevent Duty and follow the procedures for concerns as outlined by the LSCB.

3.5 Diversity

3.5.1 As part of the Equality Act 2010, the Authority is committed to providing services that are fair and accessible for everyone.

3.5.2 The Authority also has a responsibility to ensure that its partners, companies and organisations that are commissioned to provide services on its behalf take the same positive approach to equality and pay due regard to equality as set out below; as the Public Sector Equality Duty is non-delegable.

3.5.3 In line with the Equality Act’s (specific duties) Regulations 2011, the Authority aims to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality between everybody
- Foster good relations between communities, tackling prejudice and promoting understanding
- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

- 3.5.4 The Service Provider will be expected to deliver services in line with the above Authority equality objectives.
- 3.5.5 The Service Provider shall consider the cultural, ethnic, religious, linguistic and gender needs of families and young people. Access to interpreters may be required for families and young people whose first language is not English or have a sensory impairment. Service Providers shall take into account a range of needs and support for families and young people to integrate as fully as possible into local community networks, facilities and services as appropriate.
- 3.5.6 The Service Provider shall keep and maintain equality monitoring for all service users against all the protected characteristics.
- 3.6 The Service Provider will work with the Authority to ensure compliance with the legislation, regulations and guidance, ensuring monitoring of standards and continuous improvement.

4. Children and Young People's Views and Participation

4.1 Children and Young People's Views

It is important that the Service Provider takes account of the views of Lancashire's CYP when shaping the Service and that the Service continues to develop in line with the views and aspirations of parents, CYP. CYP have said that they want the Service to address the following:

We want support to help us develop skills we need to manage in our own home and in society Developing our functional skills, to managing in our own home and in society, really important.

We need the right care and support that is flexible to meet our needs

Encourage and enable us to live healthily.

Accessing transport for education, positive activities & social networks is often difficult.

There needs to be training for parents so they have the parenting skills / strategies to cope.

We need more support to ensure we access education / training that meets our individual needs.

Young people are properly prepared and supported to move back to their family from care or to live on their own.

4.2 Participation of Service Users

- 4.2.1 The Service Provider is expected to treat CYP and families as partners, not simply recipients of services. They should be actively involved in the planning, delivery and evaluation of support.
- 4.2.2. The Service Provider will ensure:
 - 4.2.2.1 It actively involves parents and CYP in the evaluation and on-going development of the Service.
 - 4.2.2.2 It actively involves parents and CYP in assessments, planning and review of progress.

4.2.2.3 That parents and CYP report a consistently high satisfaction level of the services they receive.

5. Service Description

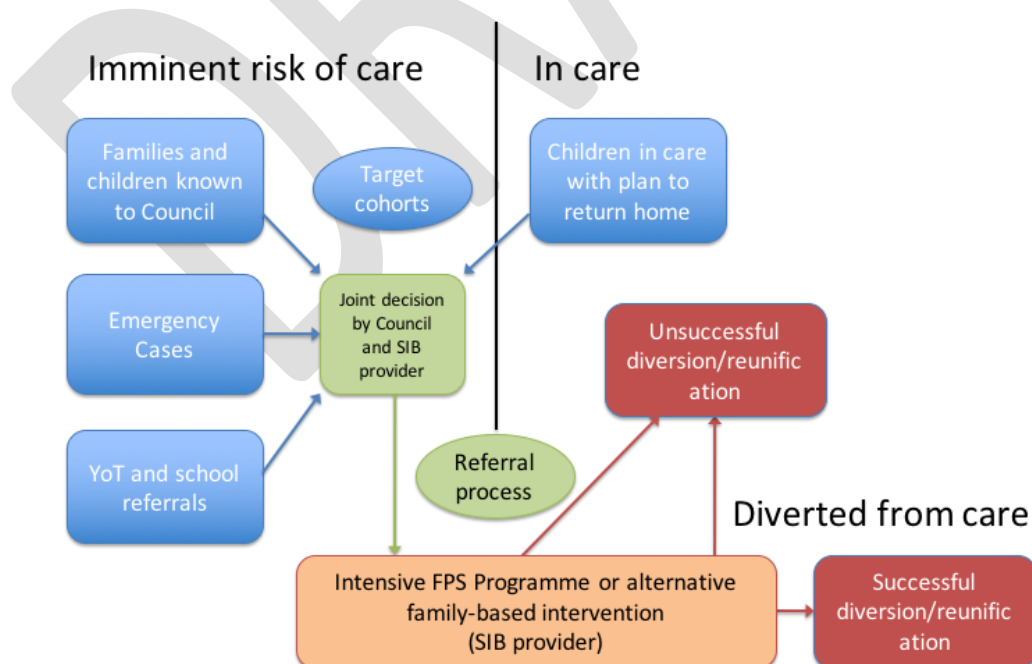
5.1 Interventions

5.1.1 The Authority does not have an existing preference for any particular interventions. There is a preference for models which are tailored to the individual needs of CYP and their families / carers, and which are embedded in the local context, and the Authority wishes to learn from investors' and Service Providers' experience with CYP to create an innovative and effective service package with sustained impact.

5.1.2 The Authority is seeking evidence-informed, time limited services with a track record of delivering sustained outcomes for CYP in line with the impact framework detailed in section 8. However, consideration will be given to both licensed interventions as well as interventions developed in-house by Service Providers. [DN: *The Service Providers will recommend interventions which they feel meet these requirements during the procurement process and be agreed prior to Contract.*]

5.2 Indicative Operating Model

5.2.1 The Authority provides the following indicative operating model for the Service. It is understood that there may be more than one type of Intensive Family Preservation Service intervention applied to meet the range of sub-cohort needs and circumstances. The final operating model will be agreed between the parties prior to Contract and will more explicitly include explanation of the educational engagement and skills development aspects of the operating model.



5.2.2 The Service will be available and accessible to children and families at times that fit with their needs and circumstance. Consequently, the service delivery will need to be flexibly provided in early mornings, evenings and weekends, as appropriate.

5.2.3 The Service and associated operating model and interventions will need to be flexible and adapt to local and national developments throughout the term of the Agreement. Any adaptations will be reviewed and planned together by the Authority and the Service Provider. Any adaptations needed to the Service are quickly discussed and mutually agreed and implemented within a reasonable timescale by the Service Provider. This could include, but not limited to:

- Legislative changes;
- Changes to local safeguarding practices;
- Innovation and good practice developments;
- Responses to feedback;
- Changes in the nature and pattern of presenting issues for the family and children.

5.3 Referrals

5.3.1 Referrals will be made via a common referral process and based on the eligibility criteria set out in this document in relation to geography, case acuity and age range. Cases that do not meet the eligibility criteria may also be accepted as a referral on a case by case basis with the agreement of both the Authority and the Service Provider. When such cases are accepted, the contract will apply as though these cases did meet the referral criteria.

5.3.2 The Authority recognises the importance of ensuring that a robust referral process is in place and the final referral process will be agreed between the parties prior to Contract. The Authority provides the following indicative referral process for the Service.

[DN: *Insert flowchart once process finalised with Children's Social Care.*]

5.3.3 The Service will accept referrals during the Authority's normal office working hours, with the following response and acceptance timeframes applying:

[DN: *Response and decision timeframes to be agreed between the parties prior to Contract.*]

5.3.4 The Service will be required to work with CYP outside of the target Districts where their care placement is outside of the four target District and they are to be reunified with family/carers within these Districts.

5.4 Integration with Existing Services

5.4.1 The way the Service integrates with existing provision cannot be determined fully until the Service Provider and their proposals for service delivery are known and agreed. However, the Authority has identified the importance of a number of factors to ensure the success of the new service and effective use of other agencies. These include:

- 5.4.1.1 efficient and effective use of assets, resources and information sharing through optimising the use of the Authority and its partners' facilities and systems. For example, co-location of staff, use of Authority venues, and use of the Authority's ICT systems;
- 5.4.1.2 a need for the design of the Service to be flexible, and tailored to the needs of the individual family and their presenting issues. This will be the responsibility of the lead social worker and the Service Provider working together;
- 5.4.1.3 a key role for the service will be the coordinator/contract management that we envisage being part of the service. This will include reviewing whether referrals are made at the right time and are appropriate, that the relationship between Service Provider and Authority staff is working effectively, and any issues (e.g. the need to stop the intervention in an emergency) are addressed promptly and appropriately;
- 5.4.1.4 an expectation that the Service Provider will work closely with Authority CLA teams and responsible social workers throughout both the intensive intervention and subsequent support. During the ongoing support phase, it will be particularly important that the Service Provider and social worker are both clear as to respective responsibilities and actions;
- 5.4.1.5 work in partnership with all agencies, organisations and individual professionals with a responsibility to the Child so that Children will see that everyone involved in their life is working in co-operation, co-ordination and in their best interest;
- 5.4.1.6 contribute to any local evaluation of the Services as may be required by the Authority for its regulatory compliance purposes e.g. Ofsted/CQC.
- 5.4.1.7 once the intervention and subsequent support is complete, a need for a clear plan for handover to the Council and agreed end to the Service Provider's role. This might be earlier than the assumed cut off point if both parties agree; and
- 5.4.1.8 clear understanding of the Service Service Provider's responsibilities in regards to liaising with other agencies in order to ensure that wider presenting issues are addressed.

5.5 Staffing Requirements

- 5.5.1 The Service Provider will be responsible for maintaining good employment practice in accordance with relevant legislation.
- 5.5.2 The Service Provider must ensure at all times that they have sufficient numbers of staff of appropriate ability, qualification, skill, knowledge, training or experience available to provide and supervise the provision of the service and cater for staff holidays, sickness and absence.
- 5.5.3 The Service Provider shall ensure that their staffing ratios are appropriate to deliver the specification safely and effectively.

- 5.5.4 The Service Provider shall ensure that each member of staff is provided with a comprehensive induction course during the first two (2) weeks of their employment.
- 5.5.5 The Service Provider shall ensure that staff keep up to date with messages from the Lancashire Local Safeguarding Children's Board (LSCB) particularly priorities in relation to Child Sexual Exploitation, missing from care and radicalisation.
- 5.5.6 The Service Provider shall ensure that a suitably qualified and experienced Manager in its employment provides regular professional support and supervision for all staff.
- 5.5.7 The Manager shall conduct appraisals/ reviews of performance following any probation period and on-going, at least annually. Feedback from children and families shall feed into appraisals/ reviews of performance for each member of staff.
- 5.5.8 The Service Provider shall maintain a record of the recruitment and vetting checks which have been carried out on those working (including as volunteers) for the service which includes:
- identity checks;
 - Disclosure and Barring Service (DBS) Disclosures, including the level of the Disclosure, the unique reference number, and the outcome of the check including whether the individual is barred (in line with eligibility to obtain such checks);
 - checks to confirm qualifications which are a requirement
 - at least two references, preferably one from a current employer and, where possible, a statement from each referee as to their opinion of the person's suitability to work with young people;
 - checks to confirm the right to work in the UK; and
 - where the person has lived outside of the UK, further checks as are considered appropriate where obtaining a CRB Disclosure is not sufficient to establish suitability to work with families and young people.

5.6 Supervision

- 5.6.1 The Service Provider will be responsible for maintaining good employment practice in accordance with relevant legislation. The Service Provider has in place a clear and relevant supervision policy. The Service Provider is able to provide evidence that:
- All staff have access to regular supervision, preferably at least 6-weekly, which could include one to one supervision, with an appropriately trained and experienced supervisor; and/or peer or group supervision
 - Staff training and development requirements are reviewed through the supervision process
 - All staff have their performance appraised annually, and this appraisal takes into account the views of families and young people.
- 5.6.2 The Service Provider will be required to offer a professional support service to volunteers, including volunteer supervision and retention. It is desirable that accredited learning is available for volunteers.

6. Social Impact Bond Approach

- 6.1** The commissioning of the new service has been driven by the Authority's corporate commitment to support families to give their children the best start in life and the need to improve outcomes for children at the edge of care and their families. The opportunity to commission an innovative and flexible preventative service is being undertaken on a 100% payment by results basis to attract additional external investment for preventative measures and ensure the Service is only funded from savings that the preventative measures realise.
- 6.2** The Authority has been awarded a grant in principle by the Life Chances Fund to make a partial contribution to the outcome payments for the establishment of an Outcomes based Contract seeking to reduce entry into care and improve the Education, Employment or Training (EET) trajectory of those who remain at home. The Service Provider will be required to support the Authority in providing any relevant information and reporting in support of the Authority's grant claims to the Life Chances Fund.
- 6.3** Based upon the anticipated size of the contract it is envisaged that the Service Provider's solution will involve social investment and a Social Investment Bond (SIB) approach (<https://www.gov.uk/guidance/social-impact-bonds>). The Authority will not define the form of the SIB structure, but expects these to be under arrangements through which a social investor provides at least 50.1% of the funding in order for it to be compliant with the requirements for central government support via the Life Chances Fund.
- 6.4** It is also recognised that a single Service Provider may not be able to provide the full range of interventions required to meet the Agreement outcomes. Consequently, the Service Provider may employ consortia, prime contractor or other arrangements, subject to the Authority only being prepared to contract with one entity for the Agreement.

7. Social Value and Corporate Parenting Responsibilities

7.1 Social Value

7.1.1 Social Value is the additional economic, social and environmental benefits that can be created when a public service purchases a service from an outside organisation, above and beyond the value of the service itself. Social Value within the Service should support LCC's priorities:

- **Promote training and employment opportunities for the people of Lancashire** – tackle unemployment and facilitate the development of skills.
- **Raise the living standards of local residents** – working towards living wage, maximise employee access to entitlements such as childcare and encourage suppliers to source labour from within Lancashire.
- **Build the capacity and sustainability of the voluntary and community sector** – practical support for local voluntary and community groups.

- **Promote equity and fairness** – target effort towards those in the greatest need or facing the greatest disadvantage and tackle deprivation across the council.
- **Promote environmental sustainability** – reduce wastage, limit energy consumption and procure materials from sustainable sources.

7.1.2 [To support the delivery of social value as part of this Agreement, the Authority requires that Service Provider to use the latest version of the National Themes Outcomes and Measures framework (<https://socialvalueportal.com/national-toms/>) to propose and agree with the Authority measures and targets for social value that will form part of the Agreement impact framework and contract management.]

7.2 Corporate Parenting Responsibilities

7.2.1 Corporate parenting relates to the collective responsibility of the council, elected members, employees, and partner agencies, for providing the best possible care and safeguarding for the children who are looked after by the council. A whole system approach to corporate parenting is required whereby the council works alongside its partners in order to safeguard but also improve the life chances and opportunities for children who are looked after and care leavers. The Service is expected to promote and support the seven Corporate Parenting Principles with those children who are in care whilst receiving a service under this Agreement, namely:

- To act in the best interests, and promote the physical and mental health and well-being, of those CYP
- To encourage those CYP to express their views, wishes and feelings
- To take into account the views, wishes and feelings of those CYP
- To help those CYP gain access to, and make the best use of, services provided by the local authority and its relevant partners
- To promote high aspirations, and seek to secure the best outcomes, for those CYP
- For those CYP to be safe, and for stability in their home lives, relationships and education or work
- To prepare those CYP for adulthood and independent living.

8. Impact, Governance and Continuous Improvement

8.1 Impact Framework

The Service will ensure that the following overarching outcomes are achieved:

- Children's welfare is safeguarded and promoted;
- Individual Children's outcomes are improved;
- Children's need for good parenting is met.

This will be achieved through the Service Provider implementing and actioning the following impact framework:

8.1.1 Payment Metrics for the Referred Child

The Service Provider will be paid based upon achievement against the following measures related to the referred Child:

- Stability at home (Measured by days of care avoided)

- ii. Improved Family Functioning (Measured by level of improvement in Outcomes Star scores, e.g. Family Star Plus and My Star)
- iii. Educational engagement (Measured by percentage reduction in unauthorised absence)
- iv. Improved reading skills (Measured by improvement in reading age beyond level forecast by school)

8.1.2 Non-payment Metrics for the Referred Child

The Service Provider will drive better outcomes for the referred Child through measuring and setting targets for improvement in at least the following:

- a) Educational engagement (Measured by duration of fixed term and permanent exclusions)
- b) Educational attainment (Measured by improvement in levels or assessment and/or qualification attainment)
- c) Mental health, emotional wellbeing and pro-social skills (Measured by use of tools such as Strengths and Difficulties Questionnaire)
- d) Engagement in high risk behaviours (A range of measures covering issues such as anti-social behaviour, going missing, offending, substance misuse, gang involvement, risk of pregnancy, risk of exploitation)
- e) [DN: *Others to be determined between the Parties prior to Contract*]

8.1.3 Non-payment Metrics for Siblings

For siblings in the same household the Service Provider will track the following, as appropriate:

- a) Improved Family Functioning (Measured by level of improvement in Outcomes Star scores, e.g. My Star)
- b) Educational engagement (Measured by level of unauthorised absence and duration of fixed term and permanent exclusions)
- c) [DN: *Others to be determined between the Parties prior to Contract*]

8.1.4 Local Social Value Metrics

The Service Provider will commit to and track progress against the following local social value measures:

- a) Non-referred children able to benefit from the improvement in reading skills related interventions delivered by the Service Provider (Measure number & progress).
- b) [The following agreed measures from the latest version of the National Themes Outcomes and Measures framework (<https://socialvalueportal.com/national-toms/>) [DN: *To be determined between the Parties prior to Contract. Relevant examples include:*
 - *More local people in employment - NT1 and NT2.*
 - *More opportunities for disadvantaged people - one or more of NT3-6. (e.g. care leavers, disabled, ex-offenders, NEETs)*
 - *Improved skills for local people - NT10. (e.g. training and volunteering opportunities for local people)*
 - *Improved employability of young people - NT11. (e.g. opportunities for apprenticeships and paid internships)*
 - *A workforce and culture that reflect the diversity of the local community/target cohorts - NT21*

- *More opportunities for local SMEs and VCSEs - NT18]*

8.2 End of Intervention Report

- 8.2.1 Once the final Service outcome milestone has been reached for a child or young person the Service Provider will complete an End of Intervention Report to summarise and evaluate the outcomes achieved by the Child.
- 8.2.2 This information, alongside the monthly monitoring and annual returns, will be used by the Authority to monitor the effectiveness and quality of service provided.

8.3 Leading and Lagging Indicators

- 8.3.1 In addition to reporting on the impact framework the Service Provider will report on a range of leading and lagging indicators related to activity, quality and proxy outcomes that inform the contract management and continuous improvement of the Service to ensure the anticipated level and scale of benefits of the SIB are realised.
- 8.3.2 The leading indicators will include but not be limited to the following measures:
[DN: *Initial set and associated targets agreed between the Parties prior to Contract. May include measures such as:*
- *Number of referrals versus plan*
 - *Proportion of referrals accepted*
 - *Number and proportion of referred CYP that do not reach the first stability milestone*
 - *RAG rating of stability at home for each Child*
 - *Number and proportion of CYP that have received the interventions related to improving reading skills*
 - *Feedback from service users, Children's Social Care and other stakeholders on the quality of the service]*

8.4 Governance

This Agreement will be monitored through the Social Impact Bond governance and continuous improvement arrangements as agreed between the Parties prior to Contract. The minimum governance requirements will include:

8.4.1 Contract Management Meeting

The Authority Children's Social Care and Commissioners and the Service Provider will attend monthly meetings to ensure effective operational performance of the contract and achievement of the desired outcomes. Aspects such as activity levels (from referral levels to numbers of child and families being supported), quality of service, issues related to the broader 'system' the Service is operating within, and outcomes performance will be considered and blockers and issues resolved where possible.

8.4.2 Strategic Steering Group

Senior representation from the Parties and key stakeholders will meet periodically [DN: *frequency to be agreed but anticipated to be at least twice per annum*] to provide strategic oversight of the SIB, receive assurance that the overall purpose is being achieved, and to make any key decisions necessary for its continued development and success.

8.4.3 Annual Review

An annual review event will be held to consider and share learning. A cross-section of involved and interested representatives from the Parties will receive reporting and feedback on the previous year, consider solutions to the on-going development and effective delivery and impact of the service, and contribution to the formation of a joint annual continuous improvement plan.

8.4.4 **Service User Participation and Co-production**

In line with section 4 above.

8.4.5 **Children Looked After**

Performance in relation to Children Looked After will be monitored by The Authority's Start Well Senior Management Team and Lancashire's Corporate Parenting Board. The Service Provider may be required to report to Corporate Parenting Board, Lancashire's Children in Care Council (LINX) and/ or Children's Social Care Senior Management Team in relation to those that are or have recently been CLA and participated in the service.

8.5 **Continuous Improvement**

8.5.1 The Authority and Service Provider will foster a culture of continuous improvement.

8.5.2 Whilst still holding Parties to account for their performance, the contract management approach will be one of joint problem solving, innovation and collaboration to address direct and wider 'system' related challenges.

8.5.3 The Service Provider will commission independent evaluation of the Service exploring the efficacy and impact of its chosen service model and interventions. The independent evaluation will be designed in a way that provides for at least annual feedback to inform both the Annual Review and continuous improvement in general. The independent evaluation will be made available to contribute to learning within the sector and be part of the commitment to the Life Chances Fund to share our learning with others. The Authority may make arrangements for a separate independent evaluation of the application of the SIB mechanism as an approach to achieve its objectives.

8.6 **Performance Reporting**

8.6.1 The Service Provider will submit monitoring reports to the Authority at least 10 working days before each Contact Management and Strategic Steering Group meeting.

8.6.2 The requirements of each reporting are:

[DN: *The requirements are to be determined and agreed between the Parties prior to Contract.*]

8.7 **Project Improvement Plan**

Any concerns relating to performance will be discussed with the Service Provider and within the context of the Agreement's joint problem-solving approach an appropriate action plan will be agreed. Failure to address concerns identified to the satisfaction of the Authority may result in a formal request for a project improvement plan to be produced, agreed and implemented. [DN: *The nature of the project improvement plan mechanism is to be determined and agreed between the Parties prior to Contract.*]

9. Payment Mechanism

9.1 This section represents how the Authority will pay the Service Provider for outcomes. It is expected that the social investor will pay the Service Providers in the SIB contract on a fee for service basis and protect the Service Providers from financial and cash flow risk.

9.2 Payment Mechanism – Overall

The payment metrics for all sub-cohort are the same and are as follows:

9.2.1 Stability at home

This is measured by days of care avoided and will be paid on the following basis:

- The Service Provider will be paid a milestone payment for each Child in the cohort that has been continuously at home for six months after engagement with the Child and family for diversion from care and six months from when the Child returned home for reunification from care. No stability outcome payments will be paid if the Child enters care with these first six months. [DN: *This is anticipated to be 40% of the whole stability outcome payment.*]
- Thereafter the Service Provider will be paid a tariff payment per day spent out of care by each Child in the cohort. This will be tracked over an eighteen-month period following the 6-month stability milestone payment and will be paid monthly. The Service Provider may put in place additional interventions / support during the tracking period to help keep a young person out of care. [DN: *This is anticipated to be 60% of the whole stability outcome payment.*]
- Payment will pause if the Child comes into Local Authority care, or is remanded by the courts either into Local Authority care or to a Secure Training Centre or Young Offenders Institution. Where such cases do occur but the period of Local Authority care or remand is not greater than 8 weeks and the Child returns to their family home, the tracking period will continue and outcome payments recommence.
- If a Child goes back into care more than twice, then the intervention is considered 'failed' and further outcome payments would not recommence, even if the young person later comes out of care.
- [DN: *The combined stability outcome payments are anticipated to be approximately 85% of the total outcome payments per referred Child.*]

9.2.2 Improved Family Functioning

This is measured by improvement in Outcomes Star scores and will be paid on the following basis:

- The Service Provider will be paid a one-off outcome payment if there is a X% improvement [DN: *To be agreed between the Parties prior to Contract.*] in Family Star Plus scores from the baseline undertaken by the Service Provider at the commencement of engagement with the family to a second assessment six months later.
- The Service Provider will be paid a one-off outcome payment if there is a X% improvement [DN: *To be agreed between the Parties prior to Contract.*] in My Star

scores from the baseline undertaken by the Service Provider at the commencement of engagement with the Child to a second assessment six months later.

- [DN: *The combined improved family functioning outcome payments are anticipated to be approximately 5% of the total outcome payments per referred Child.*]

9.2.3 Educational Engagement

This is measured in relation to improved school attendance and will be paid on the following basis:

- The Service Provider will be paid a one-off outcome payment if there is a X% reduction [DN: *To be agreed between the Parties prior to Contract.*] in the number of days of unauthorised absence from their educational setting for each Child in the cohort over a twelve-month period from the commencement of engagement with the Child.
- [DN: *The educational engagement outcome payment is anticipated to be approximately 5% of the total outcome payments per referred Child.*]

9.2.4 Improved Reading Skills

This is measured in relation to improved reading age and will be paid on the following basis:

- The Service Provider will be paid a one-off outcome payment if there is a Y year improvement over a six-month period [DN: *To be agreed between the Parties prior to Contract.*] in the assessed reading age of each Child in the cohort beyond the level forecast by school.
- [DN: *The improved reading skills outcome payment is anticipated to be approximately 5% of the total outcome payments per referred Child.*]

- 9.3 The Authority recognises that the nature and understanding of the key outcomes for service users may evolve, and any perverse incentives of the payment metrics only become apparent over time, and so reserves the right to review and refine the payment metrics in conjunction with the Service Provider during the life of the Agreement. This will be in the context of remaining within the Agreement outcome prices, the LCF grant and the overall budget for the Agreement.